



Adventure Tour Operator Supplemental Questionnaire

This is a supplemental questionnaire only. This form is required in addition to the standard application form. If you are a current policyholder, please list your policy number where indicated. Both forms require a signature of a company principal.

Company Name: _____

Street Address: _____

Are you an existing Zurich Policyholder? Yes No

If Yes:

Policy # EOL _____ Renewal Date: _____

1. Description of Tours and Adventure Activities

A. Tour Categories

Based on your current product offerings, list the percentage of total gross volume that each tour category represents and the annual number of travelers in each.

Activity	% of Annual Sales Volume	Number of Travelers
Safari Tours		
Eco or Nature Tours		
Bicycle Tours		
Walking / Hiking Tours		
Mountain Trekking		
Mountain Climbing		
SCUBA Tours		
Ski Tour Operator		

Other (Please attach separate sheet, if necessary.)

B. Activities Included

For each of the following activities, list the percentage of total tour days that include each activity and the annual number of participants in each.

Activity	% of Tour Days	Number of Participants
Bunjee Jumping		
Canyon or Caving Tours		
Canoeing or Kayaking		
Canopy / Ziplining		
Hang Gliding		
Helicopter Tours		
Heli - Skiing		
Horseback Riding		
Hot-air Ballooning		
Hunting / Shooting		
Motorcycle Tours		
Mountain Climbing		
Mountain Trekking		
Rock Climbing		
Skiing / Snowboarding		
SCUBA Diving		
Water Skiing		
White Water Rafting		

Other (Please attach separate sheet, if necessary.)

C. Length of Tours

Length of tours	# of trips per year	# of participants	Average cost per trip
1 day			
2 - 5 days			
6 - 10 days			
Over 10 days			

D. Destinations - based on gross volume

_____ % U.S. and Canada _____ % International

Please enter the % of total gross sales volume that each region represents:

<u>Region</u>	<u>Percentage of Gross Annual Sales</u>
Africa	_____ %
Arctic / Antarctic	_____ %
Asia (other than southeast)	_____ %
Australia / New Zealand	_____ %
Caribbean	_____ %
Central America	_____ %
Europe - Western	_____ %
Europe - Eastern	_____ %
Middle East	_____ %
Mexico	_____ %
South America	_____ %
Southeast Asia	_____ %
Other	_____ %

E. Air Transportation

Percentage of air arrangements that are chartered (as opposed to regularly scheduled air travel):

- 1) Domestic charters (U.S. or Canada) _____ %
- 2) International charters _____ %
- 3) Percentage of International Charters that are arranged by your company? _____ %
 Percentage arranged by the in-country operators (Destination Management Company)? _____ %

F. Land Transportation

Percentage of land transportation arranged by:

- 1) Your company directly? _____ %
- 2) Your in-country operator (Destination Management Company)? _____ %

G. Chartered Vessels (list N/A if you don't offer this service):

Percentage of vessel charters arranged by:

- 1) Your company directly? _____ %
- 2) Your in-country operator (Destination Management Company)? _____ %

2. Risk Management Procedures - General

Please check either a Yes or No for each of the following risk management procedures that are currently being utilized by your company. Please provide a sample for each "Yes" item. For each "No" answer, please provide an explanation. Attach a separate sheet, if necessary.

Written contracts between your company and the DMC - Destination Management Companies (in-country operators or vendors) that include both an indemnity provision and insurance requirements;

Yes No

DMC / Vendor is insured with a minimum of \$1,000,000 US liability limits; If not available, then the DMC / Vendor agrees to obtain the maximum liability limits available in their region;

Yes No

DMC / Vendor Selection Document - due diligence procedures. Criteria for selecting DMCs and /or vendors with specific insurance requirements for air, sea and/or land transportation services;

Yes No

Use of Disclaimer / Responsibility Statement in contracts, tour brochures, itineraries or other travel documents;

Yes No

Assumption of Risk / Liability waiver signed by each tour participant;

Yes No

Emergency / Personal Information Form with proxy (signature required allowing for medical treatment);

Yes No

Company Name _____ City/State _____

Signed liability waivers are maintained by your company for a minimum of 5 years;

Yes No

Crisis Management or Emergency Plan - written document;

Yes No

Emergency Hot-lines available 24/7;

Yes No

Operations Manual / Guidelines for tour guides / employees;

Yes No

Information booklet for travelers;

Yes No

Travel Insurance available with signature required for waiver of purchase;

Yes No

Please describe any other risk management procedures not listed above. Attach a separate sheet, if necessary.

