

**TOUR OPERATORS LIABILITY INSURANCE**

**PROPOSAL FORM**

1. Name of Firm : .....
2. 2.1 Postal Address.....  
2.2 If operating from places other than 2.1 such addresses : .....
3. 3.1 How long has the firm as at present constituted been established? .....  
3.2 Business Registration Number: .....  
3.3 Telephone No: ..... Email: .....
4. Number of Working Partners or Directors: .....
5. Are the firm Members of a Travel Association? YES/NO  
If YES, which.....
6. a) Gross Income (i.e total receipts, not commission) in the last financial years : Rs .....  
b) Estimate for the coming year : Rs. ....  
c) Total number of customers for whom travel or holidays were arranged during the  
Last financial year:  
(i) in Sri Lanka ..... (ii) abroad .....
- d) Estimate for the coming year:  
(i) in Sri Lanka ..... (ii) abroad .....
7. Have any claims been made during the past 5 years against the firm or any of the  
Present partners or to your knowledge against any past Partners? .....  
If so, give full particulars, including dates : .....
8. Period of insurance required : From : ..... To .....
9. Limit of Liability required : ..... per event ; .....in aggregate

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I / We hereby declare that:-

1. No insurer has declined to accept cancelled or refused to continue or imposed special terms for any insurance similar to that now proposed.
2. After careful consideration of our records I/ We have no reason to anticipate any claim being brought against us in respect of risks covered by the proposed insurance.

I / We hereby also declare that they should be the basis of the proposed insurance contract.

Signature: .....

Date: .....