

GLOBAL TOUR OPERATOR INSURANCE PROGRAM

WorldRisk FOREIGN COMMERCIAL PACKAGE APPLICATION

PROGRAM ADMINISTRATOR: AON RISK SOLUTIONS • 1001 BRICKELL BAY DRIVE - SUITE 1100 • MIAMI, FLORIDA 333131 • PHONE: 305 961 6231 • FAX: 305 372 1465

<input type="checkbox"/> NEW POLICY	<input type="checkbox"/> RENEWAL	REQUESTED POLICY EFFECTIVE DATE (M/D/YY):	CURRENT MEMBER OF FCCA? <input type="checkbox"/> YES <input type="checkbox"/> NO PLATINUM MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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SECTION 1 - APPLICANT INFORMATION

APPLICANT/COMPANY LEGAL NAME			
MAILING ADDRESS	CITY	COUNTRY	POSTAL CODE
APPLICANT CONTACT NAME (FIRST, LAST)		PHONE: <input type="checkbox"/> CELL <input type="checkbox"/> OFFICE <input type="checkbox"/> HOME	
EMAIL ADDRESS		BUSINESS WEBSITE	
LIST ALL APPLICANT TRADE NAMES AND OTHER ENTITIES TO BE INSURED			
(ATTACH ADDITIONAL SHEET IF NECESSARY)			
LIST AND PROVIDE ADDRESS FOR ALL BRANCH/BUSINESS LOCATIONS			
(ATTACH ADDITIONAL SHEET IF NECESSARY)			
HOW MANY YEARS HAS APPLICANT OWNED/OPERATED THIS BUSINESS?			
<input type="checkbox"/> NEW BUSINESS VENTURE (LESS THAN 1 YEAR OPERATION) <input type="checkbox"/> _____ YEARS			
IF NEW VENTURE, PROVIDE ALL OTHER NAMES THAT THIS BUSINESS HAS OPERATED UNDER:			

SECTION 2 - DESCRIPTION OF BUSINESS OPERATIONS

DOES THE APPLICANT'S TOUR OPERATION REPRESENT 100% OF ALL BUSINESS ACTIVITIES?		<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, DESCRIBE OPERATIONS AND ALL BUSINESS ACTIVITIES NOT RELATED TO OPERATION OF TOURS:		
(ATTACH ADDITIONAL SHEET IF NECESSARY)		
DOES THE APPLICANT OPERATE IN THE FOLLOWING TERRITORIES:		
UNITED STATES/CANADA?	<input type="checkbox"/> YES <input type="checkbox"/> NO	PUERTO RICO? <input type="checkbox"/> YES <input type="checkbox"/> NO
		US VIRGIN ISLANDS? <input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE APPLICANT OPERATE OR TRAVEL TO THE BALKANS, BELARUS, BURMA, IVORY COAST, CUBA, LIBERIA, DEMOCRATIC REPUBLIC OF THE CONGO, IRAN, IRAQ, NORTH KOREA, SUDAN, SYRIA, OR ZIMBABWE?		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LIST ALL OTHER COUNTRIES OF OPERATION:		
ESTIMATE PERCENTAGE OF PARTICIPANTS DERIVED FROM CRUISE LINES: _____% HOTELS: _____% OTHER: _____%		
IF OTHER, DESCRIBE:		

SECTION 3 - APPLICANT DESIGNATED OPERATIONS

PROVIDE THE PERCENTAGE OF TOTAL GROSS SALES/RECEIPTS PER ACTIVITY					
ATV'S (ALL TERRAIN VEHICLES)	%	KAYAKING & CANOEING	%	RODEO SHOWS	%
BEACH TOURS	%	MOUNTAIN CLIMBING	%	WAKE BOARDING	%
BIKING	%	NATURE TOURS	%	WHALE & DOLPHIN WATCHING	%
BIRD WATCHING	%	PARASAILING	%	WALKING TOURS	%
BOAT RENTAL (MOTORIZED)	%	PARTY CRUISES	%	WATER PARKS	%
CULINARY TOURS	%	SAILING (CATAMARAN & OTHER)	%	WATER SKIING	%
DEEP SEA FISHING	%	SCOOTERS	%	WAVE RUNNERS/JET SKIIS	%
DUCK TOURS	%	SCUBA DIVING & SNUBA	%	WATER TRANSPORTATION (TENDER/TAXI)	%
DUNE BUGGIES	%	SNORKELING	%	ZIPLINE/CANOPY TOURS/AERIAL TRAM	%
GO-CARTS	%	SWIMMING ENCOUNTERS	%	OTHER:	%
GOLFING	%	TOWABLE RIDES (BANANA BOATS)	%	OTHER:	%
HELICOPTER TOURS	%	TRANSPORTATION/TRANSFERS	%	OTHER:	%
HIKING / TREKKING	%	TROLLEY RIDES	%	OTHER:	%
HISTORICAL & CULTURAL TOURS	%	TUBING CAVE OR RIVER	%	OTHER:	%
HORSEBACK RIDING	%	RAPPELLING	%	OTHER:	%
JEEP TOURS	%	ROCK CLIMBING	%	OTHER:	%

