

IPP

Part of **DUAL**

GLOBAL TRAVEL INSOLVENCY PROTECTION

Application for Quotation

SCHEDULED AIRLINE FAILURE COVER (SAFI)

APPLICATION FOR QUOTATION - SCHEDULED AIRLINE FAILURE COVER (SAFI)

Company and Broker Details

	Company Requiring Cover	Broker (if applicable)
Company / Broker Name	<input type="text"/>	<input type="text"/>
Full Address (Head office)	<input type="text"/>	<input type="text"/>
Contact Name	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>

Company Size

Is your business classified as:

☐ Micro-Enterprise

☐ Small or Medium-Sized Enterprise (SME)

A micro-enterprise (a) employs fewer than 10 persons ; and (b) has a turnover or annual balance sheet that does not exceed €2 million.
Small and medium sized enterprises (a) employ fewer than 250 persons; and (b) have a turnover or annual balance sheet that does not exceed €50 million.

ATOL & Ticket cover details

ATOL Number

ATOL license commencement / renewal month (tick one)

☐ March☐ September

Tickets issued in the last 12 months

Total tickets to be insured for this period of cover
(Include BSP & non BSP sales)

Estimated number of passenger tickets to be insured
(mandatory cover for the forthcoming year).

Advance booking period Policy Limits and Coverage dates

How many days in advance of departure are tickets issued?

days

Maximum policy limit required

Required cover commencement date

Required sum insured per ticket

€

Minimum €2,000 per ticket

Insurance Details (New IPPM Customers Only)

How did you hear about IPP? ☐ Broker Referral ☐ Client Referral ☐ Marketing ☐ Other

Do you currently hold a SAFI policy? ☐ Yes ☐ No

If yes, please provide the following details:

a) Insurance provider

b) Premium paid €

c) Number of claims paid out by the company in the past 5 years

d) Was an administration fee charged? ☐ Yes ☐ No

Important information:

To proceed with quotation, please provide the following in an Excel document:

- 1) Airline names to be included in cover (including IATA codes)
- 2) Projected turnover (12-month period of cover)
- 3) Projected number of tickets (12-month period of cover)

Note: Only ticket sales for listed airlines will be covered by the policy. Any undeclared airlines will not be covered.

If you have any questions or need further information, please feel free to contact us at infoIPPMLT@dualgroup.com.
We aim to respond within 2–3 working days.

GLOBAL TRAVEL INSOLVENCY PROTECTION

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