**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 – 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 any authorisations issued by any national aviation regulatory body, pertaining to the operation, management, maintenance and/or design of aircraft?

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

**SECTION 4 – Gross annual income**

Please outline the margin between what is being paid to charter in and what is being charged out to the end chartering customer, and/or any commission 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. How many charters do you average throughout the year?
 |       |
| 1. Please indicate the percentage of your gross annual income earned from the following activities to be insured:
 |  |
|  Aviation broking *(aircraft sales an acquisition broker)* |       % | Aviation charter *(aircraft charter & lease broking)* |       % |
|  Air Freight broking |       % | Aviation consultancy |       % |

|  |
| --- |
| 1. Please confirm the percentage of your total turnover/fees in the last financial year from contracts where you have agreed to provide the following, either directly or through your subcontractors:
 |
| Design services  |       % |
| Technical supervision services  |       % |
| Construction/manufacture/installation/maintenance services  |       % |
| Supply of materials, equipment or products  |       % |
| 1. Please advise gross fees paid to sub-contractors, and indicate currency, e.g. US$
 |
| Last financial year |       |
| Previous financial year |       |
| Estimate for next financial year |       |
|  |
| 1. What is the nature of the work undertaken by your sub-contractors?
 |

|  |
| --- |
|       |

1. Do your activities also involve the provision of flight support activities? (for e.g. arranging overflight and landing permits, appointing FBO’s, arranging aircraft parking and/or re-positioning?)

If yes, please provide details:

**SECTION 5 – Contracting practices**

**Where contracts are back-to-back**

|  |
| --- |
| 1. What steps are taken by you to ensure that the contract between you and the Charterer is on a fully back to-back basis with the terms and conditions of the contract between you and the Operator?
 |
|       |
| 1. Based on the terms of the contract between you and the Charterer, what would be the consequences of the Operator’s failure to perform the charter where the failure was the result of the Operator’s negligence, error or omission?
 |
|       |
| 1. Based on the terms of the contract between you and the Charterer, what would be the consequences of Operator’s failure to perform the charter where the failure was the result of your negligence, error or omission?
 |
|       |

**Where you act as a true intermediary**

|  |  |  |
| --- | --- | --- |
| 1. Are you named as Broker in the charter agreement?
 | Yes [ ]  | No [ ]  |
| 1. Are the identities of the Operator and Charterer clearly stated?
 | Yes [ ]  | No [ ]  |
| 1. Is it made clear that you are receiving commission in remuneration for your work?
 | Yes [ ]  | No [ ]  |

**SECTION 6 – Principals**

|  |  |  |
| --- | --- | --- |
| 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 7 – Other aviation insurances**

|  |  |  |
| --- | --- | --- |
| Please advise if you hold any of the insurance policies listed below |  | Limit of Indemnity |
| 1. Non-owned aircraft hull & liability insurance
 | 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 – General information**

|  |  |  |
| --- | --- | --- |
| 1. Are you a member of any trade or professional association?

*(If “Yes” please detail)* | Yes [ ]  | No [ ]  |
|       |

**SECTION 11 – Additional insurances available from ITIC**

Would you like details about any of the following?

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

**SECTION 12 – 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