(% OF TOTAL GROSS SALES FOR ALL ACTIVITIES COMBINED MUST EQUAL 100)

SECTION 4 - CONTINGENT GENERAL LIABILITY

SELECT LIMIT DESIRED: \$2,000,000 \$5,000,000 \$10,000,000

TOTAL GROSS SALES FOR LAST YEAR (USD) \$ _____ PROJECTED TOTAL GROSS SALES FOR NEXT 12 MONTHS (USD) \$ _____

DOES THE TOTAL GROSS SALES AMOUNT REPORTED ABOVE REPRESENT 100% OF APPLICANT'S BUSINESS ACTIVITIES? YES NO
 IF NO, DESCRIBE:

DOES THE APPLICANT CARRY PRIMARY GENERAL (PUBLIC) LIABILITY POLICY COVERING ALL TOUR ACTIVITIES DESCRIBED IN THIS APPLICATION? YES NO
 IF YES, WHAT IS THE COVERAGE LIMIT? LESS THAN \$100,000 (USD) \$100,000 (USD) TO \$500,000 (USD) \$1,000,000 (USD) OR GREATER

DOES APPLICANT SUBCONTRACT TOUR OPERATIONS TO OTHERS? YES NO
 IF YES, WHAT PERCENTAGE OF TOUR OPERATIONS IS SUBCONTRACTED? _____ %
 DESCRIBE ACTIVITIES SUBCONTRACTED IN THE PAST TWELVE MONTHS?

(ATTACH ADDITIONAL SHEET IF NECESSARY)

DOES APPLICANT REQUIRE/COLLECT CERTIFICATES OF INSURANCE EVIDENCING IN FORCE LIABILITY COVERAGE BEFORE AUTHORIZING ANY SUBCONTRACTOR OR SUPPLIER TO BEGIN PERFORMING WORK ON THE APPLICANT'S BEHALF? YES NO
 DO ALL SUBCONTRACTED PARTIES CARRY GENERAL (PUBLIC) LIABILITY COVERAGE? YES NO
 IF YES, WHAT IS THE COVERAGE LIMIT? LESS THAN \$100,000 (USD) \$100,000 (USD) TO \$500,000 (USD) \$1,000,000 (USD) OR GREATER

SECTION 5 - CONTINGENT AUTOMOBILE LIABILITY

SELECT LIMIT DESIRED: \$2,000,000 \$5,000,000 \$10,000,000

ESTIMATE TOTAL NUMBER OF PARTICIPANTS TRANSPORTED FOR THE NEXT 12 MONTHS USING MOTOR VEHICLES WITH CAPACITY LESS THAN 40 PASSENGERS _____ ESTIMATE TOTAL NUMBER OF PARTICIPANTS TRANSPORTED FOR THE NEXT 12 MONTHS USING MOTOR VEHICLES WITH CAPACITY GREATER THAN 40 PASSENGERS _____

ESTIMATE MILES TRAVELED DAILY FOR YOUR AVERAGE TOUR/EXCURSION INVOLVING MOTOR VEHICLES
 LESS THAN 5 MILES BETWEEN 5 AND 10 MILES GREATER THAN 10 MILES

DESCRIBE VEHICLES USED BY APPLICANT FOR TOUR OPERATIONS (SELECT ALL THAT APPLY AND PROVIDE ADDITIONAL SHEET IF NECESSARY)

