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

**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 – 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 (fees and 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. Please indicate the percentage of your gross annual income earned from the following activities to be insured: | | |
| Aviation broking *(aircraft sales an acquistion broker)* | % | Aviation charter *(aircraft charter, lease and freight broker)* | | % |
| Air Freight broking | % | Aviation consultancy | | % |
| Aircraft management | % | Aircraft surveying | | % |
| Aircraft design | % | Aviation Registry | | % |
| Flight Support activities | % |  | |  |
| Other activities for which insurance is required | % | (Please specify) | | |

**SECTION 5 – Principals**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Please name the principals for whom you regularly act |  | | |
| 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 6 – Contract conditions**

|  |  |  |
| --- | --- | --- |
| 1. Do you operate under national or “standard contract conditions”? | Yes | No |
| 1. Do you operate under any form of “master service agreement”? | Yes | No |
| 1. If “Yes” to either of 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 7 – 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. Aviation Products and Grounding Liability | 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. On the following page, please list the aircraft under your management, with details of their age, make, type and passenger seating capacity, as well as the names of their owners and operators.

Please also indicate if any of these aircraft are managed on behalf of banks, leasing companies, finance houses or investors. If any of the listed aircraft are managed in this way, please give details on a separate sheet.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Aircraft Make and Type | Intended use: part CAT or  non-part CAT transport? | Year built | Current Certificate of Airworthiness | | Licensed passenger seating capacity | Air Operator’s Certificate | | Actual owner (if known) |
| Date | Number | Date | Number |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6 |  |  |  |  |  |  |  | |  | |  | |
| 7 |  |  |  |  |  |  |  | |  | |  | |
| 8 |  |  |  |  |  |  |  | |  | |  | |
| 9 |  |  |  |  |  |  |  | |  | |  | |
| 10 |  |  |  |  |  |  |  | |  | |  | |
| 11 |  |  |  |  |  |  |  | |  | |  | |
| 12 |  |  |  |  |  |  |  | |  | |  | |
| 1. Do you have any financial interest in the aircraft under your management? | | | | | | | | | Yes | | No | |
| 1. Do the owners of any of the aircraft you manage have any financial interest in your company? | | | | | | | | | Yes | | No | |

**SECTION 11 – Aircraft 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. 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. Carrying out surveys of aircraft in accordance with the terms of an aircraft lease agreement | Yes | No |
| 1. Crewing | | |
| 1. Arranging for the employment of aircrew “as agent for” the owner or operator, including pilots (*Please provide details of all pilots in the attached table)* | Yes | No |
| 1. Arranging for the employment of aircrew “as agent for” the owner or operator, excluding pilots | Yes | No |
| 1. Supplying aircrew in your own name, including pilots  *(As above*) | Yes | No |
| 1. Supplying aircrew in your own name, excluding pilots | Yes | No |
| *(In either case you will not be insured for claims by aircrew members or their dependants and relatives under aircrew employment contracts)* | | |
| 1. Commercial & Lease management | | |
| 1. Arranging wet /ACMI, damp or dry leases | Yes | No |
| 1. Canvassing for air taxi, private charter or commercial lessees and/or cargo | 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-ordinate the lease termination process | Yes | No |
| 1. Monitor the performance of the lessee’s maintenance obligations | Yes | No |
| 1. Insurance: do you place the aircraft’s insurance? | | |
| 1. Aircraft Hull | Yes | No |
| 1. Aircraft Liability | Yes | No |
| 1. Aircraft insurance policy covering loss or damage to the aircraft and legal liability to passengers and/or third parties. | Yes | No |
| 1. Aviation products and grounding 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. Are the aircraft’s insurance policy covering hull and general liability risks based on the London Aircraft Insurance Policy standard AVN1C wording? | Yes | No |
| 1. If held, is the aviation products and grounding liability insurance based on the London Aircraft Insurance Policy standard AVN 98 wording? | Yes | No |

**SECTION 12 – 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 aircraft that you manage?  *If “Yes”, please specify* | Yes | No |
|  | | |

**SECTION 13 – 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 14 – Additional insurances available from ITIC**

Would you like details about any of the following?

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

**SECTION 15 – 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.

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