**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 – 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: | | |
| Port agent | % | Liner agent | | % |
| Bunker broker | % | Ship manager\* | | % |
| Naval architect | % | Marine consultant | | % |
| Sale and purchase broker | % | Chartering broker | | % |
| Marine surveyor\* | % |  | |  |
| Other activities for which insurance is required | % | (Please specify) | | |

*\*(Please also complete a supplementary, sector specific, proposal form)*

**SECTION 3 – 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 4 – 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 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”, 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 |  | | |

**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. Cash in transit and money insurance | Yes | No |
| 1. Debt collection for the legal cost of pursuing unpaid disbursements and commission | Yes | No |
| 1. Directors’ and officers’ liability insurance | Yes | No |
| 1. Loss of commission 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