**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 |  |

*The term “aircraft management” covers a wide range of activities ranging from consultancy to the performing of all the functions of an aircraft owner and/or operator. However, unless specifically declared and agreed by ITIC, only those activities performed under a specific aircraft management contract will be insured. We have listed the majority of activities undertaken by aircraft managers in this proposal form, and would ask you to indicate which activities are undertaken by you.*

**Please also provide us with a copy of a typical aircraft management contract.   
*(See Question 15)***

**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 – Air operators certificates (AOC)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Do you hold an \*AOC with any national aviation authority? *If yes, please provide full details of all aircraft, their make and model to which the AOC applies. Please continue on a separate sheet if necessary.* | | Yes | | No |
| Aircraft | Make | | Model | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |

*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 AOC.*

**SECTION 3 – Aviation authority approvals**

|  |  |  |
| --- | --- | --- |
| 1. Do you hold any authorisations issued by any national aviation regulatory body, pertaining to the operation, management, maintenance, airworthiness management and/or design of aircraft?   *If “Yes” please give details:* | Yes | No |
|  | | |

**SECTION 4 – Management Revenue (fees and commission earned)***Please indicate currency e.g., US$, and do not include payment for any direct or indirect operating costs that are passed onto a third party, or money that is held in an operating expenses fund.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Last financial year | | |  | |
| 1. Estimate for this financial year | | |  | |
| 1. Estimate for next financial year | | |  | |
| 1. Of which estimated income from your country of domicile | | |  | |
| 1. What is your gross annual income? | | |  | |
| 1. Please indicate the percentage of your gross annual income that is earned from the following activities, where these are carried out for Clients who are outside of your management portfolio: | | |
| Aviation broking *(aircraft sales and acquisition broker)* | % | Aviation charter *(aircraft charter, lease and freight broker)* | | % |
| Air freight broking | % | Aviation consultancy | | % |
| Aircraft design | % | Aircraft surveying | | % |
| Other activities for which insurance is required | % | (Please specify) | | |

**SECTION 5 – Clients**

|  |  |  |
| --- | --- | --- |
| 1. Do you have any financial interest in any of your client’s companies? | Yes | No |
| 1. Do your clients have any financial interest in your company? | Yes | No |

**SECTION 6 – Contract conditions**

|  |  |  |
| --- | --- | --- |
| 1. Do you operate under standard contract conditions? | Yes | No |
| 1. If “Yes” to the above, do you always advise your customers that your standard contract conditions apply?   *Please provide us with a copy of a typical management agreement* | 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. Aviation Products and Grounding Liability | Yes | No | |  |
| 1. Hangarkeeper’s Liability | Yes | No | |  |
| 1. Other (please specify) | | | | |

**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 – General information**

1. On the following page, please list the aircraft under your management, with details of their age, make, type and passenger seating capacity, as well as the names of their owners and operators.

Please also indicate if any of these aircraft are managed on behalf of banks, leasing companies, finance houses or investors. If any of the listed aircraft are managed in this way, please give details on a separate sheet.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Aircraft Make and Type | Intended use: part CAT or  non-part CAT transport? | Year built | Licensed passenger seating capacity | Aircraft Base |
|
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Do you have any financial interest in the aircraft under your management? | Yes | No |
| 1. Do the owners of any of the aircraft you manage have any financial interest in your company? | Yes | No |

Please continue on a separate sheet if necessary

**SECTION 11 – Aircraft management activities***Please indicate which of the following activities you undertake for the aircraft you manage.*

