

**WHEN COMPLETED PLEASE RETURN THIS FORM
TO:**

**Guarantees & Bonds Limited
9D High Street,
Maldon, Essex CM9 5PB**

Or

Email: info@guaranteesandbonds.com

Fax: 0208 711 5819

TRAVEL DISRUPTION INSURANCE PROPOSAL FORM

COMPANY NAME (Including trading brands)

COMPANY REGISTERED ADDRESS

COMPANY REGISTRATION NUMBER:

TYPE OF BUSINESS:

MAIN CONTACT NAME:
POSITION IN COMPANY:

TELEPHONE NUMBER:

ELECTRONIC MAIL ADDRESS:

FAX NUMBER:

YEAR ESTABLISHED:

NAMES OF DIRECTORS OR PARTNERS

HAS ANY DIRECTOR, PARTNER OR SHAREHOLDER OF THE TRADING COMPANY OR HOLDING COMPANY EVER BEEN CONVICTED OF A CRIMINAL OFFENCE OR DECLARED BANKRUPT?

A MEMBER OF ABTA? IF YES WHAT IS YOUR ABTA NUMBER:
A MEMBER OF ATOL? IF YES WHAT IS YOUR ATOL NUMBER

PLEASE ENTER THE PASSENGER NUMBERS FOR MANDATORY TDI:

PROJECTED TURNOVER FOR THE FORTHCOMING YEAR

	April-June 200	July-Sept 200	Oct-Dec 200	Jan-March 200	TOTAL
Gross Turnover					
Number of Passengers					
Average Price					

PLEASE INDICATE TOTAL COMPANY GROSS TURNOVER:

DATE YOU REQUIRE THE POLICY TO COMMENCE: ASAP

DO YOU HAVE COMMERCIAL SUPPLIER FAILURE COVER? YES