VEHICLE TYPE	# UNITS	PASSENGER CAPACITY	YEAR/MAKE/MODEL	OWNERSHIP
BUSES/COACHES				<input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED
JEEPS/SPORT UTILITY VEHICLES				<input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED
MINI BUSES/VANS				<input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED
MOTORCYCLES/SCOOTERS				<input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED
PRIVATE PASSENGER AUTOMOBILES				<input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED
OTHER PASSENGER VEHICLES (DESCRIBE):				<input type="checkbox"/> OWNED <input type="checkbox"/> NON-OWNED

DOES THE APPLICANT MAINTAIN A PRIMARY AUTOMOBILE LIABILITY POLICY (BODILY INJURY LIABILITY AND PROPERTY DAMAGE) COVERING ALL OWNED VEHICLES? YES NO
 IF YES, WHAT IS THE COVERAGE LIMIT? LESS THAN \$100,000 (USD) \$100,000 (USD) TO \$500,000 (USD) \$1,000,000 (USD) OR GREATER

DO TRANSPORTATION SUPPLIERS MAINTAIN A PRIMARY AUTOMOBILE LIABILITY POLICY (BODILY INJURY LIABILITY AND PROPERTY DAMAGE) ON ALL VEHICLES USED IN THE COURSE OF APPLICANT'S TOUR OPERATION? YES NO
 IF YES, WHAT IS THE COVERAGE LIMIT? LESS THAN \$100,000 (USD) \$100,000 (USD) TO \$500,000 (USD) \$1,000,000 (USD) OR GREATER

DOES APPLICANT REQUIRE AND COLLECT CERTIFICATES OF INSURANCE EVIDENCING COMPULSORY AUTOMOBILE INSURANCE BEFORE AUTHORIZING ANY TRANSPORTATION SUPPLIER TO TRANSPORT PARTICIPANTS ON THE APPLICANT'S BEHALF? YES NO

SECTION 6 - CONTINGENT WATERCRAFT LIABILITY

SELECT LIMIT DESIRED: \$2,000,000 \$5,000,000 \$10,000,000

ESTIMATE TOTAL NUMBER OF PARTICIPANTS TRANSPORTED FOR THE NEXT 12 MONTHS USING WATERCRAFT:

WHAT PERCENTAGE OF THE APPLICANT'S TOURS INVOLVING WATERCRAFT ARE PROVIDED BY: OWNED WATERCRAFT? _____% NON-OWNED WATERCRAFT? _____%

DESCRIBE VESSELS USED BY APPLICANT FOR TOUR OPERATIONS (SELECT ALL THAT APPLY AND ATTACH ADDITIONAL SHEET IF NECESSARY)

VESSEL TYPE	# UNITS	LENGTH	PASSENGER CAPACITY	MAX SPEED	YEAR/MAKE/MODEL
CANOES/KAYAKS					
FISHING BOATS					
SAILBOATS/CATAMARANS					
SPEEDBOATS					
OTHER (DESCRIBE):					

DOES THE APPLICANT MAINTAIN PRIMARY PROTECTION & INDEMNITY (P&I)/WATERCRAFT LIABILITY FOR ALL OWNED WATERCRAFT? YES NO
 IF YES, WHAT IS THE COVERAGE LIMIT? LESS THAN \$100,000 (USD) \$100,000 (USD) TO \$500,000 (USD) \$1,000,000 (USD) OR GREATER

FOR NON-OWNED WATERCRAFT, DO SUPPLIERS MAINTAIN A PRIMARY PROTECTION & INDEMNITY (P&I) OR /WATERCRAFT LIABILITY POLICY FOR ALL VESSELS? YES NO
 IF YES, WHAT IS THE COVERAGE LIMIT? LESS THAN \$100,000 (USD) \$100,000 (USD) TO \$500,000 (USD) \$1,000,000 (USD) OR GREATER

DOES APPLICANT REQUIRE AND COLLECT CERTIFICATES OF INSURANCE EVIDENCING PROTECTION & INDEMNITY (P&I) AND/OR WATERCRAFT LIABILITY COVERAGE BEFORE AUTHORIZING ANY WATERCRAFT SUPPLIER TO TRANSPORT PARTICIPANTS ON THE APPLICANT'S BEHALF? YES NO

