**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 insurance cover offered by ITIC to pool managers is based on the premise that the pool manager carries out their functions under the pool management contract “as agent for” the pool participants. Furthermore, the cover provided by ITIC is on terms no more onerous than BIMCO POOLCON B, with the addition of a limitation of liability and responsibility clause on terms no more onerous than BIMCO SHIPMAN 2024 (Clause 19).*

*The term “pool management” covers a wide range of activities ranging from consultancy to the performing of all the functions of a ship owner. However, unless specifically declared and agreed by ITIC, only those activities performed under a specific pool management contract will be insured. We have listed below in Section 2 of this form the majority of activities undertaken by pool managers and would ask you to indicate which activities are undertaken by you.*

**Please provide us with a copy of your standard pool management contract/agreement. *(See Section 1e)***

**SECTION 1 – General information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Do you have any financial interest in the ships under the pool’s management? | | | Yes | | No | | |
| 1. Do the owners of any of the ships managed by the pool have any financial interest in your company or any companies in the group?   (*If the financial interest in a or b is over 50%, we will contact you to request further details).* | | | Yes | | No | | |
| 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 | |  | | |
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| --- | --- | --- |
| 1. Name and address of each company in the pool structure. | | |
| Name and Address | | Role in the pool |
|  |  | |
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1. Please provide copies of all relevant contracts between the parties listed in section d above including but not limited to the pool management agreement and the pool participant agreement.

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**SECTION 2 – Pool management activities***Please indicate which of the following activities you undertake for the ships in the pool you manage:*

|  |  |  |
| --- | --- | --- |
| 1. Operations | | |
| 1. Issuing instructions to Masters | Yes | No |
| 1. Scheduling of pool vessels including arranging of ballast leg | Yes | No |
| 1. Issuing bills of lading as agents only *(If “Yes” please attach) examp* | Yes | No |
| 1. Appointing and funding of agents | Yes | No |
| 1. Arranging tugs, lighterage and bunker stems | Yes | No |
| *(Do you re-invoice the owners for goods and services supplied, e.g. bunkers? Re-invoicing usually results in you becoming the principal and therefore directly responsible for e.g. the quality of bunkers supplied. You will not be insured if you contract as a principal).* | | |
| 1. Commercial management | | |
| 1. Arranging charterparties or contracts of affreightment on behalf of   pool participants | Yes | No |
| 1. Arranging charterparties or contracts of affreightment on your own name 2. Marketing of pool vessels 3. Canvassing for cargoes 4. Chartering in additional tonnage on behalf of the pool   (*Please note you are not insured in the event you are chartering ships directly in your own name*) | Yes  Yes  Yes   Yes | No  No  No   No |
| 1. Accounting | | |
| 1. Calculating and distribution of pool revenues | Yes | No |
| 1. Voyage estimating including calculation of hire, freight, and demurrage monies due to or from charterers of pool vessels | Yes | No |
| 1. Payment and collection of monies due relating to the commercial operation of the pool vessels including relating to f/d/d and other invoices | Yes | No |
| 1. Budgeting, accounting and reporting delated to the pool/pool committee 2. Setting up and maintaining bank accounts appropriate to the pool operation 3. Reviewing pool points formula and advising on revision 4. Other (please specify) | Yes   Yes    Yes | No   No  No |

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**SECTION 3 – Gross annual income***For the purposes of underwriting all we require is a declaration of the gross annual income that you earn as a pool manager i.e. annual management fees, commission earned. Please indicate currency e.g., US$*

|  |  |
| --- | --- |
| 1. Last financial year |  |
| 1. Estimate for this financial year |  |
| 1. Estimate for next financial year |  |

**SECTION 4 – Pool management contract**

|  |  |  |
| --- | --- | --- |
| 1. Do you contract on BIMCO Poolcon A? | Yes | No |
| 1. Do you contract on BIMCO Poolcon B? | Yes | No |
| 1. Do you agree to US law or arbitration as the governing law of the contract in any pool management agreement? | Yes | No |
| *If “Yes”, please advise the number of vessels in the pool where you agree to US law or arbitration:* |  | |
| If the answer to Section 4 c. was “No”, please advise what governing law and jurisdiction has been agreed under the pool management contract *(please tick as appropriate):* |  |  |
| English  German  Norwegian  French  Other | *(please specify)* | |
|  | | |
| 1. Do you limit your liability under contract? | 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 |
|  | | |

**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