

SCHEDULED AIRLINE FAILURE INSURANCE

APPLICATION FORM

ARRANGED BY

CBG LONDON LTD T/A MARCUS HEARN

Please complete this Application Form and return or fax it to:

Marcus Hearn, Marcus Hearn House, 65/66 Shoreditch High Street, London E1 6JL
Fax No: 020 7739 7888

Should you wish to discuss any matters relating to this Application, please telephone:
020 7739 3444

TRADING NAME: _____
ADDRESS: _____

TEL NO: _____ FAX NO: _____
YEAR ESTABLISHED: _____ COMPANY REG. NO. _____

HOLDING COMPANY AND ADDRESS IF DIFFERENT FROM THE ABOVE:

DIRECTORS: _____

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

PLEASE INDICATE THE TYPE OF BONDS HELD AT PRESENT AND LIMIT:-

BOND	LIMIT	RENEWAL DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE INDICATE THE NUMBER OF SCHEDULED AIRLINE TICKETS ISSUED OVER THE LAST TWELVE MONTHS: _____

PLEASE PROVIDE NAMES OF CARRIERS USED WITHIN THE LAST TWELVE MONTHS AND THEIR PERCENTAGE OF THE TOTAL TICKETS ISSUED:

ARE YOU AT PRESENT NEGOTIATING TO ACT AS A CONSOLIDATOR FOR ANY OTHER CARRIER? _____

IF "YES" PLEASE PROVIDE DETAILS:

ARE YOU AN AAC MEMBER? _____

ATOL NUMBER _____ ATOL LICENCE RENEWAL DATE _____

DECLARATION:

I declare the information given to be true and correct and that I have withheld no information which may be material to this Application.

NAME: _____

SIGNATURE: _____ POSITION: _____ DATE: _____