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

Only to be completed by those providing technical aircraft management services who are domiciled in the **EU, Switzerland, Lichtenstein, Norway, Iceland, Bermuda and the Cayman Islands**

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

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

**Please also provide us with a copy of a typical CAMO agreement.**

**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 – 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. Hangerkeeper’s 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 – 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 | Licensed passenger seating capacity | Actual owner (if known) |
| 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 10 – CAMO activities***Please indicate which of the following activities you undertake for the aircraft you manage.*

|  |  |  |
| --- | --- | --- |
| 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. Issuance of temporary or permanent Permits to Fly | Yes | No |

**SECTION 11 – Other types of survey**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Please estimate the percentage of your gross annual surveying income earned from the following different types of aircraft surveys : | | | |
| Surveys on behalf of potential aircraft lessors | % | Pre-purchase Inspections\* | % | |
| Inspections of new built aircraft on delivery | % | Mid-lease or lease renewal surveys | % | |
| Hull insurance surveys | % | End of lease surveys | % | |
| Other | % | (Please specify) | | |

*If you carry out pre-purchase inspections please advise if a disclaimer text accompanies the valuation? Please provide a typical example.*

**SECTION 12 – 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 13 – Please submit a copy of your standard survey report with this form**

**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