



Application for Quotation

END SUPPLIER FAILURE COVER (ESFI)

APPLICATION FOR QUOTATION - END SUPPLIER FAILURE COVER (ESFI)

Company and Broker Details									
	Company Requiring Cove	r	Broker (if applicable)						
Company / Broker Name									
Full Address (Head office)									
Contact Name									
Telephone Number									
Email Address									
Company Size									
Is your business classified as:		Micro-Enterprise							
Small or Medium-Sized Enterprise (SME) A micro-enterprise (a) employs fewer that 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.									
Estimated Volumes (12-month covera	ge period)								
Estimated number of Scheduled Airline Tickets									
Estimated number of Transportation passe (Excluding scheduled airline tickets declared									
Estimated number of Accommodation passengers (if applicable)									
Total passengers to be insured during this coverage period									
Advance Booking Periods									
How many days in advance of departure a	ire:								
a) Airline tickets issued		C	lays						
b) Other transportation booked (e.g., cruis	C	days							
c) Accommodation booked	C	days							

Policy Limits and Coverage Dates						
Maximum policy limit required						
Required cover commencement date						
	DD	MM	YYYY			
Required sum insured per passenger	£					
	Minin	num £2,000 þ	per ticket			
Insurance Details (New IPP Customers (Only)					
How did you hear about IPP?	Broke	er Referra	l Clie	ent Referral	Marketing	Other
Do you currently hold an ESFI policy?	Yes		No			
If yes, please provide the following details:						
a) Insurance provider						
b) Premium paid	£					
c) Was an administration fee charged?	Yes		No			
Important information:						
To proceed with quotation, please provide t	he followii	ng in an E	xcel docur	ment:		
1) List of all suppliers to be included in sove	\ r					

- 1) List of all suppliers to be included in cover
- Grouped by supplier type (e.g., hotel, car hire, airline).
- Include company registration numbers / IATA codes (for airlines).
- Include full trading address for oversea suppliers.
- 2) Projected turnover (12-month period of cover)

Note: Only listed suppliers are covered by the policy. Any undeclared end suppliers will not be covered.

If you have any questions or need further information, please feel free to contact us at infolPPLDN@dualgroup.com.

We aim to respond within 2-3 working days.

GLOBAL TRAVEL INSOLVENCY PROTECTION

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