

# Clinical Trials Application

## Proposal Form

### Completing the Proposal Form

- Please read all the “Notices” before completing this proposal form.
- Please answer all questions in full leaving no blank spaces. If a question is not applicable, please answer NA. If the answer to a question is None, please answer None or 0.
- If you have insufficient space to complete any of your answers, please attach a separate signed and dated sheet and identify the question number concerned.

### Insured Information

Name of Insured(s)			
Address			
Website			
Years in Business			
Previous industry experience if less than five (5) years in business			
Insured(s) role	<input type="checkbox"/> Sponsor <input type="checkbox"/> Local Legal Representative		
If Insured is a Local Legal Representative please provide full name and home country of foreign Sponsor they are representing.			
Name			
Address			

**I. If applying for insurance for a single clinical trial please complete the following section.**

### Single Trial Information

Country/Territory(ies) where clinical trial will take place				
Expected Trial Start Date				
Expected Trial Completion Date (last patient, last contact)				
Name of Product being tested				
ANZCTR Number (if applicable)				
EudraCT Number (if applicable)				
ClinicalTrials.gov Identifier (if applicable)				
Total Number of Research Subjects to be enrolled	Active:		Placebo/Control:	
Estimated Research Subject Split by Country/Territory (if applicable):				
Country/Territory				
Subjects				

If additional space is needed to list all countries for the covered trial please provide a separate document.

**II. If applying for insurance for multiple clinical trials please complete the following section.**

**Multiple Trial Information**

Are you applying for insurance to cover multiple clinical trials?

Yes  No

If Yes, please complete the **Clinical Trial Schedule** at the end of this application.

**Insurance & Loss History**

Has there ever been a loss? If **Yes**, please provide details:

Yes  No

**Supporting Documents**

Please attach the following documents to this proposal:

- Trial Protocol for each current or planned trial to be insured by this Policy
- Patient Informed Consent document for each current or planned trial to be insured by this Policy
- Copies of any contracts or agreements relating to each trial to be insured by this Policy

**Declaration and Signature**

The undersigned declares and agrees, on behalf of the Company and all proposed Insureds, that to the best of their knowledge and belief, the statements set forth herein are true and that, if the Company agrees to insure, this proposal, together with any other information supplied, shall be the basis of the contract and shall be attached to and form part of the policy.

It is hereby agreed that the Company is authorised to make any investigation and inquiry in connection with this proposal that it deems necessary.

This is to be signed by a Principal, Partner, Director or Officer of the Company.

The signing of this proposal does not bind the Proposer or Company to into this insurance.

Signature:

Name:

Position:

Date:

## Clinical Trial Schedule Multiple Trial Information

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Please complete the following table for all **Planned** and **Current** Clinical Trials to be covered by this policy, as well as any Clinical Trials **Completed** in the past 3 years.

**When completing this Schedule please note the following important information:**

**Status** can be 'Completed' (finished in past 3 years), 'Current' (trial in progress) or 'Planned' (expect to commence during the proposed insurance period). For purposes of insurance a trial ends when the last subject recruited completes the trial, including any follow up period called for in the protocol.

**Start** means month and year trial began (Completed or Current trials) or month and year Insured expects to commence recruitment. Can be stated in MM/YY format.

**End** means the month and year a trial ended (Completed) or is expected to end (Current or Planned). For purposes of insurance a trial ends when the last subject recruited completes the trial, including any follow up period called for in protocol.

**Recruited Subjects** means subjects that have been recruited and enrolled for the trial (Completed and Current).

**Estimated Subjects** is the number of new subjects expected to be enrolled during the proposed insurance (Current and Planned).

**Active:Placebo Ratio** means the number subjects receiving the test product as ratio to those receiving placebo or control.

Status	Start (MM/YY)	End (MM/YY)	Study Protocol Title	Trial Phase	Country/Territory(ies)	Recruited Subjects	Estimated Subjects	Active vs. Placebo Ratio

## Statutory Notice

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For the purposes of this statutory notice, Chubb Insurance Singapore Limited (Co Regn. No.: 199702449H) means “we”, “us” and “our”.

