

PROPOSAL FORM

Clinical Trials



DUTY OF DISCLOSURE

This proposal form is to be completed by the Applicant or an Authorised Officer of the Applicant.

The information provided to Vero Liability in this proposal form will be the basis of any contract of insurance entered into.

You must disclose to Vero Liability Insurance Limited all information which is material to it in deciding whether to issue insurance cover to you, and if so on what terms and/or premium. This includes but is not limited to any circumstances or conduct which might lead to a claim being made against you. This may also include information which is additional to the questions that we have asked. The duty to disclose material information occurs prior to the commencement of cover, prior to each renewal or whenever the policy is varied, this means that prior to renewal or any policy variations, as well advising of new information you also need to advise us of any alterations to the facts previously notified. Failing to disclose material information may result in your policy being avoided. This means that your policy would be deemed to have never existed and no claims would be payable.

If there is insufficient space to provide full information in this proposal, please attach additional sheets.

WHEN IN DOUBT DISCLOSE.

IMPORTANT NOTICE

This is a proposal form for a Claims Made policy.

The policy will only respond to claims and/or circumstances which are first made known to the Insured and notified to Vero Liability Insurance Limited during the policy period. The policy will not provide cover for:

- ◆ Events that occurred prior to the retroactive date of the policy (if specified).
- ◆ Claims made after the expiry of the policy period (or extended reporting period if available) even though the act giving rise to the claim may have occurred during the policy period.
- ◆ Claims notified or arising out of facts or circumstances notified under any previous policy or noted on the current proposal form or any previous proposal form.
- ◆ Claims made, threatened or intimated prior to the commencement of the policy period.
- ◆ Claims arising from circumstances known to the Insured at the commencement of the policy period as having the potential to give rise to a claim.

A. Applicant Details

1. Name of applicant including trading names, names of subsidiaries and any other parties to be insured:	
<hr/>	
Address:	
<hr/>	
Website Address	
<hr/>	
Email Address	Contact Person
<hr/>	<hr/>
Phone Number	Fax Number
<hr/>	<hr/>
Broker / Agent	
<hr/>	

B. Trial Details

1. State fully the nature of the clinical trial / volunteers study requiring cover:		
<hr/>		
<hr/>		
2. Is the trial in full accordance with:		
(a) Medicines New Zealand Guidelines on Clinical Trials and approved by an independent Ethic Committee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Royal College of Physicians recommendations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Applicable Government	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. Is the trial conducted in New Zealand? Yes No

If No, in which countries is it conducted in?

4. Are all rights or recourse retained against the product manufacturers Yes No

5. Were any other trials performed in the last 12 months? Yes No

If Yes, please advise details

Date commenced	Title/Description	Phase	No of Volunteers/Patients

6. Are any more trials planned in the next 12 months? Yes No

If Yes, please advise details

Date to be commenced	Title/Description	Phase	No of Volunteers/Patients

7. Have there been incidents in the past 5 years from previous trials resulting in death, injury, disease or illness (physical or mental) to patients/volunteers? Yes No

If Yes, please advise details

C. Required Documents

For each Trial/Study please enclose copies of the following documents (if applicable):

1. Protocol

2. Volunteer Consent Form

3. Any agreement/ contract with other parties

D. Prior Insurance

1. Has any insurer in respect of the risks to which this proposal relates ever:

a) declined a proposal, refused renewal or terminated an insurance? Yes No

b) required an increased premium or imposed special conditions? Yes No

c) declined an insurance claim by the Applicant or reduced its liability to pay an insurance claim in full (other than by application of an Excess)? Yes No

If Yes to any of the above please give details

E. Past Claims

1. Has any claim been made against the Applicant or any principal or director (including principal or director of any previous business) consultant or employee in respect of the risks to which this proposal relates? Yes No

2. Has the Applicant or any principal, partner, director, consultant or employee incurred any other loss or expense which might be within the terms of this insurance? Yes No

If Yes in either case please give details			
Date of Claim or Loss	Brief details of claim or loss	Cost (if any of claim paid or loss insured)	Estimated outstanding loss
		\$	\$
		\$	\$
		\$	\$

3. What action has been taken to prevent a recurrence of the situation which gave rise to each claim or loss?

F. Potential Claims

Is any principal, directors, partner consultant or employee, after enquiry, aware of any circumstances which might:

1. give rise to a claim against the Applicant or his/her predecessors in business or any present or former principals, partners, directors, consultants or employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. result in the Applicant or his/her predecessors in business or any present or former principals, partners, directors, consultants or employees incurring any losses or expenses which might be within the terms of this insurance cover (this includes but not limited to disciplinary hearings)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If Yes, give details including maximum potential cost

Declaration

On behalf of all proposed Insureds, I/We declare and agree that:

- the information and answers given in this proposal are in every respect true and correct and that Vero Liability has been made aware of all information that may be material in considering this proposal.
- this proposal and declaration shall be the basis of and incorporated in the insurance contract.
- I/We warrant that we will notify Vero Liability of any material alteration to these facts whether occurring before or after the completion of this insurance contract.
- Vero Liability is authorised to give to or obtain from any other insurers or any insurance broker or other party any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/we understand that:

- Vero Liability is collecting the information on this proposal for the purpose of conducting its business, evaluating our insurance requirements and deciding whether to issue insurance cover and if so on what terms.
- failure to provide any of this information may result in Vero Liability refusing to provide the insurance.
- this information will be held by Vero Liability at 23-29 Albert Street, Auckland.
- I/we have certain rights of access to and correction of this information.

Signed:

Title:

Date:

If this proposal form is being completed electronically, please print the completed form to sign.

Note: Completion of this proposal does not bind the Applicant or Vero Liability to enter into a contract of insurance.

Vero Liability Insurance Limited
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 Telephone 09 306 0350

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