



**INSURANCE FOR RESEARCH & DEVELOPMENT COMPANIES**

## **BioSurance™ R&D Proposal Form**

BioSurance™ R&D is an insurance package designed specifically for the Life Science sector. The policy provides comprehensive protection throughout a company's life-cycle including property damage, the financial impact of interruption to activities, clinical trials and the legal liabilities of the company and its directors. Every aspect of the cover has been specifically tailored to the unique risk exposures and business models of Life Science companies.



**CFC Underwriting**

CFC Underwriting Limited  
4th Floor Lloyd's Building  
12 Leadenhall Street  
London EC3V 1LP  
United Kingdom

T: +44 (0) 870 770 1002

F: +44 (0) 870 770 1005

E: [enquiries@cfcunderwriting.com](mailto:enquiries@cfcunderwriting.com)

W: [www.cfcunderwriting.com](http://www.cfcunderwriting.com)



## INSURANCE FOR RESEARCH & DEVELOPMENT COMPANIES

### PROPOSAL FORM

#### INTRODUCTION

The purpose of this proposal form is for us to find out who you are and to obtain information relevant to the cover provided by the BioSurance™ R&D policy. Completion of this proposal form does not oblige either party to enter into a contract of insurance.

Insurance is a contract of utmost good faith. This means that the information you provide in this proposal form must be complete, accurate and not misleading. It also means that you must tell us about all facts and matters which may be relevant to our consideration of your application for insurance. Any failure by you in this regard may entitle us to treat this insurance as if it never existed. If a contract of insurance is agreed between you and us this proposal form will form the basis of the contract.

Important: Some of the cover provided by this policy is on a claims made basis. This means that a claim must be first made against the Insured and notified to us during the period of the policy to be covered and a claim will not be covered if it arises out of any actual or alleged wrongful act occurring before the Retroactive Date.

#### HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, partner or director of the applicant firm and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

If you require any extra space to complete the answers to questions contained within this proposal form please continue your response in the Additional Information section at the back of the form. Once you have completed the form please return directly to your insurance broker.

### SECTION I: COMPANY DETAILS

I.1 Please provide the following details:

Insured company:	
Contact name:	
Address:	
Postcode:	
Telephone:	Email address:
Fax:	Website:

I.2 Please state when your company was established:

DD / MM / YY

I.3 Please briefly describe below the nature of your business activities:

*If you have a brochure, or company literature, please attach to this form*


1.4 Please outline below your business development plans for the next 12 months, including the number of products under development and the stage of development for each:

*If you have a copy of an up to date business plan, please attach to this form*

<hr/> <hr/> <hr/>
-------------------

1.5 Please state the number of employees:

1.6 Please provide estimates of your wagheroll for the next 12 months, broken down as follows:

a) Administrative and managerial:

b) Laboratory based staff:

c) Other:

*If other, please provide full details:*

<hr/> <hr/> <hr/>
-------------------

## SECTION 2: PREMISES DETAILS

2.1 Please provide below details of your premises:

<p>PREMISES 1</p> <p>Address: _____</p> <p style="text-align: right;">Postcode: _____</p> <p>Details of usage (e.g. labs, storage, offices etc.): _____</p> <p>PREMISES 2</p> <p>Address: _____</p> <p style="text-align: right;">Postcode: _____</p> <p>Details of usage: _____</p>
--

*Please continue on a separate sheet if more than two premises are to be insured*

2.2 Please provide details of the premises of your supply chain partners that carry out significant work on your behalf, including those where you require cover for damage to your property and those where you have a significant reliance on them for your business activities:

Name and Address	Details of Usage
_____	_____
_____	_____
_____	_____
_____	_____

2.3 Are all of the premises:

- a) Constructed with external walls of brick, stone or concrete and roofed with slate, tiles, concrete, metal, asbestos or any other non-combustible material?  Yes  No
- b) Free from cracks or other signs of damage that may be due to subsidence, landslip or heave and have not previously suffered damage by any of these causes?  Yes  No
- c) In an area free from flooding and not near the vicinity of any rivers, streams or tidal waters?  Yes  No
- d) In a good state of repair?  Yes  No
- e) Self contained with a lockable entrance door?  Yes  No
- f) Protected by fire and intruder alarms that are subject to an annual maintenance contract?  Yes  No

