**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 insurance offered by ITIC to crew managers covers the member where he acts as a principal in the supply of crew to the owner. He is invariably the employer of the crew (although the owner himself may also be regarded as the employer under the laws of his flag state, or the countries to which he trades e.g., USA). The crew manager normally supplies his crew on a lump sum basis.*

*The supply of crew on an agency "cost plus" basis may also be insured by ITIC, but the correct form for this activity is the proposal form for ship managers.*

*The term "crew management" covers a range of activities from recruiting and training crews to arranging crew insurances. We have listed below most of the activities undertaken by a crew manager and would ask you to indicate which of them are undertaken by you. If you offer additional services to the owner, we would ask you to declare them specifically, as otherwise your insurance will be limited to those activities indicated.*

*The insurance offered by ITIC specifically excludes cover for the crew manager for claims by crew members or their dependants and relatives under their crew employment contract.*

*"Crew" shall mean the masters, officers and seamen detailed in section 3.*

*"Company" shall mean the crew management company providing the services to be covered under this insurance.*

*"Owner" shall include a charterer, bareboat charterer and technical manager.*

**SECTION 1 – General information**

|  |
| --- |
| 1. Please list the ships to which you provide crew together with details of their age, flag, type and tonnage and the number and nationality of crew allocated to each ship:
 |
| Name | Age | Flag | Type | Tonnage | Crew No. | Crew nationality |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
| 1. How long you have been providing crew to each ship owner/ship:
 |
| Name | Length of service | Name | Length of service |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| 1. Do you have any financial interest in the ships to which you provide a crew?
 | Yes [ ]  | No [ ]  |
| 1. Do the owners of any of the ships to which you provide crew have any financial interest in your company?
 | Yes [ ]  | No [ ]  |

**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 – Additional information about your companies**

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

**SECTION 3 – Crew management activities**

|  |
| --- |
| 1. Employment
 |
| 1. Are crew employed by you directly?
 | Yes [ ]  | No [ ]  |
| 1. Or “as agent for” the ship owner?
 | Yes [ ]  | No [ ]  |
| 1. Or both the above?
 | Yes [ ]  | No [ ]  |
| 1. Selection
 |
| 1. Are the crew selected by you?
 | Yes [ ]  | No [ ]  |
| 1. Or by an “in-house” manning agent/crew supplier?
 | Yes [ ]  | No [ ]  |
| 1. Or by a third party manning agent/crew supplier?
 | Yes [ ]  | No [ ]  |
| 1. Do you interview crew yourself?
 | Yes [ ]  | No [ ]  |
| 1. Do you check and verify the documentation of the crew yourself?
 | Yes [ ]  | No [ ]  |
| 1. Medical
 |
| 1. Do you ensure that all personnel have passed a medical examination by a qualified doctor prior to the crew member leaving his country of domicile for embarkation?
 | Yes [ ]  | No [ ]  |
| 1. Are you responsible for selecting and approving the doctor?
 | Yes [ ]  | No [ ]  |
| 1. Do you arrange to test the crew for Hepatitis B, venereal diseases and AIDS?
 | Yes [ ]  | No [ ]  |
| 1. Is this testing on a routine basis?
 | Yes [ ]  | No [ ]  |
| 1. Do you have a written drug and alcohol policy?
 | Yes [ ]  | No [ ]  |
| 1. Are you responsible for ensuring that the requirements of the law of the flag state are satisfied in respect of the following:
 |
| 1. Rank, qualification, certification and (where applicable) numbers of the crew
 | Yes [ ]  | No [ ]  |
| 1. Employment regulations
 | Yes [ ]  | No [ ]  |
| 1. Crew tax and social insurance requirements
 | Yes [ ]  | No [ ]  |
| If you are not, please state who does have these responsibilities: |  |  |
|       |
| 1. General
 |
| 1. Are any of the crew engaged pursuant to collective bargaining agreements requiring approval by the ITF?
 | Yes [ ]  | No [ ]  |
| 1. Do you negotiate with unions?
 | Yes [ ]  | No [ ]  |
| 1. Do you ensure that the standard of English for each individual crew member is adequate or sufficient to enable him/her to perform the duties that he/she is required to carry out?
 | Yes [ ]  | No [ ]  |
| 1. Training
 |
| 1. Do you have a company operated training scheme?
 | Yes [ ]  | No [ ]  |
| 1. If not, do you have a third party operated training scheme?
 | Yes [ ]  | No [ ]  |
| If “Yes” please state who is providing that training: |  |  |
|       |
| 1. Insurance - Do you place crew insurance for the following risks?:
 |
| 1. Death/injury
 | Yes [ ]  | No [ ]  |
| 1. Sickness
 | Yes [ ]  | No [ ]  |
| 1. Repatriation
 | Yes [ ]  | No [ ]  |
| 1. Shipwreck
 | Yes [ ]  | No [ ]  |
| 1. Unemployment
 | Yes [ ]  | No [ ]  |
| 1. Indemnity
 | Yes [ ]  | No [ ]  |
| 1. Loss of personal effects
 | Yes [ ]  | No [ ]  |
| 1. Is this insurance placed with a P&I Club in the International Group?
 | Yes [ ]  | No [ ]  |
| 1. If not please name the Club or insurer
 |       |
| 1. Is someone else responsible for placing the crew insurance? (e.g. the owners)
 | Yes [ ]  | No [ ]  |
| If “Yes”, please specify who is responsible for placing the insurance |       |
| 1. If you place the insurance, do you ensure that the owners are co-assured on the crew insurances?
 | Yes [ ]  | No [ ]  |
| 1. Do you ensure that the owners’ insurances on the vessel name you as a co- assured?
 | Yes [ ]  | No [ ]  |
| 1. Are the vessels insured for hull and machinery risks (including excess liabilities) on terms equivalent to the Institute Time Clauses – Hull 1/10/83?
 | Yes [ ]  | No [ ]  |

