

TRAVEL AGENT DEFAULT BOND APPLICATION
 NEW BOND APPLICATION PROPOSAL RENEWAL PROPOSAL (Tick appropriate box)

TRADING NAME OF TRAVEL AGENT:	
Address:	
Contact Person re Application:	
Tel:	Fax:
Email Address:	

DETAILS OF TRAVEL AGENT: (PIs use Operating Financial Year)

IATA Agent Number		Registration Number	
Number of BSP Tickets sold last year		Number of BSP projected	
Value of BSP sales last year		Value of BSP sales projected	
Legal Name of Travel Agent:			
Full Name & Address of Director(s) / Partner(s) / Owner(s):			

DETAILS OF BOND REQUIRED:

Total Security Required by TAANZ:	\$	Commencement Date:	
Maximum Limit of Liability for CBL:	\$	(Please Circle which cover you Are applying for):	50% Cover
			100% Cover

Please include the following information with your application

- Latest set of Financial Accounts: Management Accounts and Balance Sheet to date (audited preferably)
- Financial Projections for next operating year

TRAVEL AGENTS OPERATIONAL DECLARATION:

Has there been, or is there likely to be, any change in the financial situation or capital structure of your organisation, not reflected in the financial statements attached?

If Yes, please advise full details:

Yes	No
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Are there any material facts or circumstances which could affect your organisations ability to meet all it's debts as and when they fall due?

If Yes, please advise full details:

Yes	No
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CLAIM DETAILS:

Have any claims been made against other insurers, who have provided you with this type of cover, or similar? Yes / No

If Yes, please advise full details

DECLARATION:
I the undersigned, after enquiry, declare as follows:

- (a) I am authorised to make this declaration.
- (b) I acknowledge the information provided on this proposal is true, factual and correct & authorise inquiries by CBL Insurance Limited for the purpose of approving this application, including TAANZ Bonding Authority.
- (c) I acknowledge that, until a bond is issued, I am still under an obligation to immediately advise any change in the particulars or statements contained in this declaration.
- (d) I acknowledge that this information is required by CBL Insurance Limited, (which will be retained by CBL Insurance Limited), in order to decide whether to accept this proposal. I also understand that the Privacy Act 1993, entitles me to have access to and request the correction of this information.
- (e) Although the signing of the declaration does not bind the Applicants to effect a Bond, the Applicants acknowledge that the particulars and statements contained in this proposal shall be the basis of the contract should a Default Bond be issued, and further the Applicants acknowledge that this proposal and declaration will be incorporated into the policy.

Name of Principal or Director	Signature of Principal or Director	Date
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PERSONAL STATEMENT OF FINANCIAL POSITION AT / / 20__

PERSONAL INFORMATION:	
Full Name:	Date of Birth:
Occupation:	Business Ph: Home Ph:
Full Address:	

FINANCIAL INFORMATION:																																																																																																																																																													
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DECLARATION:

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- a) I am authorised to make this declaration.
- b) I acknowledge the information provided on this proposal is true, factual and correct and authorise inquiries by CBL Insurance Limited for the purpose of approving this application.

Signed & Dated by Applicant / / 20__

Signed & Dated by Joint Applicant / / 20__

Send this completed application form together with any relevant documentation to:
 CBL Insurance Limited, Tower One, The Shortland Centre, 51 Shortland St, P O Box 3772, Auckland.
 Phone 09 303 4770, Fax 09 300 5046 Email inquiry@cblinsurance.com