



COMPANY DETAILS

AGENT/APPLICANT NAME:	
AGENT/APPLICANT ADDRESS:	
TRADING AS: (if different to the above name)	
COMPANY REGISTRATION NUMBER:	
AGENT ABTA NUMBER:	
AGENT IATA NUMBER:	
OTHER ASSOCIATION NUMBER: (please state name)	
CONTACT NAME & TELEPHONE NUMBER:	
EMAIL ADDRESS	
NAME & ADDRESS of AUDITORS:	
TELEPHONE & FAX NUMBER:	

1.	Name of Company who may use the Applicant's bond, and indication of the relationship with the Applicant :	
2.	Names of Holding and Subsidiary Companies:	
3.	Business of Applicants:	
4.	Date Applicant Company commenced trading:	
5.	Last audited accounts made up to:	
6.	Issued Share Capital:	£

PLEASE ENCLOSE: Please tick to confirm all items have been enclosed.

i)	For new business, copy of audited accounts for the last two years for the Company and for all Holding, Subsidiary and Associated Companies. For renewals, only the most recent year's accounts are required.	<input type="checkbox"/>
ii)	If the Company has been formed within the last two years, or is newly formed and does not have two years' audited accounts, a projected Budget showing anticipated income and expenditure for the current trading year.	<input type="checkbox"/>
iii)	A Bank Position Form completed by your bank.	<input type="checkbox"/>
iv)	A copy of the bonding decision letter (amount of bond, period, etc).	<input type="checkbox"/>

DECLARATION

I/We hereby declare that :-

a)	I/We have no reason to doubt that I/We will be able to comply with all my/our obligations.
b)	To the best of my/our knowledge, information and belief, the information contained herein is correct.
c)	I/We are not aware of any circumstances which I/We have not disclosed to you which might influence you or your principal's acceptance of the risk.
d)	In the event of you issuing the indemnity I/We am/are requesting, I/We will, during the period of you and your principal's liability upon your request immediately make available to you and allow you to examine and take copies of any accounts or other documents in my/our possession relating to my/our holding and/or any subsidiary financial affairs.
e)	If I/We shall receive any information, threat or other notice that ABTA or any other organisation to whom the indemnity has been given, intends to terminate my/our Membership or Appointment, I/We shall immediately inform you in writing of such information, threat or notice.

I/We declare that any material facts relating to the current trading status of the company during the currency of the Bond, will be notified immediately to The Independents' Advantage Insurance Company Limited.
 I/We hereby warrant that any change in material circumstances relating to this Bond(s) application during the operational period of any Bond(s) issued as a result of acceptance of this application, will be notified immediately to The Independents' Advantage Insurance Company Limited. I/We understand breach of this warranty may result in the cancellation of the Bond(s) in question.
 I/We hereby agree jointly and severally to indemnify you and your principals against all actions, proceedings, claims and demands which may be brought against you and your principals and all liabilities, losses, damage costs and expenses of whatsoever nature, which you and your principals may suffer, incur or sustain through a breach of this Declaration.
 I/We hereby declare that I/We are duly authorised to complete this application for Travel Bonding.
 This proposal form, together with any supporting documentation supplied by you, forms the basis of the contract between The Independents' Advantage Insurance Company Limited and yourselves.

NAME:

NAME:

SIGNED:

SIGNED:

POSITION:

POSITION:

PRIVATE ADDRESS:

PRIVATE ADDRESS:

DATE:

DATE:

BANK POSITION STATEMENT

NAME OF COMPANY		
I would confirm that at close of business.....the bank position relating to the above-named company was as follows :		
CURRENT ACCOUNT:		£
DEPOSIT ACCOUNT:		£
ANY OTHER ACCOUNTS:		£
DETAILS of BANK OVERDRAFT – TOTAL FACILITY:		£
CURRENT OVERDRAFT POSITION:		£
PLEASE ADVISE: details of any charges, calls of debentures held by the bank on or over the assets of the Company:		

ADDITIONAL INFORMATION:					
A)	If the Company has been or is at present using its overdraft, please advise:				
	i)	How is the overdraft facility secured:			
	ii)	Are additional facilities likely to be available:	Yes/No		
	iii)	If so, what total upper limit:	£		
B)	i)	For approximately how long has the Company been actively using its overdraft facility:			
	ii)	Is the present level of overdraft Normal for this time of year:	Yes/No		
	iii)	If “no”, what would be the expected level for this time of year:	£		
C)	i)	Is it anticipated that the trading position of the Company over the next 3 months will bring an increase or decrease in the level of the overdraft:	Increase/Decrease		
	ii)	If an “increase”, to what anticipated maximum level:	£		
	iii)	If a “decrease”, to what approximate level:	£		
	iv)	Do you know of any steps being taken to introduce additional funds into the business or action being taken to improve liquidity:	Yes/No		
	v)	If “yes”, please provide details:			
D)	Month	Current Account		Deposit Account (if any)	
			Highest		Lowest
		Latest			
		2			
		3			
		4			
	5				
	Oldest				
E)	Does the Company have any funds not held on deposit, but invested outside such as money market investments ? If so, please state amount:		£		
F)	We confirm that we have verified and obtained satisfactory evidence of the identity of all signatories to the banking accounts				

PLEASE COMPLETE ALL SECTIONS BEFORE SIGNING

SIGNED:	
FOR and ON BEHALF OF: Bank plc	
BRANCH:	

Please return this form to: Towergate Chapman Stevens