*(If you place the crew insurances in your own name, there will still be a requirement to be named on the shipowners’ P&I and hull policies in order to avoid subrogated claims from those insurers****. ITIC insures the negligence of the crew manager, not the negligence of the crew which is a P&I/hull matter).***

|  |
| --- |
| 1. Travel
 |
| 1. Do you arrange crew travel?
 | Yes [ ]  | No [ ]  |

**SECTION 4 – Nationality and number of crew employed**

|  |
| --- |
| 1. Please state number of employees.
 |
| Masters | Chief engineers | Other officers | Crew |
|       |       |       |       |
| 1. Please give a breakdown of the officers and crew by nationality
 |
|  | Number | Nationality |
| Officers |       |       |
|  |       |       |
|  |       |       |
| Crew |       |       |
|  |       |       |
|  |       |       |

**SECTION 5 – Income***For the purposes of underwriting all we require is a declaration of the gross annual income that you earn as a crew manager. This figure is made up of the fees that you actually earn and bear no relation to the turnover (total cost of crew per ship) or profit. On average it consists of approximately 5-15% of the total cost of the crew per ship. Please indicate currency e.g., US$*

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

**SECTION 6 – 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 [ ]  |
| If “Yes”, on what terms do you sub-contract with these companies? |
|       |
| 1. Do you require these companies to have insurance for their errors and omissions?
 | Yes [ ]  | No [ ]  |
| 1. Have you received quality assurance certification?
 | 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 – Additional insurances available from ITIC**

Would you like details about any of the following?

|  |  |  |
| --- | --- | --- |
| 1. Cash in transit insurance
 | Yes [ ]  | No [ ]  |
| 1. Cash on board insurance
 | Yes [ ]  | No [ ]  |
| 1. Directors’ and officers’ liability insurance
 | Yes [ ]  | No [ ]  |

**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