



Chubb Insurance Company of Europe SE
Zollikerstrasse 141, 8034 Zürich, Tel. +41 (0)43 210 10 10

Questionnaire for Admitted Human Clinical Trial Policy

A separate questionnaire **MUST** be completed for each country and each protocol. All questions must be answered. If a question or section is inapplicable, please answer “NA”. If the answer to a question is none, state “none”. If more space is required to answer a question completely, please provide a separate attachment and identify the question it responds to. Send completed form electronically, as a word document attachment to E-mail, to your insurance agent or broker.

Local Sponsor Information (This will be the first named insured of the admitted policy and must match how it is presented in the local protocol)

Name of the Sponsor as listed on the local protocol:	
Mailing address of the Sponsor:	
Phone / fax / email(s):	

Protocol Study Information:

Country where human clinical trial will be conducted.	
Do you currently have a clinical trial policy in place for other trials in this country? (If yes, please provide policy number policy expiration date and Insurer if it is not Chubb):	
Expected start date of trial (Date enrollment of first trial participant):	
The length of the trial:	
Name of Drug or Medical product being tested:	
Study / protocol name / title (In local language as presented to local review board):	
Protocol number:	
Number of participants to be enrolled locally: Only for clinical trials in Germany: Coverage is required by the German AMG Coverage is required by the German MPG No legal requirement for an insurance policy	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no

Local lead investigator information:

Name of individual(s):	
Name of institution / hospital / clinic or laboratory:	
Address:	
Phone / fax / email(s):	

Insurance agent or broker contact information:

Name of appointed agent / broker company:	
Address:	

Account executive contact:	
Phone / fax / email:	

Additional requirements: Protocol and informed consent document

If several doctors and investigators in this country are involved in this trial please provide a complete list of their names and addresses.

The certificate of Insurance will be e-mailed to the Agent or Broker. The original copy of the certificate and policy documents will follow thereafter. Deviations from this workflow can be arranged but must be agreed to in advance.

The premium for the policy will be billed to the Sponsor.

Please Note:

As regulations are subject to change, new requirements may result in the need for additional information about the trial beyond the information captured by this questionnaire.

Some jurisdictions require that a local legal representative be appointed if the Sponsor is not a domestic entity. All European Union countries, for example, require this by virtue of the EU Directive, as do a number of other jurisdictions around the world. Switzerland is the only country that has consistently required that the local legal representative be named in the insurance policy, although individual ethics committees may also request this from time to time. If this trial is to take place in Switzerland, or if you would like to provide us with this information so as to minimize any possible delay in the event that this information is requested by an ethics committee, please complete the following:

Local Legal Representative information:

Name of local legal representative:	
Address:	
Phone / fax / email:	

Chubb provides policy terms and conditions to reflect the most current regulatory requirements. Requests for limits of insurance in excess of locally mandated minimums or variation from the standard policy wording may not be accommodated.

In some countries in order for the insurance to become effective, the named insured must countersign the policy and return it to the insurance company. Additional lead time for those countries is prudent.

Chubb refers to the insurers of the Chubb Group of the Chubb Group of Insurance Companies. Completion of this questionnaire does not bind coverage. Actual coverage is subject to the language of the policies issued.

The statements, information or answers given above are true, accurate and complete. You have not willfully concealed or misrepresented any material fact or circumstance concerning this questionnaire. You understand and agree that Chubb is relying on such statements in determining whether or not to accept this questionnaire and issue insurance.

Name:	
Title:	
Date:	