



Association of Canadian Travel Agencies
Association canadienne des agences de voyages

2010 Tour Operators / Wholesale Questionnaire



Insured's Name _____

Business Operation

Sales Total Direct Sales For Tours \$ _____ + Total % of Sales _____

Percentage In-bound / Receptive Tours _____ %

If wholesale activities, we require total sales to other travel agents + type of activity (tickets, tours, etc.) \$ _____

Describe Your Tours

- | | | |
|--------------------------------------|---|---|
| Sightseeing <input type="checkbox"/> | Corporate Meetings <input type="checkbox"/> | Students (School Endorsed) <input type="checkbox"/> |
| Cultural <input type="checkbox"/> | Groups <input type="checkbox"/> | Youths (Not School Endorsed) <input type="checkbox"/> |
| Music <input type="checkbox"/> | Religious <input type="checkbox"/> | Sports (Describe) <input type="checkbox"/> |
| Beauty Spa <input type="checkbox"/> | Shopping <input type="checkbox"/> | Adventure (Describe) <input type="checkbox"/> |
| Seniors <input type="checkbox"/> | Nature <input type="checkbox"/> | Other (Describe) <input type="checkbox"/> |

Number of Trips per Month _____

Duration of Trips Minimum: _____ Maximum: _____

Number of Persons per Trip Minimum: _____ Average: _____ Maximum: _____

Top Destinations 1: _____ 2: _____ 3: _____

Direct Tours Escorted Yes No + % Escorted: _____ Ratio of Tour Escorts to Customers: _____

Qualifications of Escorts	_____
Fitness	Do your tour descriptions indicate level of fitness required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Instruction	Do your tours include instructional lessons? Yes <input type="checkbox"/> No <input type="checkbox"/> Describe: _____
Travel Medical Insurance	Is travel medical insurance offered? Yes <input type="checkbox"/> No <input type="checkbox"/> Is it mandatory? Yes <input type="checkbox"/> No <input type="checkbox"/>
Mode of Transportation	Describe all: _____
	What liability limits are provided by chartered bus lines in: Canada \$ _____ US \$ _____ Elsewhere \$ _____
Risk Management	Do you have evidence of insurance from your suppliers? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you have procedures for crisis management and emergency first aid? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you allow consumption of alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how is it controlled? _____
Terms and Conditions	Please attach your terms and conditions to this application. Please attach your list of safety rules (if applicable) to this application. Please attach your accident / incident report to this application.
Student/School Tours	Percentage of student tours of overall business: _____ %
	Percentage of student tours school endorsed and teacher supervised: _____ %
	Percentage of youth tours not school endorsed and with no teacher supervision: _____ %
	What age groups comprise your student tours and what percentage? _____
	Are parent permission forms and student code of conduct forms obtained? Yes <input type="checkbox"/> No <input type="checkbox"/>

	What are your procedures if removal of a participant is required? _____
Sport/Adventure Tours	Percentage of sport or adventure tours of overall business: _____ %
	What age groups primarily comprise your sport or adventure tours? _____
	Are disclaimer or waiver forms used on these tours? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you provide any equipment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe: _____
	If you offer ski tours, confirm skiing is limited to groomed resorts only: Yes <input type="checkbox"/> No <input type="checkbox"/>

Disclaimer

Additional information to assess your operations may be required. Signing this application form does not bind the applicant or the Insurer to complete the insurance herein. The information provided on this application is the basis upon which the premium will be calculated.

Client Signature	_____
Position	_____

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