

Chartered Airline Failure Application Form

Applicant Details				
Name of Insured Company				
Address				
Contact Name				
Position				
Tel No.		Fax No		E-mail.
Details of Charter				
Name of Chartered Airline				
Address of Airline				
Co Reg No.				
Name of Charter Broker (if applicable)				
Destination of Charter				
Date of Outbound Charter				
Date of Return Charter				
Number of Passengers				
If multiple Charter please provide the above details for each flight.				
Total cost of each charter to be insured.				
Please provide details of installment details of charter cost.				
1st Installment		Date to be Paid		
2nd Installment		Date to be Paid		
3rd Installment		Date to be Paid		
4th Installment		Date to be Paid		
Balance		Date to be Paid		
Total Payments				
Please note that cover will only be provided for payments made at the time of failure of the airline.				
By submitting this application we confirm that the information provided is true and correct and we understand that if our application is accepted this will form part of the contract between us and the Underwriters				
Date of Application				