Company Name _____ City/State _____

3. Risk Management Procedures - Specific Activities

If a percentage value appears in your answer to question 1.b., please answer the following:

A. SCUBA Tours

What % of these tours are operated or arranged by you or your in-country operator? _____%

What % of these tours are sold by the SCUBA vendor directly to your participants? _____%

If operated or arranged by you or your in-country operator, please answer "Yes" or "No" to the following:

Written contracts between the SCUBA operator and your company or the Destination Management Company that include both an indemnity provision and insurance requirements **specific to the SCUBA activities;**

Yes No

Due diligence procedures. Criteria for selecting SCUBA operator;

Yes No

Assumption of Risk / Liability waiver signed by each participant that is **specific to the SCUBA activity;**

Yes No

Verification of participant's **certification for SCUBA diving;**

Yes No

Signed liability waivers maintained by your company for a minimum of 5-years;

Yes No

Emergency / Personal Information Form with proxy (signature required allowing for medical treatment);

Yes No

SCUBA gear / equipment is supplied by the SCUBA operator;

Yes No

Refresher / training lesson is given to each participant before the dive;

Yes No

SCUBA operator has full communication access for emergency situations;

Yes No

Crisis Management Plan has specific provisions for handling a SCUBA accident;

Yes No

Operator has trained personnel at the site of the dive for emergency treatment;

Yes No

Emergency evacuation services are available 24/7;

Yes No

Operator has minimum age requirements (21 or older) for SCUBA dives;

Yes No

Company Name _____ City/State _____

B. White Water Rafting

If a percentage value appears in your answer to question 1.b., please answer the following:

What % of these tours are operated or arranged by you or your in-country operator? _____%

What % are sold by the Outfitter and Guide directly to your participants? _____%

If operated or arranged by you or your in-country operator, please answer "Yes" or "No" to the following:

Written contracts between the Rafting Guide / vendor and your company or the Destination Management Company that include both an indemnity provision and insurance requirements **specific to the white water rafting activities;**

Yes No

Due diligence procedures. Criteria for selecting rafting Outfitter and Guide;

Yes No

Assumption of Risk / Liability waiver signed by each participant that is **specific to the white water rafting activity;**

Yes No

Signed liability waivers maintained by your company for a minimum of 5-years;

Yes No

Emergency / Personal Information Form with proxy (signature required allowing for medical treatment);

Yes No

Rafting equipment / gear is supplied by the Outfitter and Guide;

Yes No

Refresher / training lesson is given to each participant before the trip;

Yes No

Outfitter and Guide has full communication access for emergency situations;

Yes No

Crisis Management Plan has provisions for handling a rafting accident;

Yes No

Operator has trained personnel at the site for emergency treatment;

Yes No

Emergency evacuation services are available 24/7;

Yes No

Operator has minimum age requirements (21 or older);

Yes No

Rafting Categories

Please provide a description of the level of difficulty for each of the white water rafting trips included in your tours. Include the destination, length of average trip, number of participants per raft, river's level of difficulty, training required, if any. Attach all marketing material, instructions, and sample liability waivers for each rafting level. Attach a separate sheet if necessary.

