**Please email:** itic@thomasmiller.com

|  |  |
| --- | --- |
| 1. Company Name
 |       |
| 1. Address
 |       |
| 1. Email
 |       |
| 1. Website
 |       |
| 1. Telephone
 |       |
| 1. Name and e-mail address of the person at your company to whom correspondence should be addressed
 |       |
| 1. Insurance broker to whom quotation should be sent
 |  |
| 1. Company
 |       |
| 1. Name
 |       |
| 1. Email
 |       |

**SECTION 1 – General information**

|  |  |
| --- | --- |
| 1. Date established
 |      /     /       |
| 1. Name and address of any subsidiary, affiliated, associated companies or branch offices you wish to cover
 |
| Name and Address | Main Activity |
|       |       |
|       |       |
|       |       |
|       |       |
| 1. Number of Directors/Partners
 |       | Total number of staff |       |
| 1. Names, positions, professional qualifications and number of years’ experience of Directors/Partners and Senior Managers.
 |
| Names | Positions | Professional qualifications | Number of years experience |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Ultimate Beneficial Owner (UBO) Declaration**

(Applicable to members located in the European Economic Area (EEA) only)

|  |  |  |
| --- | --- | --- |
| 1. The Applicant (company name as shown above) confirms that there is **no individual or group of individuals** acting in concert who has or controls an economic interest of 25% or more in the applicant ? *If this statement is true please continue to Section 2 below*
 | True [ ]  | False [ ]  |
| 1. The Applicant (company name as shown above) confirms that the following individuals or group of individuals **have or control** an economic interest of 25% or more in the Applicant. *If this statement is true please complete table below.*
 | True [ ]  | False [ ]  |
|

|  |  |  |
| --- | --- | --- |
| Name | Nationality | Year of birth\* |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

 |

Please add additional names/rows if applicable. \*At this stage we only ask for year of birth in order to reduce the risk of us holding any unnecessary personal identifiable data.

If no UBO data is entered onto this form it will be deemed that you have certifying as per Option1, i.e. that there are none to declare.

**SECTION 2 – Permissions to Fly**

|  |  |  |
| --- | --- | --- |
| 1. Do you have Permissions to Fly in all areas that you are operational in? If yes, please provide full details below
 | Yes [ ]  | No [ ]  |
| Country | Aviation Authority | Expiry Date |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

*Explanatory Note: the cover provided by ITIC is designed to cover claims arising out of the supply of services by the Assured to others either in connection with the use and/or operation of aircraft or who are involved in the air transport industry. It is not intended to cover any operational risks arising out of the use and operation of aircraft, regardless of whether the Assured is a holder of an Permissions to Fly..*

**SECTION 3 – Aerial Operations**

|  |
| --- |
| 1. Geographical Areas of Operations (please state)
 |
|       |       |       |
|       |       |       |
| 1. Please advise the purposes for which aerial surveys are typically carried out.
 |
|  |
| 1. What environments do you carry out aerial surveys in (please tick all that apply)
 |
|       Urban |       Industrial  |       Rural  |
|       Offshore |       Maritime  |       Other (please state) |
| 1. Will you be operating in any hazardous environments? (please tick all that apply)
 |
|       Night flying  |       Flying near power lines  |       Flying near electro-  magnetic fields |
|       Flying over water  |       Flying in extreme weather  conditions  |       Flying near airports  |
| If yes, please advise if any of the above could affect the accuracy of the survey, and your interpretation of thesurvey results. |
|  |
| 1. Are there any environments in which you are not permitted to perform an aerial survey? If yes, do you advise your client of the same prior to accepting their appointment?
 |
|  |

**SECTION 4 – Gross annual income (fees and/or commission earned)***Please indicate currency e.g., US$*

|  |  |
| --- | --- |
| 1. Last financial year
 |       |
| 1. Estimate for this financial year
 |       |
| 1. Estimate for next financial year
 |       |

