

**DEFAULT INSURANCE PROGRAM APPLICATION  
FOR CARGO AGENTS PARTICIPATING IN THE IATA AUSTRALIA CASS  
I/WE HEREBY MAKE APPLICATION TO PARTICIPATE IN THE ABOVE PROGRAM**

**DETAILS OF APPLICANT**

Applicant Legal Name:		
Address:		
Trading Name (if different):		
IATA Agent Numeric Code:		Estimated Annual CASS net Billings AUD:
Phone:	Fax:	Email:

**DECLARATION:**

I (print full name) \_\_\_\_\_ being a Director / Shareholder / Partner /Sole Trader\*  
*\*delete as appropriate*

of: \_\_\_\_\_ (the Applicant) hereby declare that:

1. I have no reason to doubt that the Applicant will comply with its payment obligations under the IATA CASS.
  2. The information contained herein is complete, true, and correct to the best of my knowledge.
  3. I am not aware of any circumstances the Program Manager/Insurer should be aware of which may influence the acceptance of this Application.
  4. I am duly authorised to complete this application and to make this declaration on my and the Applicant's behalf.
  5. I agree that the payment for the costs of this insurance may be deducted from the CASS.
- In the event of being accepted for this Default Insurance Program (DIP), I and the Applicant agree to make available any records or accounts relating to its financial affairs, or other relevant documentation in its possession or control and agree to provide copies of these at the request of the Program Manager/Insurer of the DIP.

**INDEMNITY: To Contractors Bonding Limited (Program Manager) / Gramercy Insurance Company (Insurer)**

I/We hereby wish to make application to join the IATA DIP protecting the Australia CASS.  
 In consideration of the Program Manager/Insurer of the DIP accepting this application, and being paid the premium due under it, I/We agree that in the event that the Applicant named above defaults in its payment obligations under the IATA Australia CASS, causing loss to the Program Manager/Insurer as a result, the Applicant irrevocably agrees to indemnify the Program Manager/Insurer against such losses, costs, or expenses that they may suffer or incur as a result of the participation of the Applicant in this DIP.

**SIGNED BY THE APPLICANT:**

DATE: \_\_\_\_\_

**SIGNED BY THE DIRECTOR / SHAREHOLDER / PARTNER / SOLE TRADER**

DATE: \_\_\_\_\_

Verified by IATA:	Accepted/Declined by Program Manger/Insurer:

*Please return completed registration form to IATA for processing*

