



# Supplier Insolvency Insurance Application

## Supplier Insolvency

The scheme is designed to cover the policyholder in the event that a supplier that has been declared and used as either part of a dynamic package holiday or sold as a single component goes insolvent and cannot be fulfilled. Under the Travel Directive it is the responsibility of the Principal should the customer not receive what has been booked, to make right by either Replace; Refund or Repatriate the customer.

The scheme is divided into three types of products:

**1. Complete Supplier Insolvency Cover (CSIC)**

Covers all components of a holiday that has been declared. The only product that allows for replacement of the component at a higher price (T&C apply)

**2. Scheduled Airline Insolvency Insurance (SAII)**

Covers only airlines (does not cover consolidators or flight brokers), Covers cost of refund back to customers if sold as flight only. If flight is used within a dynamic package holiday the policy will only cover the net flight cost brought from the failed airline.

**3. Supplier Insolvency Insurance (SII) – Non-Airlines**

Covers all non-airline suppliers (this product covers consolidators and flight brokers) Covers cost of refund back to customers if sold as single item only. If component is used within a dynamic package holiday the policy will only cover the net cost paid to the failed supplier.

**Benefits of cover:**

- Monthly declarations of customers booked
- Premium payments for customer declared are on monthly basis – pay for cover for only bookings booked, good for the company's cash-flow.

**Applying for Supplier Insolvency Insurance you will need to:**

- Complete the form below in **FULL** ensuring you enter clearly which product you wish to be covered by. Forecast passenger to be covered will be expected to be declared within the life of the policy should the application be successful.
- Complete the declared suppliers form – you must list all suppliers you wish to be covered for and both passengers forecast, and turnover **MUST** be supplied. NB Applications without these figures will not be accepted. Additional suppliers maybe added throughout the term of the policy by completing an additional supplier application form. Annual forecast submitted on application per supplier can only be exceeded by 15%. Should your business require cover on higher figures submitted this will need to be approved by insurer as this will be classed as a material change. Failure to advise will result in claims being declined in the event of an insolvency.
- Please state clearly the sum up to levels you require to cover the forecast passengers declared. NB the policy will cover the price paid by the customer or the up to sum level insured whichever is less.

**Please complete the application form below in full and sign and return along with declared suppliers forecast to:**

**AVS – Atlas Voyage Secure (A trading name of All Seasons Underwriting Group)**

[AVS@ausagroup.co.uk](mailto:AVS@ausagroup.co.uk)

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

## Application for Supplier Insolvency Insurance

<b>Application Names</b>			
<b>Trading Names</b>			
<b>Business Address</b>			
<b>Post Code</b>			
<b>Telephone Contact</b>		<b>E-mail</b>	
<b>Company registration number</b>		<b>Date of Incorporation</b>	
<b>Member of ABTA?</b>		<b>If yes please state ABTA number</b>	
<b>Do you hold an ATOL?</b>		<b>If yes please state ATOL number</b>	

<b>Deposit taken from customer</b>	<b>Amount</b>		<b>Percentage</b>	
<b>When is final balance taken from customer?</b>				

### Third Party Supplier Payments:

<b>Percentage (%) paid to suppliers:</b>	<b>Before dep:</b>		<b>How many weeks</b>	
<b>Percentage (%) paid to suppliers:</b>	<b>After dep:</b>			
<b>Percentage (%) paid to suppliers:</b>	<b>Completion:</b>			

<b>Percentage of Suppliers paid via Virtual Credit Card</b>		%
<b>Percentage of Suppliers paid via Company credit card</b>		%
<b>Percentage of Suppliers paid via BACS</b>		%
<b>Percentage of Suppliers paid via BSP</b>		%

NB Application with 85% plus payments to suppliers will receive favourable premiums

<b>Please tick product you require:</b>	<b>CSIC*</b>	Yes / No	<b>SAII**</b>	Yes / No	<b>SII***</b>	Yes / No
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Sum insured Levels up to per person required

<b>£500</b>	Number or percentage of annual passenger forecast	
<b>£1,000</b>	Number or percentage of annual passenger forecast	
<b>£1,500</b>	Number or percentage of annual passenger forecast	
<b>£2,000</b>	Number or percentage of annual passenger forecast	
<b>£2,500</b>	Number or percentage of annual passenger forecast	
<b>Others</b>	Number or percentage of annual passenger forecast	

<b>Estimated Total Number of Passengers for the next 12 months requiring cover:</b>		<b>Please ensure a full list of suppliers with 12 months estimate of passenger numbers and turnover per supplier is attached</b>  <b>(Note: Only suppliers declared to and accepted by the insurer will be covered.)</b>
<b>Gross Turnover</b>		
<b>Annual Passenger forecast to be covered</b>		
<b>Average Price</b>		

**Booking profile in percentage (%) across 12 months of cover of annual passenger forecast**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec

<b>PLEASE INDICATE TOTAL COMPANY GROSS TURNOVER:</b>	£
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**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)

D.O.L. = Date of Loss

**Declaration:**

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 Agencies Limited (ASUA) of Alpi House, Suite 2, East Wing, 2nd Floor, Miles Gray Road, Basildon, Essex, SS14 3HJ. All Seasons Underwriting Agencies Limited (Company number 03252689) are authorised and regulated by the Financial Conduct Authority reference no: 308488

I/We hereby declare that I/We are duly authorised to complete this application for required product indicated on page two of this application.

I / We hereby declare that the information provided is correct to my/our knowledge and are responsible, on an ongoing basis, for providing the insurer with all material facts relating to the insurance cover(s) arranged on your behalf. Material facts are those which are likely to affect the assessment and acceptance of risks being insured. Failure to provide full and accurate information may mean that your cover is invalid. If You are in any doubt as to what facts are considered to be material, then You should disclose them to the insurers.

**NAME:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_