

# 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

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

- Micro-sized enterprise**  
*Employs fewer than 10 persons and has a turnover or annual balance sheet of EUR 2 million or less.*
- Small-sized enterprise**  
*A small-sized enterprise is an enterprise which is not a micro-enterprise, which has an annual turnover and/or annual balance sheet that does not exceed EUR 10 million, and employs fewer than 50 persons.*
- Medium-sized enterprise**  
*A medium-sized enterprise is an enterprise which is not a micro-enterprise or a small-sized enterprise, which has an annual turnover and/or annual balance sheet that does not exceed EUR 50 million, and employs fewer than 250 persons.*
- Large-sized enterprise**  
*A large sized enterprise is an enterprise which exceeds the criteria to be a micro-enterprise, small-sized enterprise and/or medium-sized enterprise.*

## 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 €2000 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 [IPPSAFI@dualgroup.com](mailto:IPPSAFI@dualgroup.com).  
We aim to respond within 2–3 working days.

## GLOBAL TRAVEL INSOLVENCY PROTECTION

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