*NOTE: We may refuse to pay a claim if all of the devices for the protection of your premises (including locks and alarms) are not put into full and effective operation whenever the premises are closed for business or left unattended.*

- g) Heated by a conventional electric, gas, oil or solid fuel heating system?  Yes  No
- h) Fitted with electrical installations which are inspected at least every 5 years by a qualified electrician and any defect remedied?  Yes  No
- i) Lifts, boilers, steam and pressure vessels inspected and approved to comply with all of the statutory requirements?  Yes  No

*NOTE: Assuming you have answered yes to questions h) and i) above, it is important to keep records of all relevant inspections as we may ask for evidence for these before paying a claim.*

*If you have answered no to any of the above questions, please provide further details:*

2.4 If any of the premises listed in 2.1 and 2.2 contain composite or sandwich panels, please provide details:

Address	Are panels exterior or interior?	Type of Panel (Make, model, core material)	Are products LPSI 181:2003 or FMRC4880 (1994) approved?

**SECTION 3: ACTIVITIES**

3.1 Do you directly work with, or store, radioactive or biohazardous materials at your premises?  Yes  No

*If yes, please provide further details below including types of materials, quantities used and how you manage the process of using, storing and disposal:*

3.2 Is your stock sensitive to changes in environmental conditions?  Yes  No

If yes, please answer the following:

- a) What proportion of stock is temperature sensitive?  %
- b) Is all stock stored in fridges / freezers which are less than 3 years old, or subject to maintenance agreements?  Yes  No
- c) Is electricity delivered by underground cables, with no overhead power lines in the immediate vicinity?  Yes  No
- d) Do all fridges / freezers have back up power generators?  Yes  No  
 If yes, how many hours back up is provided?  Hours
- e) Do you have an alarm system that activates if the temperature falls outside the prescribed range?  Yes  No
- f) Is the alarm system monitored by a third party central station?  Yes  No
- g) Is stock duplicated in more than one freezer on the same site?  Yes  No
- h) Is stock duplicated in more than one freezer at different sites?  Yes  No
- i) Do you have a formal Business Continuity Plan for a power outage or failure in storage arrangements?  Yes  No

3.3 Are specialist couriers utilised for stock transport?  Yes  No

If no, please provide details of the arrangements:

---

---

---

---

3.4 Please state stock consignment values:

	Annual Value	Maximum Value of one Consignment
Domestic:	<hr/>	<hr/>
Outside (domestic) country, but within the continent:	<hr/>	<hr/>
Elsewhere in the world:	<hr/>	<hr/>

3.5 Will you transport stock to areas where the government currently advises against travel?  Yes  No

If yes, please provide details below:

---

---

---

---

3.6 Are you involved with R&D of your own products?  Yes  No

If no, please go to question 3.10

3.7 Please state your annual gross expenditure:

3.8 Please state what proportion of your annual gross expenditure is attributable to:

Fixed internal cost (including wagheroll):	<hr/> %
Variable internal cost (such as lab consumables):	<hr/> %
Contractually committed payments for services to third parties:	<hr/> %
Third party contracts with full 'force majeure' provisions to your benefit:	<hr/> %

3.9 Please provide details of your contingency plans to continue R&D activities, if damage at the premises listed in 2.2 means your supply chain partners are unable to fulfil contractual commitments:

Supplier Name	Nature of Reliance	Contingency Plans
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3.10 Do you receive income from products or services provided to third parties?  Yes  No

If no, please go to section 4

If yes, please state the income received in the box below:

Location of Client	Last Complete Financial Year		Current Financial Year (estimate)	
	Products	Services	Products	Services
Domestic:	_____	_____	_____	_____
USA:	_____	_____	_____	_____
Elsewhere in the world:	_____	_____	_____	_____
Total:	_____	_____	_____	_____

3.11 Please give details of the 3 largest contracts that you have carried out in the last 3 years:

Client Name	Client Business	Nature of Work Undertaken for this Contract	Your Annual Income from this Contract	Start Date	Completion Date
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY
_____	_____	_____	_____	MM / YY	MM / YY

