**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 cover offered by ITIC to ship managers is based on the premise that the ship manager carries out his functions under the ship management contract “as agent for” his ship owner principal. Furthermore, the cover provided by ITIC is on terms no more onerous than the BIMCO “Shipman 98” or BIMCO “Shipman 2009” which is now the standard ship management contract world-wide.*

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

**Please provide us with a copy of your standard ship management contract.   
*(See Question 5)***

**SECTION 1 – General information**

1. On the following pages, please list the ships under your management, with details of their age, flag, type and tonnage as well as the names of their owners and beneficial owners.

Please also specify the nationality of the crew and who has supplied them.

Please also indicate if any of these ships are managed on behalf of banks, leasing companies, finance houses, investors (equity schemes of K/S partnerships). If any of the listed ships are managed in this way, please give details on a separate sheet.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Ship name | Type | GRT | Year built | Class | Flag | Crew nationality | Crew supplier | Registered owner | Actual owner |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |

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

**SECTION 2 – Ship management activities***Please indicate which of the following activities you undertake for the ships you manage:*

|  |  |  |
| --- | --- | --- |
| 1. Technical | | |
| 1. Vessel superintendence | Yes | No |
| 1. Property maintenance | Yes | No |
| 1. Appointing surveyors | Yes | No |
| 1. Obtaining class & flag approvals | Yes | No |
| 1. Arranging spares, stores & victualling | Yes | No |
| 1. Arranging repairs/dry dock | Yes | No |
| 1. Crewing | | |
| 1. Arranging for the employment of crew as agent for   the owner | Yes | No |
| 1. Arranging crew travel | Yes | No |
| 1. Arranging crew national insurance requirements | Yes | No |
| 1. Ensuring ITF acceptability of crew | Yes | No |
| 1. Negotiating with unions | Yes | No |
| 1. Supplying crews employed in your own name | Yes | No |
| *(If “Yes”, please complete the separate additional form for crew managers),*  *(In either case you will not be insured for claims by crew members or their dependants and relatives under crew employment contracts)* | | |
| 1. Operations | | |
| 1. Issuing instructions to masters | Yes | No |
| 1. Appointing and funding of agents | Yes | No |
| 1. Issuing bills of lading *(If “Yes” please attach examples)* | Yes | No |
| 1. Liaising with charterers | Yes | No |
| 1. Arranging bunker stems | Yes | No |
| *(Do you re-invoice the owners for goods and services supplied, e.g. bunkers? Re-invoicing usually results in you becoming the principal and therefore directly responsible for e.g. the quality of bunkers supplied. You will not be insured if you contract as a principal).* | | |
| 1. Commercial management | | |
| 1. Arranging charter parties or contracts of affreightment | Yes | No |
| 1. Canvassing for cargoes | Yes | No |
| 1. Accounting | | |
| 1. Ship husbandry accounting | Yes | No |
| 1. Voyage accounting | Yes | No |
| 1. Collection of bill of lading freights | Yes | No |
| 1. Collection of voyage freight/charter party hire | Yes | No |
| 1. Arranging payment of bareboat or time charter hire | Yes | No |
| 1. Insurance | | |
| 1. Do you place the ships’ insurances? | Yes | No |
| 1. Hull | Yes | No |
| 1. P&I | Yes | No |
| 1. War | Yes | No |
| 1. Strikes | Yes | No |
| 1. Loss of hire | Yes | No |
| 1. Other *(please specify)* |  | |
| 1. Do you sub-contract the placing of the ships’ insurances? | Yes | No |
| 1. Are you co-insured on the owners’ insurance policies? | Yes | No |
| *(It will be a condition of your insurance with ITIC that you are named as co-assured on the owners’ P&I and hull insurance policies)* | | |
| 1. If not co-insured, do underwriters waive their rights of recourse against you? | Yes | No |
| 1. Do you handle insurance claims against e.g. stevedores? | Yes | No |
| 1. Are the ships which you manage insured by P&I Clubs in the International Group? | Yes | No |
| 1. If not please name the Club or insurer |  | |
| 1. Are the ships under your management all classed by a classification society that is a Member of the IACS? | Yes | No |

**SECTION 3 – Gross annual income***For the purposes of underwriting all we require is a declaration of the gross annual income that you earn as a ship manager. Please indicate currency e.g., US$*

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

**SECTION 4 – 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 ships, which you manage?  *If “Yes”, please specify* | Yes | No |
|  | | |
| 1. Are you a member of the InterManager? | Yes | No |

**SECTION 5 – Ship management contract**

|  |  |  |
| --- | --- | --- |
| 1. Do you contract on either BIMCO Shipman ’98 or 2009? | Yes | No |
| 1. Do you agree to US law or arbitration as the governing law of the contract in any ship management agreement? | Yes | No |
| *If “Yes”, please advise the number of vessels where you agree to US law or arbitration:* |  | |
| If the answer to question 5 b. was “No”, please advise what governing law and jurisdiction has been agreed under the ship management contract *(please tick as appropriate):* |  |  |
| English  German  Norwegian  French  Other | *(please specify)* | |
|  | | |
| **THE FOLLOWING ACTIVITIES WILL NOT BE REGARDED AS BEING THE NORMAL BUSINESS OF A SHIP MANAGER:**   * Consultancy, commercial evaluation and planning services * New building supervision and administration   **ACTIVITIES WILL ONLY BE INSURED IF SPECIFICALLY AGREED** | | |

**SECTION 6 – 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 7 – 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 |
| 1. Cyber 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.

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