

**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			