



The following information is required in order to proceed with a quotation
for financial failure cover to be added/included in a travel insurance scheme

| | | | |
|--|--|---|--|
| Agent / Broker | | | |
| Contact: | | | |
| Client's Name | | | |
| Type of policy | General retail scheme <input type="checkbox"/> | Annual Multi Trip only <input type="checkbox"/> | |
| | Travel Agent policy <input type="checkbox"/> | Airline policy <input type="checkbox"/> | |
| | Cruise policy <input type="checkbox"/> | Other _____ <input type="checkbox"/> | |
| Brief description of policy | | | |
| Insurers on travel insurance policy | | | |
| Type of cover (please tick) | SAFI <input type="checkbox"/> | DPI (Inc SAFI) <input type="checkbox"/> | Transportation only <input type="checkbox"/> |
| Sum insured | £ This should not exceed cancellation limit | | |
| Commencement date | Day Month Year | | |
| Estimated number of passengers for year | | | |
| Indicate any high risk or large volume sales with one company | | | |
| Comments relevant to risk | | | |
| I enclose proposal form | Yes / No | | |
| I enclose policy wording | Yes / No | | |

Signed

Print Name: Date

International Passenger Protection Ltd . IPP House . 22-26 Station Road . West Wickham . Kent BR4 0PR . United Kingdom

Tel: +44(0)20 8776 3750 . Fax +44(0)20 8776 3751 . Email: info@ipplondon.co.uk . Website: www.ipplondon.co.uk