**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
 |       |

**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 your architects, including working partners and directors.
 |
| Names | Positions | Professional qualifications | Number of years experience |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |  |  |
| --- | --- | --- |
| 1. Are you a member of any trade association such as RINA?
 | Yes [ ]  | No [ ]  |

**SECTION 2 –Income***Please estimate you gross annual fees, and indicate currency e.g., US$*

|  |  |
| --- | --- |
| 1. Last financial year
 |       |
| 1. Estimate for this financial year
 |       |
| 1. Estimate for next financial year
 |       |
| 1. Please confirm the percentage of your total turnover/fees in the last financial year from contracts where you have agreed to provide the following, either directly or through your subcontractors:
 |
| Design services  |       % |
| Technical supervision services  |       % |
| Construction/manufacture/installation/maintenance services  |       % |
| Supply of materials, equipment or products  |       % |
| 1. Please estimate against the services you provide the percentage of annual fees provided by each category of client:
 |
|  Yachts |       % | Fishing vessels |       % |
|  Tugs/ barges |       % | Ferries |       % |
|  Ships below 5,000 DWT |       % | Ships over 5,000 DWT |       % |
|  Navy contracts |       % | Other (please specify) |       % |
|  |
|  |
|  |
| Please advise gross fees paid to sub-contractors, and indicate currency, e.g. US$ |
| 1. Last financial year
 |       |
| 1. Previous financial year
 |       |
| 1. Estimate for next financial year
 |       |

1. What is the nature of the work undertaken by your sub-contractors?

|  |
| --- |
|       |

**SECTION 3 – Principals**

|  |  |
| --- | --- |
| 1. Please name the principals for whom you regularly act
 |       |
| 1. Do you approve towage arrangements for ships, oil rigs, barges, offshore production facilities, or any other craft?
 | Yes [ ]  | No [ ]  |
| *If “Yes”, please indicate what percentage of your annual fees relates to towage approval works:* |      % |

**SECTION 4 – Trading conditions and documentation**

|  |  |  |
| --- | --- | --- |
| 1. Do you use standard trading terms and conditions?*(if “Yes” – please provide a copy)*
 | Yes [ ]  | No [ ]  |
| 1. Do you have any contracts or agreements with specific clients?*(if “Yes” – please advise the name(s) of these clients and provide a copy of the contract or agreement)*
 | Yes [ ]  | No [ ]  |
|       |

**SECTION 5 – 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 6 – Limits and deductibles**

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

**SECTION 7 – Additional insurances available from ITIC**

Would you like details about any of the following?

|  |  |  |
| --- | --- | --- |
| 1. Directors’ & officers’ 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.

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