



Financial Failure Insurance Proposal Form

An Insurance protecting your customer's deposits &
advanced payments

Financial Insolvency Insurance Application

Financial Insolvency Insurance is a scheme which meets the requirements of the Package Travel Directives

The Scheme provides cover for customers of the Holiday Provider in event of the Insolvency of the Holiday provider they have booked with. In the event of insolvency of the Holiday provider the customers are covered for monies paid for a holiday trip that is not fulfilled.

All companies acting as a Principle and sells holidays must comply with the package Travel Directive and it is illegal to trade in the travel sector without having appropriate cover in place.

For customers who have yet to travel, will be covered for all monies paid for non-fulfilment of the trip/holiday brought through the insolvent Holiday Provider. In the event that the customer is overseas at the time of the insolvency the policy will cover repatriation should the transport supplier not received payments from the insolvent company.

The Financial Insolvency Insurance is a commercial policy sold on B2B and premiums are paid by the Holiday Provider.

Benefits of Cover:

- Monthly declaration of customers booked
- Premium payments for customer declared are on a monthly basis pay - for cover for only bookings booked, good for the company cashflow
- Approved by ABTA and recognised as an alternative to bonding.

Applying for Financial Insolvency Insurance you will need to complete the form below in FULL and provide

- The latest audited signed accounts (including any Holding, Subsidiary or Associated Companies) – if accounts are three months or more old then they must be accompanied by the latest monthly management accounts
- Website address and if applicable a copy of the current brochure provided for sales to your customers
- A complete Bank Position Statement form which must be completed and stamped by the bank
- A Credit Check will be carried out and a non-refundable fee of £40 for new applications (£25 for first renewal and £15 for second renewal) Payment to be made to MPI Brokers:

For all new business start up you will need to supply in addition to the above:

- Business Plan with opening balance sheet and how the business is funded
- Curriculum Vitae for all directors/shareholders.

Cover placed by AVS – Atlas Voyage Secure (a trading name for All Seasons Underwriting Agency – Lloyds cover holder) will be with A rated insurers with A rated reinsurance.

Financial Insolvency Protection Proposal Form

1. Company Details

Application Name(s)	
Trading Name(s)	

Business Address:
Post code:

Telephone Contact:
Email:

Company Registration Number		Date of Incorporation	
Financial year end		Date trading began	

Parent Company:
Registered Address:
Post Code:

2.Financial Details

Do you hold an ATOL?

If YES please state ATOL number:

Name of ATOL Bond Guarantor insurer/bank:

Do you have credit card facilities

YES / NO

If YES which service to you use?

Bank Name and Address:

Post code:

How long have you been with the bank?

Please show projections for the 12 month period from your application /renewal date (whichever is applicable), for package holidays you organise and which you intend to cover under this insurance

Destination	UK	Europe	Other
Number of Passengers			
Average cost per passenger	£	£	£
Max cost per passenger	£	£	£
No. of days duration			

Do you provide link travel arrangements

YES / NO

Deposit taken from customer	Amount £	Percentage
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When is final balance taken from customer?

3.Third Party Supplier Payments

Percentage (%) paid to suppliers

Before departure:

How many weeks:

After departure:

On completion:

Principle Destinations:

Principle Catchment areas:

4. Projected Turnover

	Jan-Mar	Apr - Jun	Jul - Sept	Oct - Dec	Total
Quarterly turnover	£	£	£	£	£
Insurable turnover	£	£	£	£	£
Average holiday cost	£	£	£	£	£

Is Insurable Turnover different from Total Turnover

YES / NO

If YES, please explain

Please state sum insured required

£

NB The sum insured should be no less than “the highest quarter turnover” x 60%

If you have reason to believe that this calculation gives inadequate sum insured, please explain why and provide a breakdown of your calculation on a separate sheet.

5. Declaration

- (a) Ever has a judgment debt requested YES / NO
- (b) Ever been Bankrupt or in Receivership or Liquidation or Administration? YES / NO
- (c) Any unresolved or pending legal actions or other disputes against them? YES / NO
- (d) Had any trade accounts closed for non-compliance with terms? YES / NO
- (e) Any arrears or more than three months in payment of PAYE/NIC/suppliers? YES / NO
- (f) Has any Insurance Company or Bank declines to act as Surety on your behalf? YES / NO

- **I declare that the statements and particulars are true and that to the best of my knowledge, I have not withheld any information which could materially affect this Application**
- **I authorise MPI Brokers and the Insured to contact any source to obtain any information they may require and understand that The Insurer reserves the right to decline this Application without giving a reason.**

This part of the form is to be signed by either:

All Sole Traders, or

All Partners, or

Two Directors, or

The Company Secretary and one Director as appropriate:

Name	Position	Signature	Date

Once completed please send form and appropriate documents to:

MPI Brokers, West House, 19-21 West Street, Haslemere, Surrey, GU27 2AB

Info@mpibrokers.com