



IATA / ATOL / Consolidators Application for Quotation for Scheduled Airline Failure Cover

Agent / Broker (if applicable)	.....
Address	.....
Contact name	.....
Telephone	.....
Fax no	.....
Email	.....

Travel agency requiring cover	.....
Address	.....
Contact name	.....
Telephone	.....
Fax no	.....
Email	.....

ATOL Details (if applicable)	
ATOL No	.....
ATOL licensed pax carrying for last 12 months	.....
ATOL licensed pax carrying for forthcoming 12 months	.....
ATOL license commencement / renewal date	March/September (delete as appropriate)
Total ATOL tickets to be insured for this period of cover	.....
	Estimated number of tickets to be insured (mandatory cover for the forthcoming year)

Total of non-ATOL scheduled tickets to be insured for this period of cover
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Combined total of <u>all</u> tickets to be insured for this period of cover
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How many days in advance of departure are tickets issued
Required cover commencement date (This should match your ATOL license renewal date, if applicable)
Required sum insured per ticket	..... (minimum £2,000 per ticket)

IMPORTANT: Airlines – Please email (in an Excel spreadsheet if possible) a list of all of the airlines you wish us to insure and respective projected turnovers for the 12 month period of cover. If a copy of your 12-month BSP (Bank Settlement Plan) summary print-out is available this will suffice providing that this includes all of the airlines you wish us to insure.

Any airlines not included in your breakdowns will not be covered.