**SECTION 5 – Principals**

|  |  |
| --- | --- |
| 1. Please name the principals for whom you regularly act
 |       |
| 1. Do you have any financial interest in any of your principals companies?
 | Yes [ ]  | No [ ]  |
| 1. Do your principals have any financial interest in your company?
 | Yes [ ]  | No [ ]  |

**SECTION 6 – Contract conditions**

|  |  |  |
| --- | --- | --- |
| 1. Do you operate under national or “standard contract conditions”?
 | Yes [ ]  | No [ ]  |
| 1. Do you operate under any form of “master service agreement”?
 | Yes [ ]  | No [ ]  |
| 1. If “Yes” to either of the above, do you always advise your customers that your standard contract conditions apply?

*Please supply copies of all contract conditions under which you operate. If “Yes” to a) or b) please give details:* | Yes [ ]  | No [ ]  |
|       |

**SECTION 7 – Other aviation insurances**

|  |  |  |
| --- | --- | --- |
| Please advise if you hold any of the insurance policies listed below |  | Limit of Indemnity |
| 1. Aircraft Hull
 | Yes [ ]  | No [ ]  |       |
| 1. Aircraft Liability
 | Yes [ ]  | No [ ]  |       |
| 1. Third Party Liability
 | Yes [ ]  | No [ ]  |       |
| 1. Other *(please specify)*
 | Yes [ ]  | No [ ]  |       |
|       |

**SECTION 8 – Claims history**

|  |  |  |
| --- | --- | --- |
| 1. Have any claims been made against you, or have there been any circumstances likely to give rise to a claim being made against you, in the last 5 years?

*If “Yes” please give details:* | Yes [ ]  | No [ ]  |
|       |
| 1. Has any insurer
 |  |  |
| 1. Declined to insure you
 | Yes [ ]  | No [ ]  |
| 1. Cancelled your insurance
 | Yes [ ]  | No [ ]  |
| 1. Refused to renew your insurance
 | Yes [ ]  | No [ ]  |
| 1. Imposed penalties or special terms*If “Yes” please give details:*
 | Yes [ ]  | No [ ]  |
|       |
| 1. Are you currently insured against the risks covered by ITIC?*If “Yes”, with whom?*)
 | Yes [ ]  | No [ ]  |
|       |

**SECTION 9 – Limits and deductibles**

|  |  |
| --- | --- |
| Please indicate currency e.g. US$ |       |
| Please indicate any preferred limits or deductibles |
|  | Limit | Deductible |
| Alternative 1 |       |       |
| Alternative 2 |       |       |

**SECTION 10 – Additional insurances available from ITIC**

Would you like details about any of the following?

|  |  |  |
| --- | --- | --- |
| 1. Directors’ and officers’ liability insurance
 | Yes [ ]  | No [ ]  |
|  |  |  |

**SECTION 11 – Please supply any literature about your company, which is relevant
 to this proposal**

**DECLARATION**

I/We declare that to the best of my/our knowledge and belief, the information given above is true and provides a fair presentation of the risk I/we are asking ITIC to insure. I/We have not suppressed or misstated any material facts. (A material fact is one likely to influence an underwriter’s assessment or which would alert an underwriter to the need to make further enquiries).

Any insurance offered will be subject to the Rules of ITIC which are available at www.ITIC-insure.com or on request. Your attention is drawn to Rule 1.1 which lists those sections of the Insurance Act 2015 which are excluded from your cover.

ITIC Ltd and Thomas Miller & Co Ltd (as the parent company of the managers) process all personal data in accordance with prevailing UK data protection legislation. If you would like to know more about our data privacy policy, please follow this link: <https://www.thomasmiller.com/cookie-privacy-policy/>

|  |  |
| --- | --- |
| **Signed:** | **Position in company:** |
|       |       |
| **Date:** |  |
|       |

*This proposal form must be completed and signed by a person who is authorised to bind the proposer.*

**Please e-mail this completed form to:** itic@thomasmiller.com