



## 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  No

If Yes, please advise

<b>a</b> Current Bond requirements?	£	Expiry date
<b>b</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?

<b>2</b> What is your estimated turnover from package holidays for 200_____	£
<b>3</b> Estimated number of passengers/bookings	UK      Europe      World-wide
<b>4</b> Average holiday cost	UK £      Europe £      World-wide £
<b>5</b> 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  No

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