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

|  |  |
| --- | --- |
| 1. Company Name |  |
| 1. Website |  |
| 1. Name and e-mail address of the person at your company to whom correspondence should be addressed |  |

**SECTION 1 – Activity for which insurance is required**

|  |  |  |
| --- | --- | --- |
| 1. Chartering broker | Yes | No |
| 1. Sale and purchase broker | Yes | No |

**SECTION 2 – Estimate of commission/management fee to be earned***(please indicate currency, e.g. US$)*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Total ALL YEARS forward commissions on all fixtures concluded: | |  | |
| 1. Over the next twelve months: | |  | |
| 1. Please list the three largest commissions which you require to be insured: | | | |
| US$ | US$ | | US$ |

**SECTION 3 – Claims history**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Have you ever suffered a loss of commission due to | |  |  |
| 1. the total loss or constructive total loss of a ship | | Yes | No |
| 1. the result of a marine peril (fire, heavy weather, etc.) | | Yes | No |
| 1. Are you currently insured for loss of commission | | Yes | No |
| *If “Yes”, to a. please give details:* |  | | |
| *If “Yes” to b. please advise who you are currently insured with:* |  | | |

**SECTION 4 – Limits and deductibles***We can offer a wide range of limits per claim and in the aggregate. Please indicate your requirements:*

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

**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.

|  |  |
| --- | --- |
| **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