SECTION 7 - CERTIFICATES OF INSURANCE

SELECT FCCA MEMBER CRUISE LINES TO BE LISTED AS ADDITIONAL INSURED:

- AIDA Cruises Azamara Cruises Carnival Cruise Lines Costa Cruise Lines Cunard Lines Disney Cruise Line Holland America MSC Cruises (USA)
 Norwegian Cruise Line Ocean Village P&O Cruises Princess Cruises Royal Caribbean International/Celebrity Cruises Seabourn Cruise Line

PROVIDE NAME, ADDRESS AND EMAIL FOR ALL OTHER ENTITIES WHO REQUIRE A CERTIFICATE OF INSURANCE AND/OR WHO SHOULD BE LISTED AS ADDITIONAL INSURED

NAME	MAILING ADDRESS	EMAIL	CONTACT PERSON	
				<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> CERTIFICATE HOLDER
				<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> CERTIFICATE HOLDER

SECTION 8 - LOSS CONTROL & RISK MANAGEMENT

INDICATE WHICH OF THE FOLLOWING LOSS CONTROL/RISK MANAGEMENT PROCEDURES ARE CURRENTLY USED BY APPLICANT:

- USE OF WAIVERS OR HOLD HARMLESS RELEASE (ATTACH A SAMPLE)
 USE OF DISCLAIMERS/RESPONSIBILITY CLAUSES ON BROCHURES OR TRAVEL DOCUMENTS
 EMPLOYEE CRIMINAL BACKGROUND CHECKS
 WRITTEN PROCEDURES/OPERATIONS MANUAL FOR ALL EMPLOYEES

ARE ALCOHOLIC BEVERAGES EVER SUPPLIED OR PERMITTED ON YOUR TOURS? YES NO

IS THERE A CHARGE FOR ALCOHOLIC BEVERAGES? YES NO ESTIMATED ANNUAL LIQUOR RECEIPTS: _____ (USD)

DOES THE APPLICANT HAVE WRITTEN POLICIES/PROCEDURES TO ENSURE PROPER SERVING OF ALCOHOLIC BEVERAGES TO INDIVIDUALS? YES NO

SECTION 9 - CLAIM HISTORY

DESCRIBE LOSSES FOR THE PAST 5 YEARS INCLUDING PRESENT & PREVIOUS OPERATIONS NO LOSSES IN PAST 5 YEAR

DATE OF INCIDENT	DESCRIPTION	AMOUNT PAID/ RESERVED (USD)

Notice: This application is for the purpose of obtaining a quotation and does not bind the applicant or the Company to complete the insurance. The Undersigned declares that to the best of his/her knowledge, the statements set forth herein are true and that no other material information has been withheld. The undersigned also agrees that the existence of any policy that may be issued will not be disclosed to the host government. This form shall be the basis of insurance should a policy be issued. If the information supplied herein changes between the date completed and the effective date of the insurance, the undersigned shall notify the Company of the changes and the company reserves the right to modify or withdraw any offer for insurance. Fraud Warning: 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 materially false information or, conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject such person to criminal and civil penalties.

SIGNATURE: _____ DATE: _____

Date: _____

Attn: Aon Risk Solutions, Inc. of Florida / Chartis WorldSource

Fax: 305-372-1465

RE: BROKER'S/AGENT'S LETTER OF AUTHORIZATION

To Whom It May Concern:

This is to advise that effective _____, we have appointed Aon Risk Solutions, Inc. of Florida ("Aon") as the exclusive Broker/Agent of Record for _____ with respect to its Tour Operator Liability Program (hereafter "Insurance") for the purpose of obtaining a quotation for insurance coverage. This appointment rescinds all previous appointments and the authorization contained herein shall remain in full force and effect until cancelled in writing by us.

This letter also constitutes authorization to any underwriter to furnish Aon representatives with all information pertaining to any and all insurance contracts, rates, rating schedules, surveys, reserves, retention or other data they may require as respects the Insurance. We request that you do not communicate such information to anyone else.

It is hereby acknowledged and agreed that Aon has made no representation as to the availability of insurance coverage, the reasonableness of the terms thereof or the financial solvency of any carrier.

Thank you for your courtesy and cooperation.

Sincerely yours,

Authorized Signature: _____

Name: _____

Title: _____