IPP

Part of DUAL

GLOBAL TRAVEL INSOLVENCY PROTECTION

Application for quotation (turnover under €50 million)

# FOR TOUR OPERATORS, TRAVEL AGENCIES, CRUISES AND AIRLINES

## CLIENT APPLICATION: TURNOVER UNDER €50 MILLION

# FOR TOUR OPERATORS / ONLINE TRAVEL AGENCIES / CRUISES / AIRLINES

**Please complete all sections of this form unless otherwise indicated. Ensure that all information provided is accurate and up to date. Submit the completed form along with any required supporting documents. Incomplete or inaccurate submissions may result in delays to the application and quotation process.**

## Section 1 – Company information

*(New and renewing clients: to complete)*

1) Please complete the below table with the relevant details

| | Company requiring cover | Broker (if applicable) |
|---|---|---|
| Company / Broker name | | |
| Full address (head office) | | |
| Contact name | | |
| Telephone number | | |
| Trading names | | |
| Email address | | |
| Company registration number | | |
| Date established | | |
| Full registered address (if different to above) | | |
| Web address | | |

*(New clients: to complete, renewing clients: only complete if details have changed)*

2) Based on EU definitions, please indicate the size of your company.

Is your business classified as:

- ☐ 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 2 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.*

## Section 2 – Client service and activities

*(New clients: to complete, renewing clients: only complete if details have changed)*

3) Please describe the company's business activities:

*Please describe your main services. For example, "We're a ski travel company specialising in Europe trips during the peak season, from December to April."*

*(New clients: to complete, renewing clients: only complete if details have changed)*

4) Please select the relevant trade association memberships the company is a part of.

*Select all that apply and provide membership numbers*

| Trade association | | Membership number |
|---|---|---|
| ABTA | ☐ | |
| ATOL | ☐ | |
| IATA | ☐ | |
| ETOA | ☐ | |
| Other _____ | ☐ | |

*(New and renewing clients: to complete)*

5) Please confirm your Professional Indemnity Insurance details:

| | |
|---|---|
| Insurer | |
| Policy number | |
| Sum insured | € |
| Expiry date (dd/mm/yyyy) | |

## Section 3 – Sales territory and destinations

*(New and renewing clients: to complete)*

6) Where are the passengers you sell to based?

UK ☐ EU/EFTA ☐ Worldwide ☐

*(New and renewing clients: to complete)*

7) Do you have any passengers based in France, Austria or Belgium? ☐ Yes ☐ No

## Section 4 – Travel agents

*(New clients: to complete, renewing clients: only complete if details have changed)*

8) How much of your turnover is sold by travel agents or 3rd parties:

€

*(New clients: to complete, renewing clients: only complete if details have changed)*

9) Please describe how the company handles payments structures with travel agents:

*(Include commission structure, timing of payments, and any variations by product)*

## Section 5 – Estimated turnover and passengers

*(New and renewing clients: to complete)*

10) Please provide your estimated gross turnover broken down by category and region for the upcoming 12-month policy period, along with the total estimated number of passengers expected during this period.

| *(i.e. where clients are travelling to. If a category does not apply, enter "0")* | UK (€) | EU (€) | Worldwide (€) | No. of passengers (Pax) |
|---|---|---|---|---|
| Package travel | | | | |
| Flights *(Linked Travel Arrangement)* | | | | |
| Car hire *(Linked Travel Arrangement)* | | | | |
| Hotel *(Linked Travel Arrangement)* | | | | |

## Section 6 – Business profile

*(New and renewing clients: to complete)*

11) Has your company applied for or taken out any new debts or loans since your last audited financial statement?

☐ Yes (please provide more details on amount, type and purpose of debt)

☐ No

*(New and renewing clients: to complete)*

12) How do you expect your company's financial performance to change over the next 12 months?

☐ Increase

☐ Decrease (please provide more details)

☐ Remain stable

*(New and renewing clients: to complete)*

13) Has there been a change in ownership or majority shareholding in the past 12 months:

☐ Yes (please provide more details on the nature of change and the date)

☐ No

## Section 7 – Supplier payments and payment profile

*(New clients: to complete, renewing clients: only complete if details have changed)*

14) When are air tickets typically issued after a booking is made?

☐ Immediately after booking

☐ 1–30 days after booking

☐ 30–45 days after booking

☐ Other:

*(New clients: to complete, renewing clients: only complete if details have changed)*

15) How are the Hotel suppliers typically paid?

☐ Before trip >> How many days before?

☐ After trip >> How many days after?

*(New clients: to complete, renewing clients: only complete if details have changed)*

16) Who is your company's current merchant acquirer?

*(i.e. the provider that processes card payments on your behalf)*

☐ Worldpay ☐ Barclaycard Payment Solutions ☐ Elavon (U.S. Bancorp) ☐ Ayden

☐ Global Payments ☐ Trust Payments ☐ Other

*(New and renewing clients: to complete)*

17) Please confirm below your total Package and Linked Travel Arrangements turnover split by the following:

| Payment method | Turnover amount (€) | % of total turnover |
|---|---|---|
| Debit Card | | |
| Visa / Mastercard Credit Card | | |
| Other Credit Card | | |
| PayPal | | |
| Bank transfers / Cheques / Direct Debit | | |
| Others (specify) | | |
| **Total Sales:** | | |

## Attachments checklist

**Renewing clients:**

- ☐ The latest audited accounts (FYE last 6 months)
- ☐ The latest monthly management accounts
- ☐ Signed application form by the company's authorised director
- ☐ Latest booking position year on year

**New clients:**

- ☐ The latest monthly management accounts
- ☐ Past 3 years' Audited accounts, including current year FY3 (last 6 months)
- ☐ Expected revenue by quarter for the next 12 months
- ☐ Quarterly cash flow projections for the next 12 months
- ☐ Signed application form by the company's authorised director

**Once completed, please return this form and supporting information to:**
**IPPTOFI@dualgroup.com**

# DECLARATION

I agree that enquiries may be made in connection with this application with any parties mentioned within this application.

I hereby declare that:

• I have no reason to doubt that the Applicant will be able to comply with its obligations.

• To the best of my knowledge, information, and belief and after due careful enquiry, the information contained herein is correct.

• I am not aware of any circumstances which I have not disclosed to you which might influence you and/or your principal's acceptance of the risk.

• In the event of you issuing the insurance applied for, the Applicant will during the period of your principal's liability and upon your request, immediately make available to you and allow you to examine or take copies of any accounts or other documents in its possession relating to its own, and any Holding and/or subsidiary Company financial affairs.

• I am duly authorised by the Applicant to complete this form on its behalf and to make this declaration on its and my own behalf.

We hereby agree to indemnify you and your principals against actions, proceedings, claims and demands which may be brought against you or your principals and all liabilities, losses, damages, costs, and expenses of whatsoever nature which you or your principals may suffer, incur, or sustain through a breach of this declaration.

| | |
|---|---|
| Director authorised signature: | |
| Director name: | |
| Position | |
| Date: | |

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



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