



INSURANCE PROGRAMME

REQUEST FOR TRAVEL INSURANCE QUOTATION

COMPANY NAME:

ADDRESS:

TELEPHONE: FAX:

EMAIL: WEBSITE:

CONTACT NAME: DESIGNATION:

NO. OF BRANCHES: DATE ESTABLISHED:

Please state membership number of :	ABTA	IATA	ATOL	NBCC

DETAILS OF OPERATION - Approximate number of passengers carried in last 12 months.

Days	UK	Europe Coach	Europe Air	W/wide Ex. Us/Canada	USA/ Canada	
1						
3						
5						
8						
10						
17						
Total						
Insurance Mandatory	yes / no	yes / no	yes / no	yes / no	yes / no	Total
If no, how many ins.						

HOLIDAY COSTINGS

£	UK	Europe Coach	Europe Air	W/wide Ex. US/Canada	US/ Canada
Minimum					
Average					
Maximum					

CANCELLATION SCALE

From	To	=		From	To	=	
days	days	%		days	days	%	
days	days	%		days	days	%	
days	days	%		days	days	%	

METHOD OF SALES - Approximate percentage

Direct to client	%	Via Travel Agent	%	Other, please state	%
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CLIENT AGE PROFILE - Approximate percentage

Up to 12yrs	13 - 18	19 - 35	36 - 65	66 - 80	80 plus
%	%	%	%	%	%

CURRENT INSURANCE DETAILS

INSURERS NAME:

CONTRACT COVERS FROM DEPARTURES / ISSUES (delete as appropriate)

CONTRACT COMMENCED: EXPIRES:

CURRENT NETT PREMIUM

Area	From	To	Days	£

Area	From	To	Days	£

QUOTATION REQUIREMENTS

TO COVER: DEPARTURES / CERTIFICATE ISSUES (delete as appropriate)

COMMENCING ON: EXPIRING ON:

NEXT BROCHURE - PROOF DATE: LAUNCH DATE:

Please state any special requirements regarding cover/sums insured/excesses/layout

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.....
.....
.....
.....

TOUR OPERATORS LIABILITY INSURANCE

CURRENT INSURERS NAME:

RENEWAL DATE:

EXISTING PREMIUM:

PLEASE ATTACH

1. COPY OF CURRENT INSURANCE POLICY(S)
2. COPY OF CURRENT BROCHURE OR OTHER SALES MATERIALS.

Please advise whether - Limited Co. / Partnership / Sole Trader (delete as appropriate)

Request authorised by: Signature.....

Date..... Designation.....