

CHARTERED AIRLINE FAILURE APPLICATION FORM

Name of Insured Company				
Address of Insured Company				
Person completing this application on behalf of the Insured Company				
Position				
Tel No.		Fax No		E-mail.
Name of Chartered Airline				
Address of Chartered Airline				
Company Registration No. of Chartered Airline				
Name of Charter Broker arranging the Charter (if applicable)				
Destination of Charter				
Date of Outbound Charter				
Date of Return Charter				
Number of Passengers				
If a multiple charter please provide the above details for each flight .				
Total cost of each charter to be insured (this relates to the flight cost only)				
In the event of a claim the original contract will be required				
Please provide installment details of charter cost				
1 st Installment		Date to be paid		
2 nd Installment		Date to be paid		
3 rd Installment		Date to be paid		
4 th Installment		Date to be paid		
Balance		Date to be paid		
Total Payments				
Please note that cover will only be provided up to payments made at the time of failure of the chartered airline. No cover will be provided for any payments due after the failure of the chartered airline or any consequential loss				
By submitting this application we confirm that the information provided is true and correct and we understand that if our application is accepted this will form part of the contract between us and the Underwriters.				
Date of Application				