



SCHEDULED AIRLINE FAILURE INSURANCE

Key features:

- **Net rates.**
Minimum & Deposit premium will apply (in line with projected ticket sales. Insurance Premium Tax @ 17½ % will be payable on the gross selling price.
- **Simple monthly declarations** are made in respect of sales during the preceding month. This is initially deducted from the deposit until it is used up after which monthly payments are made.
- **Sum Insured - £1500.**
- **Underwriters/Claims handlers – Shield Direct Insurance Services Limited**

Please complete and return this form to:

P J Hayman & Company Limited

Stansted House, Rowlands Castle, Hampshire P09 6DX

Tel: 023 9241 9002

Fax: 023 9241 9040

Contact: Peter Hayman/Chris Morley info@pjhayman.com

APPLICATION FORM

Note – completing this form does not commit you to proceed. On receipt of your application we will issue a formal quotation including a copy of the Master Policy.

Name of Proposer (including Associated/Subsidiary Companies and Trading names):	Website:
Address:	
Contact name:	
Telephone:	
Fax:	
Email:	
Details of any Trade Associations of which you are a member:	
Precise occupation:	
Year established:	



Trading information

Scheduled Passengers	
For the last 12 months	
For the next 12 months	
Average ticket price	

Please provide a copy of your Bank Settlement Plan (BSP) printout for the last 12 months. If this is not available Underwriters will require a list of the airlines that you use in the following format:

Airline	
Estimated ticket sales for the next 12 months	
	Number:
	Value:

Please attach details to this form or provide the information in Excel format.

History

Please give details of cover you have previously held for this type of risk:	Insurer:
	Expiry date:

Declaration

I declare that, to the best of my knowledge and belief, the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts*. I understand that non-disclosure or misrepresentation of a material fact may entitle Insurers to void the insurance. (* A material fact is one likely to influence acceptance or assessment of the risk by Insurers. If you are in any doubt as to whether a fact is material or not you should disclose it.)

I understand that signing this declaration does not bind me to complete, or Insurers to accept, this insurance.

Signature of Applicant

Position

Date

Issued by:

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