

# **Financial Failure Protection for Villa & Accommodation Providers**

## **Application Form**

For cover to meet the  
requirements of the package  
travel regulations 1992



# Villa & accommodation Providers application form for Financial Failure

I wish to be provided with a quotation for 100% Financial Failure Protection to comply with the Package Travel Regulations

Company	<input type="text"/>		
Name of Contact	<input type="text"/>		
Address	<input type="text"/>		
		Postcode	
Tel No:	<input type="text"/>	Fax No:	<input type="text"/>
Date Established	<input type="text"/>	Company reg no	<input type="text"/>

Number of hotels/villas operated

1 Are you currently bonded? Yes  No   
If YES, please advise  
a) Current Bond requirements? £  Expiry Date  /  /   
b) How are these Bonds obtained?  Bank  Insurance Company  
c) Do you utilise a Trust Account? Yes  No   
d) Who are the Trustees?

2 What is your estimated turnover from Bookings for (year) £

3 Estimated number of bookings UK  Europe  World-wide

4 Average booking cost UK £  Europe £  World-wide £

5 Maximum booking cost UK £  Europe £  World-wide £

6 Name and Address of Bankers   
Post Code

Tel No  Fax No.

7 How long have you been with this Bank?  Years

8 Do you have Credit Card facilities Yes  No

9 If yes please give details. i.e Barclays/Streamline

**Please confirm estimated bookings made by Credit Card & Average Holiday Cost**

**Bookings Nos**  **Ave Cost** £

10 Are you involved with any other business. Yes  No   
If YES, please give details

# Declaration

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

I hereby declare that:

- (a) I have no reason to doubt that the Applicant will be able to comply with its obligations
- (b) To the best of my knowledge, information and belief and after due careful enquiry, the information contained herein is correct.
- (c) I am not aware of any circumstances which I have not disclosed to you which might influence you and/or your principals' acceptance of the risk.
- (d) In the event of you issuing the protection applied for:
  - (i) the applicant will, during the period of your principal's liability 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's financial affairs.
- (e) 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

I/We hereby agree jointly and severally 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.

Signed:  Date

Print full name

Position

Private Address   
Post Code

Previous Address (if less than 3 years at current address)   
Post Code

\* This declaration must be signed by a Director of an Applicant Company, a Partner of an Applicant Partnership or the Proprietor of an Applicant Sole Trader

## I enclose the following

- a) **The latest 3 years Audited Accounts if available, including any Holding, Subsidiary or Associated Companies. Please note that if original copies are not submitted, any photostat copies must be signed by the auditors to confirm authenticity.**
- b) **One copy of your current brochure**
- c) **Bank Position Statement form**
- d) **Cheque for £25 non-refundable for payment of Credit Checking Agency's expenses  
Cheque payable to TOWERGATE CHAPMAN STEVENS.**
- e) **A statement of personal assets and liabilities for any Non Limited Company signed by your Accountant/Auditor**

STAMP OF APPLICANT

PLEASE RETURN TO  
Towergate Chapman Stevens  
Towergate House  
Wintersells Business Park  
22 Wintersells Road, Byfleet,  
Surrey KT14 7LF

**All applications will be subject to certain financial criteria and acceptance is not automatically guaranteed.**

Your information will be held by Towergate Chapman Stevens and the insurers to administer your policy. It may also be passed to other members of the Towergate Underwriting Group who may use it for marketing purposes and they may also pass it to carefully selected third parties for marketing. Details of further offers may be sent to you (by post, telephone or Email) by Towergate Chapman Stevens or third parties. If you do not wish to receive such offers from third parties, or us please contact Towergate Chapman Stevens.

**Please forward to your Bankers after your signature**

I hereby authorise Towergate Chapman Stevens to receive this fully completed Bank Position Statement. I/we agree that you may provide them with any further information they may require.

Signature of client:

For and on behalf of

## Bank position statement – to be completed by your bankers

I would confirm that at close of business on  20  the bank position relating to the above mentioned client was as follows:

Current account	<input type="text"/>	£ <input type="text"/>	DR/CR
Deposit account		£ <input type="text"/>	
Any other accounts		£ <input type="text"/>	DR/CR
Details of bank overdraft total facility		£ <input type="text"/>	

PLEASE ADVISE – Details of any charges, calls or debentures held by the bank on or over the assets of the client.

## Additional information

(A) If the client has been or is presently using its overdraft please advise:

(i) How is the overdraft facility secured?

(ii) are additional facilities likely to be available with existing security?

Yes  No

(iii) if so to what total upper limit?

£

(iv) how do you anticipate any additional overdraft facility be secured?

(B) (i) For approximately how long has the client been actively using its overdraft facility?

(ii) Would you expect the client normally to be at this level of overdraft at this time of year?

Yes  No

(iii) If "NO", approximately what would be the expected overdraft level for this time of year?

£

(C) (i) Is it anticipated that the trading position of the client over the next 3 months will bring an increase or decrease in the level of the overdraft?

INCREASE  DECREASE

(ii) If any increase to what maximum anticipated level?

£

(iii) If a decrease to what level approximately?

£

(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

(D) (i) Please advise the highest and lowest CR and DR positions over each of the last 12 months on the various accounts

CURRENT ACCOUNT			DEPOSIT ACCOUNT	CURRENT OVERDRAFT
MONTH	HIGHEST	LOWEST	IF ANY	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Date account opened

(ii) Does the client have any funds not held on deposit but invested outside such as money market investments?

Yes  No

If so please state amount

£

Comments

Signed

Position

For and on behalf of bank plc

Bank stamp

Branch

**Please Return Completed Form To : Towergate Chapman Stevens, Towergate House,  
22 Wintersells Road, Wintersells Business Park, Byfleet, Surrey Kt14 7lf**

**Towergate Chapman Stevens**

Towergate House, 22 Wintersells Road, Wintersells Business Park, Byfleet, Surrey KT14 7LF

Tel: **01932 334140** Fax: **01932 351238**

E-mail: [chapmanstevens@towergate.co.uk](mailto:chapmanstevens@towergate.co.uk) [www.towergatechapmanstevens.co.uk](http://www.towergatechapmanstevens.co.uk)

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