

Travel Bonding Application Form

Full name and legal status (*limited company, partnership or sole trader*) of applicant

Address Postcode

Telephone No.	Fax No.	Email
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Business of applicant	Date applicant commenced to trade
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Financial year end	a. Authorised share capital* £	b. Paid up share capital* £
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Name and Address of auditors* / accountants Telephone No.

(in respect of all questions please continue answers on separate sheet if necessary)

1 Anticipated turnover for the forthcoming 12 months:

a Tour operating

i Licensable (i.e. that relating to ATOL, if applicable)

£

ii Non-licensable

£

b All other

£

2 Tour Operators only

a The maximum total amount at any given time during the forthcoming 12 months you will have paid in advance for hotel accommodation, airline tickets, transfers, etc

£

b The surcharge policy you adopt

£

3 Names of ALL holding and subsidiary companies*

4 In addition to the applicant named above, are any of the bonds required in respect of any other companies or entities? If so, please list and indicate relationship with applicant.

Items marked * refer to limited companies only



IMPORTANT NOTICE
 A BOND WILL ONLY BE EFFECTED ONCE PAYMENT
 HAS BEEN CLEARED BY ALL PARTIES
 PLEASE ENSURE YOU ALLOW ADEQUATE TIME

Arnold Fisher Insurance Services Limited
 Meridien House 69-71 Clarendon Road
 Watford Hertfordshire WD17 1DS
 Telephone: 01923 236399
 Facsimile: 01923 236203
 Broker Line: 01923 234965

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5 Please provide the following information in respect of all shareholders, directors and senior staff, or partners, proprietors and senior staff.

Name Position Shareholding* % £	Address Postcode
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Name Position Shareholding* % £	Address Postcode

6 Name of person in your office dealing with this application

7 Has the applicant or any of those persons or companies named in 3, 4, 5 and 6

- a Ever found it necessary to make arrangements with or seek assistance from any form of moratorium in respect of their obligations to creditors? Yes No
- b Been involved in legal proceedings concerning breach of contract or similar? Yes No
- c Been adjudged bankrupt or had any judgement debt outstanding against them for longer than 14 days? Yes No
- d Been the director or shareholder or any company which has gone into insolvent liquidation, receivership or administration? Yes No

8 Bonds required

	a	b	c
Type of bond			
Amount	£	£	£
Percentage of turnover	%	%	%

9 Renewal date of existing bonds and name of obligors

	a	b	c
Type of bond			
Renewal date			
Name of obligor			



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10 Has the applicant company or those named in 3, 4 and 5 been bonded for the type of bond requested herein before?

Yes No

If 'Yes', please give full details

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11 Details of other bonds / guarantees / indemnities currently in existence in respect of the applicant or those named in 3, 4 and 5

Type			
Renewal date			
Name of obligor			

12 Has the applicant or those named in 3, 4 and 5 ever been refused bonding previously?

Yes No

Declaration please read carefully, sign and date the declaration below

I agree that enquiries may be made in connection with this application with any of the parties mentioned in this application.

I hereby declare that

- a I have no reason to doubt that the applicant will be able to comply with its obligations.
- b To the best of my knowledge, information and belief and, after due and careful enquiry, the information contained herein is correct.
- c I am not aware of any circumstances which I have not disclosed to you which might influence you and/or your principals' acceptance of the risk
- d In the event of you issuing the bonds applied for, or any bond in substitution or addition
 - i The applicant will, during the period of your principals' liability, upon your request, immediately make available to you and allow you to examine or take copies of any accounts or other documents in its possession relating to its own and any holding and/or subsidiary company's financial affairs.
 - ii The applicant will hold your principals' fully indemnified against any demand made against them under all or any of the bonds.
- e If I or the applicant shall receive any indication, threat or other notice that ABTA, IATA, or any other organisation to whom a bond has been given intends to terminate the applicant's (or any connected company's) membership or appointment, of the CAA intends to revoke our licence, we shall immediately inform you in writing of such indication, threat or notice.
- f I am duly authorised by the applicant to complete this form on its behalf and to make this declaration on its and my own behalf.

I agree to advise you of any material change of circumstances including all that is provided in and with this application

* This declaration must be signed by a director of an applicant company, a partner or an applicant partnership, or the proprietor of an applicant sole trader.

Full Name	Position
Private Address	
Postcode	
Signed	Date

Please enclose:

- i Copy of audited accounts for the past three years.
- ii Copy of audited accounts for the past three years of all holding, subsidiary and /or associated companies.
- iii If the applicant is a company formed within the last three years and therefore does not have three years audited accounts, please provide the audited accounts you have and projected income and expenditure figures for the forthcoming financial year and a projected balance sheet as at the end of the period
- iv Attached bank position statement, completed by the applicant's bank
- v Copy of applicant's current brochure
- vi Copy of details of bond required
- vii ATOL HOLDERS Only – Copy of the applicant's application to the CAA for the license, together with any correspondence relating thereto.
- viii TOUR OPERATORS Only – Attached additional questionnaire

NO LIABILITY IS UNDERTAKEN UNTIL THIS PROPOSAL HAS BEEN AGREED BY THE INSURERS.



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