

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	<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

Based on UK definitions, please indicate the size of your company:

Micro-enterprise

Employs fewer than 10 persons and has a turnover or annual balance sheet of EUR 2 million or less.

Small-sized business

Small business is an enterprise which is not a micro-enterprise and has an annual turnover of less than £6.5 million, and employs fewer than 50 persons or has a balance sheet total of less than £5million.

Large commercial business

A large commercial business is an enterprise which exceeds the criteria to be small-sized business

Estimated volumes (12-month coverage period)

Estimated number of scheduled airline tickets	<input type="text"/>
Estimated number of transportation passengers (if applicable) (Excluding scheduled airline tickets declared above)	<input type="text"/>
Estimated number of accommodation passengers (if applicable)	<input type="text"/>
Total passengers to be insured during this coverage period	<input type="text"/>

Advance booking periods

How many days in advance of departure are:

a) Airline tickets issued	<input type="text"/>	days
b) Other transportation booked (e.g., cruise, rail, ferry, train)	<input type="text"/>	days
c) Accommodation booked	<input type="text"/>	days

Policy limits and coverage dates

Maximum policy limit required

Required cover commencement date

DD MM YYYY

Required sum insured per passenger £

Insurance details (new IPP 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 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 IPPSAFI@dualgroup.com.
We aim to respond within 2–3 working days.

GLOBAL TRAVEL INSOLVENCY PROTECTION

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