



## THE PACKAGE TRAVEL REGULATIONS

### Application Form for Passenger Protection Insurance

I wish to be provided with a quotation for passenger protection to comply with the Package Travel Regulations

Company:	Tel No:
Contact:	
Address:	Fax No:
Post code:	E-mail:
Date Established:	Company Reg No:
Website address:	

Are you currently Bonded?    Yes    No    If Yes, please advise	Current Memberships: i.e. AITO/ABTA/ATOL
---	--

How are you currently protecting your client's money? i.e. Trust Account/Insurance/Bond/Other. Please advise
--

Please list any Travel Agents you may sell your product through:

What is your estimated turnover for packages for the next 12 months: £			
Estimated Number of passengers/bookings* travelling to: (Please provide separate details of those passengers travelling from outside the UK)	UK:	EU:	World-wide:
Average Holiday Cost:	UK £	EU £	WW £
Maximum Holiday Cost:	UK £	EU £	WW £
What is your estimated turnover for LTAs for the next 12 months: £	Average Cost pp £		Max Cost pp £
What is your estimated turnover from Agency sales for the next 12 months: £	Average Cost pp £		Max Cost pp £

Name and address of Banker:

How long have you been with this Bank?
--

Are you involved with any other business?    Yes/No    If yes, please give details



## DECLARATION

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

I hereby declare that:

- I have no reason to doubt that the Applicant will be able to comply with its obligations.
- To the best of my knowledge, information and belief and after due careful enquiry, the information contained herein is correct.
- 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.
- In the event of you issuing the insurance applied for:
- 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.
- 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			
Position:			
Private Address:		Previous Address (If less than 3 Years at current address)	
Postcode:		Postcode:	

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

### I enclose the following:

- The latest 3 years Audited Accounts, including any Holding, subsidiary or Associated Companies. Please note that if original copies are not submitted, any photo copies must be signed by auditors/ accountants to confirm authenticity
- Copy of current brochure/marketing details/ terms and conditions/Booking confirmation
- Bank Position statement form
- Payment of £50 non refundable application fee, to cover credit checking agency fees
- Statement of personal assets and liabilities for any non-limited Company signed by Accountant/Auditor
- Full name & address of all partners for a non-Limited Company.
- Payment Percentage form

### In addition for newly formed companies

- CV of Directors/Partners
- Business plan
- An opening balance sheet