## Duty of Disclosure

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### Your Duty of Disclosure

Before You enter into this contract of insurance, You have a duty of disclosure.

The duty applies until We first agree to insure You, and where relevant, until We agree to any subsequent variation, extension, reinstatement or renewal (as applicable).

### Answering our questions

In all cases, if We ask You questions that are relevant to Our decision to insure You and on what terms, You must tell Us anything that You know and that a reasonable person in the circumstances would include in answering the questions.

It is important that You understand You are answering Our questions in this way for Yourself and anyone else that You want to be covered by the contract.

### Variations, extensions and reinstatements

For variations, extensions and reinstatements, You have a broader duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

### Renewal

Where We offer renewal, We may, in addition to or instead of asking specific questions, give You a copy of anything You have previously told Us and ask You to tell Us if it has changed. If We do this, You must tell Us about any change or tell Us that there is no change.

If You do not tell Us about a change to something You have previously told Us, You will be taken to have told Us that there is no change.

### What You do not need to tell Us

You do not need to tell Us anything that:

- reduces the risk We insure You for; or
- is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

### If You do not tell Us something

If You do not tell Us anything You are required to tell Us, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

## Data Protection

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Chubb Insurance Singapore Limited (“Chubb”) is committed to protecting your personal data. Chubb collects, uses, discloses and retains your personal data in accordance with the Personal Data Protection Act 2012 and our own policies and procedures. Our Personal Data Protection Policy is available upon request.

Chubb collects your personal data (which may include health information) when you apply for, change or renew an insurance policy with us, or when we process a claim. We collect your personal data to assess your application for insurance, to provide you with competitive insurance products and services and administer them, and to handle any claim that may be made under a policy. If you do not provide us with your personal data, then we may not be able to provide you with insurance products or services or respond to a claim.

We may disclose the personal data we collect to third parties for and in connection with such purposes, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, third party administrators, call centres and professional advisors, including doctors and other medical service providers), other companies within the Chubb Group, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside of Singapore.

You consent to us using and disclosing your personal data as set out above. This consent remains valid until you alter or revoke it by providing written notice to Chubb’s Data Protection Officer (“DPO”) (contact details provided below). If you withdraw your consent, then we may not be able to provide you with insurance products or services or respond to a claim.

From time to time, we may use your personal data to send you offers or information regarding our products and services that may be of interest to you. If you do not wish to receive such information, please provide written notice to Chubb’s DPO.

If you would like to obtain a copy of Chubb’s Personal Data Protection Policy, access a copy of your personal data, correct or update your personal data, or have a complaint or want more information about how Chubb manages your personal data, please contact Chubb’s DPO at:

Address: Chubb Data Protection Officer  
138 Market Street,  
#11-01 CapitaGreen,  
Singapore 048946  
E [dpo.sg@chubb.com](mailto:dpo.sg@chubb.com)

**This policy provides cover on a claims made basis.**

## Claims-Made Coverage

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This coverage applies only to claims that are first made against you during the period of insurance cover provided by the Policy. If your Policy does not have a continuity of cover provision or provide retrospective cover then your Policy may not provide insurance cover in relation to events that occurred before the contract was entered into.

## About Chubb in Singapore

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Chubb is the world's largest publicly traded property and casualty insurer. Chubb Insurance Singapore Limited, via acquisitions by its predecessor companies, has been present in Singapore since 1948. Chubb in Singapore provides underwriting and risk management expertise for all major classes of general insurance. The company's product offerings include Financial Lines, Casualty, Property, Marine, Industry Practices as well as Group insurance solutions for large corporates, multinationals, small and medium-sized businesses. In addition, to meet the evolving needs of consumers, it also offers a suite of tailored Accident & Health and Personal & Specialty insurance options through a multitude of distribution channels including bancassurance, agency and affinity partnerships.

Over the years, Chubb in Singapore has established strong client relationships by delivering responsive service, developing innovative products and providing market leadership built on financial strength.

More information can be found at [www.chubb.com/sg](http://www.chubb.com/sg).

## Contact Us

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