**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 |  |

**Please also provide us with a copy of a typical aircraft management contract.   
*(See Question 15)***

**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 |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

**SECTION 2 – Continuing Airworthiness Management Approval**

|  |  |  |
| --- | --- | --- |
| 1. Do you hold any authorisations issued by any national aviation regulatory body pertaining to the continuing airworthiness management of aircraft?   *If “Yes” please give details:* | Yes | No |
|  | | |

**SECTION 3 – Gross annual income (management fees and commission earned only)***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 |  |

**SECTION 4 – 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 |
| 1. Are your clients a parent, associated or subsidiary company? | Yes | No |

**SECTION 5 – Contract conditions**

|  |  |  |
| --- | --- | --- |
| 1. Do you operate under “standard contract conditions”? | Yes | No |
|  |  |  |
| 1. If “Yes” to the above, do you always advise your customers that your standard contract conditions apply?   *Please supply copies of all contract conditions under which  you operate. If “Yes” to a) or b) please give details:* | 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. Contingent Aircraft Hull & 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 – Management activities***Please indicate which of the following activities you undertake for the aircraft you manage.*

|  |  |  |
| --- | --- | --- |
| 1. Technical | | |
| 1. Issuance of continuing airworthiness certificates on delivery of new aircraft direct from the aircraft manufacturer | Yes | No |
| 1. Validation of the existing Certificate of Airworthiness (CofA) | Yes | No |
| 1. Establishing and monitoring compliance with a maintenance schedule | Yes | No |
| 1. Monitoring and implementing new directives and bulletins from aircraft manufacturers and national aviation authorities (NAA) | Yes | No |
| 1. Are the services detailed at I – IV provided solely to aircraft when they are off lease? | Yes | No |
| 1. Arranging, storing and maintaining accurate paper records in respect of each aircraft under management | Yes | No |
| *If you have answered YES, please advise how many copies are kept of each aircraft’s records, and where these copies are stored.* |  | |
| 1. Lease management/Asset management | | |
| 1. Aircraft/asset marketing and re-marketing | Yes | No |
| 1. Arrange inspection of the aircraft/asset at the commencement of the lease and co-ordinating the aircraft delivery process. | Yes | No |
| 1. Invoice the lessee for all payments due under the terms of the lease, including rents, security deposits & maintenance reserves | Yes | No |
| 1. Arrange inspections of the aircraft mid-lease and at lease renewal | Yes | No |
| 1. Arrange inspection of the aircraft at the end of the lease and co-ordinating the lease termination process | Yes | No |
| 1. Monitor the performance of the lessee’s obligations | Yes | No |
| VII. Provide periodic reports to investors on the status of the aircraft/asset under management | Yes | No |
| 1. Insurance: do you place the aircraft’s insurance? | | |
| 1. Aircraft Hull | Yes | No |
| 1. Aircraft Liability | Yes | No |
| 1. Other *(please specify)* |  | |
| 1. Do you sub-contract the placing of the aircraft’s insurances to an insurance broker? | Yes | No |

|  |  |  |
| --- | --- | --- |
| 1. Do you undertake any other activities for the aircraft that you manage? (for example, sale and acquisition broking?) *If “Yes”, please specify* | Yes | No |
|  | | |

**SECTION 10 – 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 |

**SECTION 11 – Aircraft management contract**

|  |  |  |
| --- | --- | --- |
| 1. Do you agree to US or Canadian law or arbitration as the governing law of the contract in any aircraft management agreement? | Yes | No |
| *If “Yes”, please advise the number of aircraft where you agree to US or Canadian law or arbitration:* |  | |
| 1. If the answer to question 5 a. was “No”, please advise what governing law and jurisdiction has been agreed under the aircraft management contract *(please tick as appropriate):* | Yes | No |
| English  Other EU  Australian  Other | *(please specify)* | |
|  | | |

**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 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