**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 Directors/Partners and Senior Managers. Please attach any relevant CVs. | | | | | |
| Names | Positions | Professional qualifications | | | Number of years experience |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |
|  |  |  | | |  |

**Ultimate Beneficial Owner (UBO) Declaration**

(Applicable to members located in the European Economic Area (EEA) only)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. The Applicant (company name as shown above) confirms that there is **no individual or group of individuals** acting in concert who has or controls an economic interest of 25% or more in the applicant ? *If this statement is true please continue to Section 2 below* | | True | False | |
| 1. The Applicant (company name as shown above) confirms that the following individuals or group of individuals **have or control** an economic interest of 25% or more in the Applicant. *If this statement is true please complete table below.* | | True | False |
| |  |  |  | | --- | --- | --- | | Name | Nationality | Year of birth\* | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | |

Please add additional names/rows if applicable. \*At this stage we only ask for year of birth in order to reduce the risk of us holding any unnecessary personal identifiable data.

If no UBO data is entered onto this form it will be deemed that you have certifying as per Option1, i.e. that there are none to declare.

**SECTION 2 – Business activities**

|  |
| --- |
| 1. Please briefly describe the nature of your business |
|  |

1. Please indicate your approximate gross income/fees  
   *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 UK operations (if applicable) | | |  |
| 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 advise gross fees paid to sub-contractors, and indicate currency, e.g. US$ | | | |
| Last financial year |  | | |
| Previous financial year |  | | |
| Estimate for next financial year |  | | |
| 1. What is the nature of the work undertaken by your sub-contractors? | | | | |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 1. Please list your largest single pieces of work over the last three years (name of client, fees earned & nature of work) | |
| Name of client | Fees Earned | | Nature of work |
|  |  | |  |
|  |  | |  |
|  |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Are you involved in the manufacture, construction, alteration, repair or sale of products other than in a consultancy capacity? | | | Yes | | No |
| *If “Yes”, please supply details and advise what approximate percentage of fees are earned from these physical activities*. | | | | |
|  | | % | | |
| *N.B. ITIC provides professional indemnity insurance not products liability insurance.* | | | | | |
| 1. Are you a member of any professional trade association?  *(If “Yes” please detail)* | | | Yes | | No |
|  | | | | | |

**SECTION 3 – 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 4 – Insurance/claims history**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Are you currently insured against the risks covered by ITIC? *If “Yes”, answer the following. (If “No” please give details of most recent* *insurance*) | | Yes | No |
| 1. Name of insurer |  | | |
| 1. Limit of indemnity |  | | |
| 1. Excess/Deductible |  | | |
| 1. Premium |  | | |
| 1. Expiry date |  | | |
| 1. Retroactive date |  | | |

|  |  |  |
| --- | --- | --- |
| 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. Have any claims for professional negligence, successful or not, ever been made against your company or its present Directors?  *If “Yes” please give details:* | Yes | No |
|  | | |

**SECTION 5 – Limits and deductibles**

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

**SECTION 6 – Additional insurances available from ITIC**

Would you like details about any of the following?

|  |  |  |
| --- | --- | --- |
| 1. Directors’ and 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