

# IPP

Part of **DUAL**

GLOBAL TRAVEL INSOLVENCY PROTECTION

Application for Quotation

# END SUPPLIER FAILURE COVER (ESFI)

# APPLICATION FOR QUOTATION - END SUPPLIER FAILURE COVER (ESFI)

## Company and Broker Details

	Company Requiring Cover	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 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.*

## Estimated Volumes (12-month coverage period)

Estimated number of Scheduled Airline Tickets	
Estimated number of Transportation passengers (if applicable) (Excluding scheduled airline tickets declared above)	
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 are:

a) Airline tickets issued

days

b) Other transportation booked (e.g., cruise, rail, ferry, train)

days

c) Accommodation booked

days

Policy Limits and Coverage Dates

Maximum policy limit required

Required cover commencement date

DDMMYYYY

Required sum insured per passenger

€

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 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 the following in an Excel document:

- 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 overseas 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 [infoIPMLT@dualgroup.com](mailto:infoIPMLT@dualgroup.com).  
We aim to respond within 2–3 working days.

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