



THE PACKAGE TRAVEL REGULATIONS

Tour Organisers' Application Form for Passenger Protection Insurance

I wish to be provided with a quotation for 100% Passenger Protection to comply with the Package Travel Regulations.

Company	
Name of Contact	
Address	
	Postcode
Tel No	Fax No
Date Established	Company Reg No
Number of Hotels/Coaches Operated	

1 Are you currently bonded?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If Yes, please advise

a Current Bond requirements?	£	Expiry date
b How are these Bonds obtained?	Bank <input type="checkbox"/>	Insurance Company <input type="checkbox"/>

c Do you utilise a Trust Account?
d Who are the Trustees?

2 What is your estimated turnover from package holidays for 200_____ £			
3 Estimated number of passengers/bookings	UK	Europe	World-wide
4 Average holiday cost	UK £	Europe £	World-wide £
5 Maximum holiday cost	UK £	Europe £	World-wide £

6 Name and address of Bankers	
7 How long have you been with this Bank?	Years
8 Are you involved with any other business?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes, give details

DECLARATION

I agree that enquiries may be made in connection with this application with any of the parties mentioned in this application.

I hereby declare that:

- a I have no reason to doubt that the Applicant will be able to comply with its obligations.
- b To the best of my knowledge, information and belief and after due careful enquiry, the information contained herein is correct.
- c I am not aware of any circumstances which I have not disclosed to you which might influence you and/or your principals' acceptance of the risk.
- d In the event of you issuing the insurance applied for:
 - (i) the applicant will, during the period of your principals' liability upon your request, immediately make available to you and allow you to examine or take copies of any accounts or other documents in its possession relating to its own, and any Holding and/or Subsidiary Company's, financial affairs.
- e I am duly authorised by the Applicant to complete this form on its behalf and to make this declaration on its and my own behalf.

I hereby agree personally to indemnify you and your principals against actions, proceedings, claims and demands which may be brought against you or your principals and all liabilities, losses, damages, costs and expenses of whatsoever nature which you or your principals may suffer, incur or sustain through a breach of this declaration.

Signed..... Date.....
Print full name.....
Position.....
Private Address..... Previous Address (if less than 3 years at current address).....
.....
.....
Postcode..... Postcode.....

This declaration must be signed by a Director of an Applicant Company, a Partner of an Applicant Partnership, or the Proprietor of an Applicant Sole Trader.

Please supply the full name & address of all Partners for a non-Limited Company (please supply on separate sheet of paper).

I enclose the following:

- a the latest 3 years' Audited Accounts, including any Holding, Subsidiary or Associated Companies. Please note that if original copies are not submitted, any photostat copies must be signed by the auditors to confirm authenticity.
- b one copy of current brochure.
- c bank position statement form.
- d cheque for £25, non-refundable, for payment of credit checking agency's expenses.
cheque payable to INTERNATIONAL PASSENGER PROTECTION LIMITED
- e a statement of personal assets and liabilities for any non-Limited Company signed by your Accountant/Auditor.
- f full name and address of all Partners for a non-Limited Company.

In addition for newly formed companies

- g CV of the Directors/Partners
- h a business plan
- i an opening balance sheet

STAMP OF APPLICANT

PLEASE RETURN TO

Please forward to your Bankers after your signature

I hereby authorise International Passenger Protection Ltd to receive this fully completed Bank Position Statement. I/we agree that you may provide them with any further information they may require.

Signature of client..... For and on behalf of.....

BANK POSITION STATEMENT - TO BE COMPLETED BY YOUR BANKERS

I would confirm that at close of business on..... 200..... the bank position relating to the above mentioned client was as follows:

Current account	£.....	DR/CR
Deposit account	£.....	
Any other accounts	£.....	DR/CR
Details of a bank overdraft total facility	£.....	

Please advise - details of any charges, calls or debentures held by the bank on or over the assets of the client.

.....
.....
.....

Additional Information

1 If the client has been or is presently using its overdraft please advise:

a how is the overdraft facility secured?

.....

b are additional facilities likely to be available with existing security? Yes No

c if so to what total upper limit? £.....

d how do you anticipate any additional overdraft facility being secured?

.....
.....

2 a for approximately how long has the client been actively using its overdraft facility?

b would you expect the client normally to be at this level of overdraft at this time of year? Yes No

c if 'No' approximately what would be the expected overdraft level for this time of year? £.....

3 a is it anticipated that the trading position of the client over the next 3 months will bring an increase or decrease in the level of the overdraft? Increase/Decrease

b if any increase to what maximum anticipated level? £.....

c if a decrease to what level approximately? £.....

d do you know of any steps being taken to introduce additional funds into the business or action being taken to improve liquidity? Yes No

.....

4 a please advise the highest and lowest CR & DR positions over each of the last 12 months on the various accounts

Current Account			Deposit Account
Month	Highest	Lowest	If Any
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Date account opened.....

b does the client have any funds not held on deposit but invested outside such as money market investments? If so please state amount £.....

Comments

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Please complete all sections before signing and returning this form directly to:
 International Passenger Protection Limited, IPP House, 22 - 26 Station Road,
 West Wickham, Kent BR4 OPR. United Kingdom.

BANK STAMP

Signed.....

Position.....

For and on behalf ofBank PLC

Branch.....