3.12 What approximate percentage of your income, in your current financial year, will be paid to sub-contractors?  %

3.13 Will sub-contractors carry the following insurance:

- a) Products liability for CMOs?  Yes  No
- b) Professional liability for CROs, contract research service providers and other consultants?  Yes  No
- c) Medical Malpractice (or equivalent government liability) for clinical investigators conducting your clinical trials?  Yes  No

3.14 Will your products be marketed for human consumption in the next 12 months?  Yes  No

If no, please go to section 4

If yes, please attach literature for each of these products, including brochures, technical literature, sale conditions

3.15 Please state the percentage of your income generated by sales of these products, including component parts:  %

3.16 Are these products:

- a) Vaccines?  Yes  No
- b) Gene therapy?  Yes  No
- c) Cell therapy?  Yes  No
- d) Acutane, amenorone forte, bupropion, canthaxanthin, cisapride, danthron, debendox, DEHP, dexfenfluramine, diazepines, dicyclomine, diethylstilbestrol (DES), dioxins, ephedrine, fenfluramine, fibrates, germanium, halogenated 8, hydroxy quinolines, hydroquinone, isotretinoin, lotronex, l-tryptophan, methylphenidate, nefazodone, oxazepines, paxil, pertussis vaccine, phenfluramine, phentermine, phenylpropanolamine (PPA), piper methysticum, primodos, prozac, remoxipride, retinoids, risperidone, serzone, silicone gel used as part of an injection or as part of an implantable device, statins, swine-flu vaccine, thalidomide, thiazepines, thimerosal or thimersal, tretinoin, troglitazone, tryptophan?  Yes  No
- e) Implantable medical devices?  Yes  No
- f) Skin whitening products?  Yes  No
- g) Birth control products or devices?  Yes  No

If yes to any of the above, please provide details:

<hr/> <hr/> <hr/> <hr/>
-------------------------

3.17 Could the failure of these products or services result in:

- a) Loss of life or injury to a person?  Yes  No
- b) Damage or destruction to physical property?  Yes  No
- c) Significant third party financial loss?  Yes  No

If yes to any of the above, please provide details:

<hr/> <hr/> <hr/> <hr/>
-------------------------

3.18 Is the delivery of these products and services time critical to the third parties using them (such as a clinical trial)?

- Yes  No

If yes, please provide details:

<hr/> <hr/> <hr/> <hr/>
-------------------------

## SECTION 4: CONTRACT MANAGEMENT

4.1 Is all work carried out (by you, or for you) under a written contract?  Yes  No

4.2 Are all contracts reviewed by independent, qualified legal advisers?  Yes  No

*If no, please outline the procedures used for developing and reviewing contracts:*

<hr/> <hr/> <hr/> <hr/>
-------------------------

4.3 Are rights of recourse retained against CMOs, CROs, clinical investigators and all other supply chain partners?  Yes  No

*If no, please explain why:*

<hr/> <hr/> <hr/> <hr/>
-------------------------

4.4 In your written contracts do you ever accept liability for consequential loss or financial damages greater than the value of the contract?  Yes  No

*If yes, please provide details:*

<hr/> <hr/> <hr/> <hr/>
-------------------------

4.5 Do your written contracts ever contain 'Hold Harmless' or 'Indemnification' clauses in which you accept liability for loss of life, injury, property damage, or financial losses in circumstances other than where they are caused by your negligence?  Yes  No

*If yes, please provide details:*

<hr/> <hr/> <hr/> <hr/>
-------------------------

4.6 In your written contracts, do you ever provide guarantees of products or services?  Yes  No

*If yes, please provide details:*

<hr/> <hr/> <hr/> <hr/>
-------------------------

## SECTION 5: CLINICAL TRIALS

Only complete this section if you require cover for Clinical Trials

In respect of each of the clinical trials listed below, please attach the following (in English):

- a) Trial Protocol
- b) Patient Information
- c) Patient Informed Consent form
- d) A list of the Clinical Investigator sites

