

**BIOMEDICAL RESEARCH
ERRORS & OMISSIONS AND CLINICAL TRIALS LIABILITY INSURANCE
PROPOSAL FORM**

The answers to this form preferably should be typed, or alternatively completed in ink.

All questions must be answered. If not, no quotation will be given. The completion and signature of this form does not bind the Proposer or Underwriters to complete a contract of insurance.

If you have insufficient space to complete any of your answers, please continue on your headed paper and attach it to this form.

1. **Name of Firm, Partnership or individual:**
(N.B. Please include the names of all companies and/or individuals wishing to propose themselves for cover).

2. **Description of Business:**

3. **Date of establishment and/or commencement:**

4. **Address:**

5. **Details of Directors, Partners or Principals:**

Names of all Directors, Partners or Principals	Qualifications	Year Qualifications Obtained	How Long a Director, Partner or Principal
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6. **Details of all professionally qualified staff:**

Names of all professionally qualified staff	Qualifications	Year Qualifications Obtained	Length of time employed by Proposer
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7. **Number of other staff:**

8. **Details of all Consultants:**

Names of all Consultants undertaking work on your behalf	Qualifications	Year Qualifications Obtained	Length of time employed by Proposer
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9. Are you connected or associated with any other firm, company or organisation (financially or otherwise)? YES NO

If Yes, please give full details:

10. Are you involved in any process or manufacture, alteration, sale or supply of products? YES NO

If Yes, please give full details:

11 a) Please give details of gross income/fees originating from:

Country	Past financial year	Current financial year	Estimate for next financial year
UK			
EU			
USA/Canada			
Rest of World			

b) Please state the date of your Financial Year End.

12. Please list your five largest contracts undertaken over the last three years:

Contract	Client	Fee	Commenced	Finished
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13. Do you currently, or are you anticipating performing work outside the United Kingdom? YES NO

If Yes, please give details:

14. Do you accept liability other than under the jurisdiction of UK Courts? YES NO

If Yes, please give details.

15. a) Is any work sub-contracted? YES NO
If Yes, please give brief details of sub-contract work:

b) Are sub-contractors required to carry insurance to cover their liability for such work? YES NO

c) What is the limit of indemnity provided by that insurance? £

16. Do you enter into any written agreement, or operate under a standard form of contract or letter of appointment? YES NO

If Yes, please enclose a copy.

17. Please give details of:-

a) Name of Current Insurers:

b) Limit of Indemnity:

c) Applicable Excess

- d) Expiry date
- e) Premium

N.B. If you are not currently insured, please give most recent details.



18. What limit of indemnity do you require quotation(s) for? £

19. What is the maximum excess that your Firm would be prepared to carry in respect of each claim? £

20. a) Are you a member of any trade or professional body, or registered with any self-regulatory organisation? YES NO

If Yes, please state which

b) Has membership for such body or organisations ever been suspended, withdrawn, amended or declined? YES NO

If Yes, please supply details:

21. Has any Proposal for similar insurance made on behalf of the Firm or predecessors in business or present Partners, ever been declined or has any such insurance ever been cancelled or renewal refused? YES NO

If Yes, please give details:

22. Are all trials on human research subjects conducted in full accordance with:-

a) Protocols approved by an independent Ethics Committee? YES NO

b) EC guidelines on Good Clinical Practice YES NO

23. Are all trials conducted in the UK? (If answer is No please state territories). YES NO

24. Are all rights of recourse retained against Trial Sponsors sub-contract clinicians, hospitals or University bodies? YES NO

25. Have any claims for professional negligence, error or omission ever been made against the Firm or its present or past Partners, Principals or Directors? YES NO

If Yes, please give details (on headed paper) of the circumstances, including the claimed and settled amounts.



26. Are any of the Partners, Principals, Directors or Employees AFTER ENQUIRY aware of any circumstances, allegations or incidents which may give rise to a claim against the Firm or its predecessors in business or any of its present or former Partners, Principals or Directors? YES NO

If Yes, please supply details:

27. **SUMMARY OF TRIALS MANAGED OR MONITORED IN THE LAST 12 MONTHS:**

Date commenced	Trial title/ description	Trial phase	Number of research subjects
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28. **SUMMARY OF TRIALS TO BE MANAGED OR MONITORED IN THE NEXT 12 MONTHS:**

Date due to commence	Trial title/ description	Trial phase	Number of research subjects
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If trials overlap periods, please indicate in both tables allocating the appropriate number of Research Subjects to each timescale.

I/We declare that the statements and particulars contained within this Proposal are true and that I/we have not misstated or suppressed any material facts.

I/We agree that this Proposal together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon.

I/We undertake to inform Underwriters of any material alteration to these facts occurring before completion of the Contract of Insurance.

N.B. Signing this Proposal Form does not bind the Proposer or Underwriters to complete this Contract of Insurance.

Dated the.....day of.....20.....



Signature of the Partner, Principal or Director.....

IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is for renewal consideration, it should also include any change in facts previously advised to Underwriters. If you are in any doubt about facts considered to be material, you must disclose them. Failure to disclose could prejudice your rights to recover in the event of a claim or allow Underwriters to void the Policy.