



administered by:-

P J HAYMAN & COMPANY LIMITED

Stansted House, Rowlands Castle, Hampshire PO9 6DX

For

Financial Surety Limited



- 1. Please answer all questions leaving no blank spaces.
- 2. If you have insufficient space to complete any of your answers, please continue on your headed paper.
- 3. This form must be signed and dated by a partner/principal or identified officer of the Firm.

	ress of Firm. If more than one, please give each address and indicate the Trading nam tion.	ies a
Coi	ntact Address:	
Otł	ners:	
Con	tact details:	
Na	me:	
Pos	sition:	
Tel	ephone:	
Em	ail:	
	any Shareholder, Partner, Director or other officer of the company been convicted of nce?	ас
	Yes No	
If "Y	es", please give details	



	Has any Shareholder, Partner, Director or other officer of the company ever been declared bankrupt of entered into any arrangements with their debtors?								
	Yes	No							
If '	"Yes", please give det	ails							
L									
6. W	What per person limit do you require? Please tick								
	£1,000	£1,500 £2	2,000 £2,500	£3,000 £_					
7. W	hat date would you li	ke cover to commence?							
8. Please give particulars of previous similar insurance carried during the past two 2 years:									
	Period	Insurer	Туре	Limits					
Declara	tion				ļ				
		tion given above is to policy that may be is							
		mation that may be o		erwriter in their ass	sessment				
	F F								
Signed	:		Date :						
Position	n:								
		ong with the addition sted House, Rowland		ested below to:					



Additional Information:

When submitting this form please also include a list of all the airlines you are expecting to use in the coming year including an estimate of the number of passengers and your projected turnover per airline.

You can either provide this information to us by using the form below or electronically by Excel. Whatever format you use, you will need to ensure that it includes reference to all airlines that you want to be insured. Cover will not apply in respect of any airline not previously disclosed to and accepted by us.

Name of Airline	Estimated number	Estimated	Percentage of your
	of passengers	annual	annual turnover
	0. barasa 1.9a. a	Turnover	
		Turriover	