5.1 Please provide below details of completed trials for which cover is required:

Protocol Number and Description	Date Treatment Completed	Number of Subjects	Country
	DD / MM / YY		
	DD / MM / YY		
	DD / MM / YY		
	DD / MM / YY		

5.2 Please provide below the details of ongoing trials, or trials that are expected to commence in the next 12 months, for which primary cover is required:

Protocol Number and Description	Start Date	Expected End Date	Number of Subjects	Country
	DD / MM / YY	DD / MM / YY		
	DD / MM / YY	DD / MM / YY		
	DD / MM / YY	DD / MM / YY		
	DD / MM / YY	DD / MM / YY		

5.3 Please provide below the details of ongoing trials, or trials expected to commence in the next 12 months, for which a separate primary insurance policy will be in place and therefore excess cover only is required:

Protocol Number and Description	Start Date	Expected End Date	Number of Subjects	Country	Insurer and Policy Number for Underlying Policy
	DD / MM / YY	DD / MM / YY			
	DD / MM / YY	DD / MM / YY			
	DD / MM / YY	DD / MM / YY			
	DD / MM / YY	DD / MM / YY			

5.4 Are you the sponsor in respect of each of the clinical trials listed above?  Yes  No

If no, please state the nature of your interest:

<p>_____</p> <p>_____</p> <p>_____</p>
--

5.5 Are any of the clinical trials listed above testing products that are 'First in Man'?  Yes  No

If yes, please provide details:

<p>_____</p> <p>_____</p> <p>_____</p>
--

5.6 In respect of the clinical trials listed above, will any of the following be tested:

- a) Vaccines?  Yes  No
- b) Gene therapy?  Yes  No
- c) Cell therapy?  Yes  No
- d) Acutane, amenorone forte, bupropion, canthaxanthin, cisapride, danthron, debendox, DEHP, dexfenfluramine, diazepines, dicyclomine, diethylstilbestrol (DES), dioxins, ephedrine, fenfluramine, fibrates, germanium, halogenated 8, hydroxy quinolines, hydroquinone, isotretinoin, lotronex, l-tryptophan, methylphenidate, nefazodone, oxazepines, paxil, pertussis vaccine, phenfluramine, phentermine, phenylpropanolamine (PPA), piper methysticum, primodos, prozac, remoxipride, retinoids, risperidone, serzone, silicone gel used as part of an injection or as part of an implantable device, statins, swine-flu vaccine, thalidomide, thiazepines, thimerosal or thimersal, tretinoin, troglitazone, tryptophan?  Yes  No
- e) Implantable medical devices?  Yes  No
- f) Skin whitening products?  Yes  No
- g) Birth control products or devices?  Yes  No

*If yes to any of the above, please provide details:*

5.7 In respect of any of the clinical trials listed in questions 5.1 to 5.3, are / were more than 25% of the research subjects under 16 years?

- Yes  No

*If yes, please provide details:*

5.8 In respect of any of the clinical trials listed in questions 5.1 to 5.3, are / were more than 25% of the research subjects women of child bearing age?

- Yes  No

*If yes, please provide details:*

5.9 Are all clinical trials conducted in accordance with all relevant local laws and regulations?

- Yes  No

*If no, please explain why:*

5.10 In respect of all completed and ongoing trials, have you:

- a) Made all necessary filings?  Yes  No
- b) Received all required authorisations?  Yes  No
- c) Had the protocol approved by an independent Ethics Committee?  Yes  No

If no to any of the above, please explain why:

5.11 Do you ever act as both trial sponsor and clinical investigator?  Yes  No

If yes, please provide details:

5.12 Have you stopped or suspended any clinical trials for safety reasons?  Yes  No

If yes, please provide details:

5.13 Have any research subjects suffered death, injury, disease or illness (whether physical or mental) as a result of participation in a clinical trial sponsored by you, in the past 5 years?  Yes  No

If yes, please provide details:

## SECTION 6: COVER LIMITS AND SUMS INSURED

6.1 Would you like cover for damage to your property?  Yes  No

If no, please go to question 6.7

If yes, please attach information regarding the value of the following property, including estimated maximum values at risk at any one time where applicable, at the premises listed in question 2.1 and 2.2:

- a) Buildings
- b) Tenants improvements, fixtures & fittings
- c) Laboratory equipment
- d) Fixed electronic equipment
- e) Portable electronic equipment
- f) Lab consumables and R&D Stock (including the cost of materials and other re-creation costs)
- g) Third party stock in your custody and control
- h) Research animals (showing the total value and the estimated maximum value of a single animal)
- i) Any other property not listed above

6.2 Would you like the policy to cover any of the following:

- a) Spoilage of perishable stock?  Yes  No
- b) Pollution or contamination?  Yes  No
- c) Machinery breakdown?  Yes  No
- d) Property in transit?  Yes  No
- e) Terrorism?  Yes  No
- f) Ideologically motivated attack (that is not delared an act of terrorism by the government)?  Yes  No

6.3 Would you like business interruption cover?

Yes  No

If yes, please state the 'First Loss' sum insured required:

6.4 Please state the sublimits required for business interruption following damage at the premises of your supply chain partners listed in question 2.2:

Supply Chain Partner Name	Business Interruption Sublimit
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

6.5 Please state the Indemnity Period required (6 - 24 months):

 Months

6.6 Would you like cover for Employers' Liability?

Yes  No

6.7 Would you like cover for Public Liability?

Yes  No

If yes, please state the Limit of Liability required:

6.8 Would you like cover for Products and Services Liability?

Yes  No

If yes, please state the Limit of Liability required:

## SECTION 7: CLAIMS EXPERIENCE AND INSURANCE HISTORY

7.1 Please provide details of your current insurance:

Type	Expiry Date	Retroactive Date	Insurer
Property and Business Interruption:	<hr/> DD / MM / YY	<hr/> Not applicable	<hr/>
Employers' and Public Liability:	<hr/> DD / MM / YY	<hr/> Not applicable	<hr/>
Products Liability:	<hr/> DD / MM / YY	<hr/> DD / MM / YY	<hr/>
Professional Liability:	<hr/> DD / MM / YY	<hr/> DD / MM / YY	<hr/>
Clinical Trials:	<hr/> DD / MM / YY	<hr/> DD / MM / YY	<hr/>
Directors & Officers Liability:	<hr/> DD / MM / YY	<hr/> DD / MM / YY	<hr/>

7.2 Regarding all of the types of insurance to which this proposal form relates, AFTER ENQUIRY:

- a) are you aware of any loss or damage, whether insured or not, that has occurred to any of the Companies to be insured (or to any existing or previous business of the partners or directors of any of the Companies to be insured) within the last 5 (five) years, or
- b) are you aware of any circumstances which may give rise to a claim against any of the Companies to be insured or any partners or directors thereof, or
- c) have any claims or cease and desist orders been made against any of the Companies to be insured, or partners or directors thereof, or
- d) have any partners or directors of the Companies to be insured been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?

With reference to questions a, b, c and d above:

Yes  No

*If the answer to the above is yes, then please attach full details including an explanation of the background of events, the maximum amount involved / claimed, the status of the claim(s) or circumstance(s) and any reserve(s) or payment(s) made by you and / or by Insurers, and the dates of all developments and payments.*

## SECTION 8: DECLARATION

- I / we declare that after proper enquiry the statements and particulars given above are true and that I / we have not mis-stated or suppressed any material fact.
- I / we agree that this Proposal Form, together with any other material 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 the completion of the contract.

Signed: _____	Full Name: _____
Position held at Insured: _____	Date: <u>DD / MM / YY</u>

ADDITIONAL INFORMATION:

# R&D



## INSURANCE FOR RESEARCH & DEVELOPMENT COMPANIES



### CFC Underwriting

CFC Underwriting Limited  
4th Floor Lloyd's Building  
12 Leadenhall Street  
London EC3V 1LP  
United Kingdom  
T: +44 (0) 870 770 1002  
F: +44 (0) 870 770 1005  
E: [enquiries@cfcunderwriting.com](mailto:enquiries@cfcunderwriting.com)  
W: [www.cfcunderwriting.com](http://www.cfcunderwriting.com)