

Bajaj Allianz General Insurance Company Limited
Bajaj Allianz House, 1st Floor Airport Road, Yerawada Pune 411006,
Reg. no. 113 CIN: U66010PN2000PLC015329
UIN : IRDAN113RP0004V01201213

**CLINICAL TRIAL LIABILITY INSURANCE
PROPOSAL FORM**

Along with the proposal form we would need the following documents

1. Protocol Details of the studies -
2. Total No. of Patients participating in the studies. -
3. Form required- Legal Liability or No fault Compensation, IF no fault compensation then please provide Compensation agreement/basis.
4. Patient Consent Forms
5. Start date:
6. End Date:

Bajaj Allianz General Insurance Co. Ltd.

Name of Company or Body to be insured	
Address	
Description of Business	
Date Established	

PLEASE COMPLETE THE FOLLOWING DECLARATION – Give full details if any reply is “NO”

1.

	YES	NO
(a) Department of Health requirements with protocols approved by an independent Ethics Committee?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Royal College of Physicians recommendations?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Applicable Government Department or Medical Body or Pharmaceutical Industry Body guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
(d) E.C. guidelines on Good Clinical Practice?	<input type="checkbox"/>	<input type="checkbox"/>
(e) I.C.H. Harmonised Tripartite Guidelines?	<input type="checkbox"/>	<input type="checkbox"/>

2. If applicable, are all rights of recourse retained against Trial Sponsors and/or Product Manufacturers? YES NO

3. Give details of serious adverse events during the last 5 years resulting in death, disease or illness (physical or mental) to research subjects, and any circumstances, which have given or might give rise to a claim against you.

4. Full description of Clinical Trials to be conducted

Bajaj Allianz General Insurance Co. Ltd.

--

5. For each trial please attach a copy of:
- (a) PROTOCOL (or summary thereof) or ETHICS COMMITTEE SUBMISSION
 - (b) VOLUNTEER CONSENT FORM AND/OR PATIENT INFORMATION
(as appropriate)
 - (c) ANY HOLD HARMLESS AGREEMENT/CONTRACT INDEMNITIES WITH
OTHER PARTIES (if applicable)

6. SUMMARY OF TRIALS PERFORMED IN THE LAST 12 MONTHS:

Date Commenced	Trial Title / Description	Phase	No. Of Research Subjects	Current Status

7. SUMMARY OF TRIALS PLANNED IN THE NEXT 12 MONTHS:

Date Commenced	Trial Title / Description	Phase	No. Of Research Subjects	Sponsor

If trials overlap period, please include in both tables allocating the appropriate number of Research Subjects to each time scale.

Bajaj Allianz General Insurance Co. Ltd.

8. Please state Limits of Indemnity for which a quotation is required or local currency equivalent:

Per each Clinical trial Subject

Total coverage Per annum

If higher, please state

I/We declare that to the best of my/our knowledge and belief the above statements are true and complete and will form part of the contract between me/us and the Underwriters.

Name and position of person completing the Questionnaire

Name:

Position:

Signed:

Date:

IMPORTANT:

1. The answers to this form preferably should be typed, or alternatively completed in ink.
2. 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 Underwriter to complete a contract of insurance.

Bajaj Allianz General Insurance Co. Ltd.

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

4. It is your duty to disclose all material facts to Insurers. A material fact is one that is likely to influence a prudent Insurer's judgement and acceptance of your proposal, if you are in any doubt as to whether or not certain information is material then it should be disclosed.

.....

The following is the copy of section 41 of the Insurance Act 1938

PROHIBITION OF REBATES

1. No person shall allow or offer to allow either directly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the whole or part of the commission payable or any rebate of the premium shown in the policy nor shall any person taking out or renewing or continuing a policy except such rebates as may be allowed in accordance with the published prospectus or tables of the insurer.

2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakhs rupees.