Company Name _____ City/State _____

C. Mountain Trekking

Note: Mountain Climbing is an excluded activity in this program. Mountain Trekking will be considered for coverage on a case-by-case basis. If you entered a percentage value for mountain trekking in question 1.b, please answer the following:

What % of these tours are operated or arranged by you or your in-country operator? _____ %
What % are sold by the Trekking Guide directly to your participants? _____ %

If operated or arranged by you or your in-country operator, please answer "Yes" or "No" to the following:

Written contracts between your company and the Destination Management Company or Trekking Vendor that include both an indemnity provision and insurance requirements **specific to the trekking activities;**

Yes No

Due diligence procedures. Criteria for selecting Trekking Guides;

Yes No

Assumption of Risk / Liability waiver signed by each participant that is **specific to the trekking activity and the risks associated with high altitude hiking;**

Yes No

Emergency / Personal Information Form with proxy (signature required allowing for medical treatment);

Yes No

Signed liability waivers are maintained by your company for a minimum of 5-years;

Yes No

Trekking equipment gear is supplied by the Trekking Company;

Yes No

Refresher / training lesson is given to each participant before the trip;

Yes No

Trekking Guides have full communication access for all emergency situations;

Yes No

Crisis Management Plan has provisions for handling a trekking accident;

Yes No

Operator has trained personnel at the site for emergency treatment;

Yes No

Emergency evacuation services are available 24/7;

Yes No

Operator has minimum age requirements (21 or older);

Yes No

Trekking Levels

What is the average altitude of these trekking tours? _____

What is the highest altitude of these trekking tours? _____

Please provide a description of the level of difficulty for each of the mountain trekking trips included in your tours. Include the destination, length of average trip, number of participants per trip, level of difficulty, training required, if any. Attach all marketing material, instructions, and sample liability waivers for each trekking level. Attach a separate sheet if necessary.

Company Name _____ City/State _____

Limit and Deductible Options:

Please refer to question 12 on page 2 of the main application form. Check the applicable boxes for both the limit and deductible options. Higher limits (those above \$1,000,000) may not be available to all applicants. Note that the minimum deductible available for student and adventure operators will be \$2,500.

STATEMENT FROM APPLICANT

Your signature and date is required on page 10.

I hereby represent and confirm that the above information, to the best of my knowledge, is true and correct and further certify that I have read all the questions and answers of these applications.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY

If the applicant has concealed or misrepresented any material fact, circumstance or fraud concerning this insurance resulting in deception to us which existed at the time of damage and contributed to such damage, this policy will be rendered void as long as the deception was material; was made knowingly with the intent to deceive; was relied and acted upon by the insurer; and received the insurer to the insurer's injury.

Receipt and review of this application does not bind the insurer to provide this insurance.

Signing of this application does not bind the applicant or the insurer.

Inspections and Surveys: We have the right to make inspections and surveys at any time; give you reports on the conditions we find; and recommend changes. We are not obligated to make any inspections, surveys, reports, or recommendations and any such actions we do undertake relate only to insurability and the premiums to be charged. We do not make safety inspections. We do not undertake to perform the duty of any person or organization to provide for the health or safety of workers or the public. We do not warrant that conditions are safe or healthful; or comply with laws, regulations, codes or standards.

The above applies not only to us, but also to any rating, advisory, rate service or similar organization which makes insurance inspections, surveys, reports or recommendations.

This condition does not apply to any inspections, surveys, reports or recommendations we make relative to certification, under state or municipal statutes, ordinances or regulations, of boilers, pressure vessels or elevators.

The undersigned further declares that any event taking place between the date this application was signed and the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any information in this application, will immediately be reported in writing to us and we may withdraw or modify any outstanding quotations and / or authorization or agreement to bind the insurance.

Fraud Notice to Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime in certain jurisdictions.

FRAUD NOTICES - FOR APPLICANTS OF THE FOLLOWING STATES

ARKANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and / or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading statement is guilty of a felony of the third degree.

KANSAS: A fraudulent insurance act means an act committed by any person who knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer or purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of or the rating of, an insurance policy for commercial or personal insurance, or a claim of payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy, containing false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

VIRGINIA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Applicant's Signature _____ Title _____

Agent/Broker _____

Address _____

City _____ State _____ Zip Code _____

Telephone number _____ Date _____