

Travel agent travel insurance request form



Company name	Contact name
Address	Position
	Tel
	Fax
	Email
	Website

How did you hear about us? Advert Recommendation Other

1. Associations/Affiliations?

ABTA ARTAC Advantage Midconsort Travelsavers Carta IATA Other

2. Specialist areas of business?

3. What is your insurance take-up? (insurance sales per 100 passengers) % 4. How many full-time staff do you have? 5. How many offices do you have?

6. Do you offer free insurance? Never Occasionally Sometimes Most of the time

7. Please give details of any changes required or ideas you want us to explore to your existing insurance in the box below:

8. Who is your current insurer/broker?

Renewal date Estimated annual net premium (excluding IPT) to insurers? £

Signed	Print name	Date
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Office use only Further action required Diaried for