



**SUPPLIER FINANCIAL FAILURE INSURANCE POLICY  
FOR PRINCIPALS / TOUR OPERATORS**

**APPLICATION FOR QUOTATION**

**Principal / Tour Operator requiring cover (head office)** .....

**Is Tour Operator a Micro-Enterprise**    **Yes** ..... **No** .....

A micro-enterprise (a) employs fewer than 10 persons and (b) has a turnover or balance sheet that does not exceed €2 million.

Address .....

Contact name .....

Number of offices including the above .....

Telephone .....

Email .....

**Estimated Scheduled Airline Tickets**  
Total number of all tickets to be insured for period of insurance .....

**Estimated Transportation passengers (if applicable) (excluding scheduled airline tickets declared above)**  
Total number of passengers to be insured for period of insurance .....

**Estimated Accommodation passengers (if applicable)**  
Total number of passengers to be insured for period of insurance .....

**Combined total of all passengers to be insured for this period of cover** .....

**How many days in advance of departure are:**

Airline tickets issued .....

Other Transportation booked (i.e cruise, rail, ferry, train etc) .....

Accommodation booked .....

Required cover commencement date .....

Required sum insured limit required per passenger .....

How did you hear of IPP's products? .....

Please state if you currently hold a Supplier Failure policy .....

Insurance company held with .....

Premium paid .....

Were claims submitted promptly .....

Is the customer charged any form of administration fee .....

**IMPORTANT:** Please email in Excel format a list of all suppliers to be insured by name and company registration number separated by type i.e Airlines, Hotels, Car Hire, Coach, Rail, together with the respective projected turnovers for the twelve months period of cover. For overseas suppliers we require the full trading address.  
**Suppliers not declared will not be included within the policy.**