|  |  |  |
| --- | --- | --- |
| 1. Technical | | |
| 1. Act as the aircraft’s continuing airworthiness manager (“CAMO”) | Yes | No |
| 1. Advise on and arrange for maintenance work to be carried out that is necessary to the aircraft’s operation | Yes | No |
| 1. Select MRO’s and specialist aerospace engineers to carry out both scheduled and unscheduled maintenance work on the aircraft on your Client’s behalf | Yes | No |
| 1. Maintain and keep records detailing the aircraft’s operations and flight cycles | Yes | No |
| 1. Oversee all maintenance and repair work to ensure that it is carried out in a satisfactory manner | Yes | No |
| 1. Do you have the authority to authorise unscheduled maintenance work on behalf of your Client? | Yes | No |
| If so, is there a financial limit to your authority? |  | |
| 1. Crewing | | |
| 1. Are you responsible for providing trained and licenced aircrew (including pilots) to operate the aircraft? | Yes | No |
| 1. If so, do you source aircrew (including pilots) from crewing agencies or are the crew supplied your own employees? | Yes | No |
| *(In either case you will not be insured for claims by aircrew members or their dependants and relatives under*  *aircrew employment contracts)* | | |
| 1. Where aircrew are sourced from crewing agencies, are you contractually liable for their acts, errors and omissions? | Yes | No |
| 1. Are you responsible for monitoring pilot training and arranging additional required training (type-rating, etc) as and when necessary? | Yes | No |
| 1. Commercial | | |
| 1. Are you responsible for arranging third party charters when the aircraft under management are not required by the Owner? | Yes | No |
| 1. If so, do you advertise the aircraft as available in online charter marketplaces? | Yes | No |
| 1. What other methods would you use to canvass for private charter and commercial customers? |  |  |
|  | | |
| 1. Operational | | |
| In respect of each flight undertaken by the aircraft under your management, are your responsible for; | | |
| 1. Filing flight plans | Yes | No |
| 1. Provide a weather routing and NOTAM tracking services | Yes | No |
| 1. Arranging flight permissions | Yes | No |
| 1. Arranging hangarage and parking | Yes | No |
| 1. Arranging customs and immigration clearance | Yes | No |
| 1. Appointing FBO’s and ground handling agents | Yes | No |
| 1. Arranging services required by passengers at destination – hotels, taxis, etc | Yes | No |
| 1. Arranging for the provision of fuel | Yes | No |
| 1. Arranging for in-flight catering | Yes | No |
| 1. Ensuring that all flight documents and charts are kept up to date | Yes | No |
| 1. Insurance | | |
| 1. Are you responsible for arranging the aircraft’s insurances? | Yes | No |
| 1. If so, do you place the insurances via an insurance broker? | Yes | No |
| 1. Which insurances are you responsible for placing? | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| Aircraft Hull |  | Aircraft Liability |  |
| Hull deductible insurance |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1. Where the aircraft under management are placed on your fleet policy, do you ensure that the Owner is named as co-assured with subrogation rights waived against them? | Yes | No |
| 1. Or, alternatively, where the aircraft is insured by the Owner, do you ensure that you are named as co-assured with subrogation rights waived against you? | Yes | No |

**SECTION 12 – Sub-contracting**

|  |  |  |
| --- | --- | --- |
| 1. Do you sub-contract any of the activities which you undertake to companies that will not be shown as co-assured under your terms of entry? | Yes | No |
| 1. If “Yes”, do you maintain your rights of recourse for their errors and omissions? | Yes | No |
| 1. Do you require these companies to have insurance for their errors and omissions? | Yes | No |
| 1. Do you undertake any other activities for the aircraft that you manage?  *If “Yes”, please specify* | Yes | No |
|  | | |

**SECTION 13 – Aircraft management contract**

|  |  |  |
| --- | --- | --- |
| 1. Do you agree to US or Canadian law or arbitration as the governing law of the contract in any aircraft management agreement? | Yes | No |
| *If “Yes”, please advise the number of aircraft where you agree to US or Canadian law or arbitration:* |  | |
| 1. If the answer to question 5 a. was “No”, please advise what governing law and jurisdiction has been agreed under the aircraft management contract *(please tick as appropriate):* | Yes | No |
| English  Other EU  Australian  Other | *(please specify)* | |
|  | | |

**SECTION 14 – Additional insurances available from ITIC**

Would you like details about any of the following?

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

**SECTION 15 – 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