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

Only to be completed by those providing continuing airworthiness management services who are domiciled in the **EU, Switzerland, Lichtenstein, Norway, Iceland, Bermuda and the Cayman Islands**

|  |  |
| --- | --- |
| 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 |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**Please also provide us with a copy of a typical CAMO agreement.**

**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.*
 | 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 a Part M sub-part G approval issued by a competent national aviation regulatory body, and/or any other approvals relating to the maintenance and/or design of aircraft?

*If “Yes” please give details:* | Yes [ ]  | No [ ]  |
|       |

**SECTION 4 – CAMO Revenue (fees and any commissions earned)***Please indicate currency e.g., US$*

|  |  |
| --- | --- |
| 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 gross annual income that has been generated by following activities, where these are undertaken outside of your CAMO operations:
 |
|  Aviation broking *(aircraft sales an acquistion broker)* |        | Aviation charter *(aircraft charter, lease and freight broker)* |        |
|  Air Freight broking |        | Aviation consultancy |        |
|  Aircraft management |        | Aircraft surveying (*please complete Section 11)* |        |
|  Aircraft design |        | Aviation Registry |        |
|  Flight Support activities |        |  |  |
|  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 – 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. Hangerkeeper’s Liability
 | Yes [ ]  | No [ ]  |       |
| 1. Other *(please specify)*
 | Yes [ ]  | No [ ]  |       |
|       |

**SECTION 7 – 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 8 – Limits and deductibles**

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

**SECTION 9 – 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 owned by 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 |
| 1 |       |       |       |       |
| 2 |       |       |       |       |
| 3 |       |       |       |       |
| 4 |       |       |       |       |
| 5 |       |       |       |       |
| 6 |       |       |       |       |
| 7 |       |       |       |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 8 |       |       |       |       |  |
| 9 |       |       |       |       |  |
| 10 |       |       |       |       |  |
| 11 |       |       |       |       |  |
| 12 |       |       |       |       |  |

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

**SECTION 10 – CAMO activities**

|  |  |  |
| --- | --- | --- |
| 1. are you responsible for arranging, storing and maintaining accurate paper records in respect of each aircraft under management?
 | Yes [ ]  | No [ ]  |
| II. if you have answered YES, please advise how many copies are kept of each aircraft’s records, and where these copies are stored. |  |
| 1. Are you authorised to issue temporary or permanent Permits to Fly? If yes, roughly how may Permits to Fly do you issue in a year?
 | Yes [ ]  | No [ ]  |
|       |

**SECTION 11 – Other types of survey**

|  |
| --- |
| 1. Please estimate the percentage of your gross annual surveying income earned from the following different types of aircraft surveys :
 |
|  Surveys on behalf of potential aircraft lessors |       % | Pre-purchase Inspections\* |       % |
|  Inspections of new built aircraft on delivery |       % | Mid-lease or lease renewal surveys |       % |
|  Hull insurance surveys |       % | End of lease surveys |       % |
|  Other  |       % | (Please specify)       |

 *If you carry out pre-purchase inspections please advise if a disclaimer text accompanies the valuation? Please provide a typical example.*

**SECTION 12 – Additional insurances available from ITIC**

Would you like details about any of the following?

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

**SECTION 13 – Please submit a copy of your standard survey report with this form**

**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