

Application for Travel Disruption Cover - TDC

Full legal name of the applicant (including trading names):

Address:

Company/Contact details:

Company Registration Number:

Main Contact and Title:

Tel:

Fax:

Email:

Estimated number of passengers to be covered under the policy for a 12-month period:

Percentage (%) spread of the forecast over 12 months. **NB: If risk is concentrated please supply full data**

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Gross turnover of estimated number of passengers:

Destination Program – Please list the regions for your business with estimated forecast:

	Passengers	Percentage split
	Passengers	Percentage split
	Passengers	Percentage split
	Passengers	Percentage split
	Passengers	Percentage split
	Passengers	Percentage split
	Passengers	Percentage split
	Passengers	Percentage split

Insured Sum of Level up to required:

Preferred commencement date:

CLAIMS HISTORY

Please provide any previous claims details for the past 5 years below.

Claim Details	Product	D.O.L	Amount Claimed £

(List additional claims on a separate sheet)

Declaration

I / We hereby declare that the information provided is correct to my/our knowledge.

I / We hereby declare that we understand and agree that the insurance being applied for is supplied by AVS – Atlas Voyage Secure (A trading name of All Seasons Underwriting Group)

I/We hereby declare that I/We are duly authorised to complete this application for Cruise Protection Cover.

NAME:

SIGNED:

POSITION:

DATE:

Applications not completed in full will not be process until all information required is supplied

Fully completed and signed application forms to be sent to:

AVS – Atlas Voyage Secure (A trading name of All Seasons Underwriting Agencies Ltd)

AVS@ausagroup.co.uk

Alpi House, Suite 2, East Wing, 2nd Floor, Miles Gray Road, Basildon, Essex, SS14 3HJ.

