



**END SUPPLIER FINANCIAL FAILURE INSURANCE POLICY
FOR PRINCIPALS / TOUR OPERATORS**

APPLICATION FOR QUOTATION

Principal / Tour Operator to be insured (head office)	.....
Address	.....
Contact name	.....
Number of offices including the above	.....
Telephone	.....
Fax no	.....
Email	.....

Estimated Scheduled Airline Tickets	
Total number of all tickets to be insured for period of insurance	.....
Estimated Transportation passengers (if applicable) (excluding scheduled airline tickets declared above)	
Total number of passengers to be insured for period of insurance	.....
Estimated Accommodation passengers (if applicable)	
Total number of passengers to be insured for period of insurance

Combined total of <u>all</u> passengers to be insured for this period of cover
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<u>How many days in advance of departure are:</u>	
Airline tickets issued
Other Transportation booked (i.e cruise, rail, ferry, train etc)
Accommodation booked	.....
Required cover commencement date	.....
Required sum insured limit required per passenger	.....

IMPORTANT:
Please email (in an Excel spreadsheet if possible) a list of all Airlines and end suppliers used by name & company Reg number separating by type i.e Airlines, Hotels, Car Hire, Cruise, Coach, Rail etc listing sales by each company for the last 12 months you wish us to insure and respective projected turnovers for the 12 month period of cover. <u>Any companies not included in your breakdowns will not be covered unless separately agreed.</u>
Signature on behalf of applicant: Position:
Print Name: Date:/...../.....