

COMPLETION OF THIS FORM INDICATES YOUR CONSENT FOR PROCESSING YOUR PERSONAL INFORMATION. PLEASE REFER TO PAGE 5 FOR DETAILS ON OUR PRIVACY POLICY.



Canadian Pharmaceutical & Biotechnology Insurance Questionnaire

Please read and complete the application in its entirety. Blanks &/or dashes are not acceptable and will delay consideration of this application. Answer all questions, if the question does not apply, indicate "N/A" in the space provided.

Coverage Required	Limit Required
General Liability	C\$
Clinical Trials – Testing Liability	C\$
Clinical Trials – No Fault	C\$
Errors and Omissions	C\$
Products/Completed Operations	C\$

For each head of cover required please complete the relevant sections attached.

GENERAL INFORMATION

Full Name(s) of all companies to be included:	
Address of Registered Office:	
Address(es) of any Overseas Offices to be Insured:	
Website Address:	
When established:	
Please provide copies of company literature if available	

COMPANY INFORMATION

Full Business Description:						
Estimated Gross Income in Past 12 months:	C\$	Estimate Income in Next 12 months:			C\$	
Operations	Past 12 Months (in C\$)			Next 12 Months (in C\$)		
	Canada	U.S.A.	ROW	Canada	U.S.A.	ROW
Own Manufacture						
Contract Manufacture (for others)						
Wholesale distribution						
Retail						
Research (for others)						
Other (please specify)						

GENERAL LIABILITY

Have all Manufacturing locations been inspected by the relevant regulatory body? Yes No

If 'YES', what was date of last inspection:

Please indicate if the following coverages are required:

<i>Extensions, Endorsements & Exclusions</i>		<i>Extensions, Endorsements & Exclusions</i>	
Forest Fire Fighting Expense – Limit C\$1,000,000 – Deductible C\$ 10,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	Non-owned Automobile Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Worldwide Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee Benefits Liability – Aggregate C\$1,000,000 – Deductible C\$1,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
S.E.F No.94 Legal Liability for Damages to Hired Automobiles – Limit C\$ 75,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	Contingent Employers Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incidental Medical Malpractice Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Voluntary Medical Payments – Limit C\$50,000	<input type="checkbox"/> Yes <input type="checkbox"/> No

Tenant's Legal Liability – Limit C\$ 100,000	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer's Liability Coverage Rider (note if required please provide details of payrolls)	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	---	--

Others (please specify):

CLINICAL TRIALS

Are all trials conducted in accordance with:	(i) The appropriate government authority(ies)?	<input type="checkbox"/>
	(ii) Ethics Committee Approval?	<input type="checkbox"/>
	(iii) I.C.H. Guidelines?	<input type="checkbox"/>

DETAILS OF TRIALS PERFORMED IN THE LAST 12 MONTHS (please complete on separate page if insufficient room)
 If any trials are First-in-Human then please state 'FIH' under Phase

Date Commenced	Date Completed	Study Title in Full	Phase	No of Subjects		Territory if not CAN
				Estimated	Enrolled to date	

SUMMARY OF TRIALS PLANNED FOR THE NEXT 12 MONTHS (please complete on separate page if insufficient room)
 If any trials are First-in-Human then please state 'FIH' under Phase

Date Commenced	Date Completed	Study Title in Full	Phase	No of Subjects	Territory if not CAN

For each trial to be insured please attached a copy Protocol Document (if Final version not available please submit Draft or Synopsis for quote) plus Informed Patient Consent Form

Within the next 12 months, does your Company plan to sell any of its research conclusions to third parties? Yes No

ERRORS AND OMISSIONS

Please provide a full and clear description of the activities of the Firm(s) for which E&O cover is required.

Estimated Income for next 12 months derived from Services (as per Company Information) \$

Please list these activities and state the approximate percentage of work carried out in each instance:

	%
	%
	%
	100%

Please provide:

Names of all Directors, Partners or principals	Qualifications	Date Qualified	No Years as Directors, partner or principal of the firm

Please list the Firm's three largest contracts in the last three years:

Work Undertaken	Country	Contract Income (in C\$)	Date Commenced	Date Completed

Do you operate to standard contract conditions? Yes No

If Yes, then please supply copy

If No, what reviews are undertaken on the contract conditions before signing?

PRODUCTS LIABILITY

Please complete the following Income projections for the next 12 months (in C\$)

Product	Canada	U.S.A.	ROW
Controlled drugs			
Hormone / Steroids			
Prescriptions			
Vaccines			
Over-the-Counter			
Food Supplements/Vitamins			
Cosmetics			
Other (please provide details):			

If you import products, please state from which countries obtained and approximate percentage of total turnover against each.

For all products where you are a distributor, do you retain rights of recourse against the manufacturers? Yes No

Please give full details and percentage of total turnover of products that are:	(i) manufactured/supplied to own design/specification/formulation	%
	(ii) manufactured/supplied to a design/specification/formulation laid down by a customer	%

Do you have a separate design team? Yes No

Describe extent and type of tests and checks undertaken before Product goes into production.

Is your Company in compliance with all applicable government regulations? Yes No

If No, please provides details.

Does your Company have a written quality control programme? Yes No

If Yes, please advise date last updated:

Does your Company have a formal product recall procedure in place? Yes No

If Yes, please advise date last updated:

Does your Company follow Good Manufacturing Practice (GMP)? Yes No

Does your Company maintain a written record of incident reports and/or complaints? Yes No

If Yes, who is responsible for recording and handling complaints?

INSURANCE HISTORY

Has any Insurer ever:

(i) Declined your proposal for insurance? Yes No

(ii) Refused your renewal of any insurance policy? Yes No

(iii) Terminated your Insurance? Yes No

Has your Company ever had a written demand or civil proceeding for damages made against them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If Yes, please supply details as follows:

Date	Policy Type	Brief Details of Incident whether or not an insurance claim has been made	Paid Amount	Insurers Outstanding Reserve

Are you aware of any circumstances that might give rise to a claim?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

If Yes, please provide details:

Is your Company currently Insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------	--

If Yes, please provide details of current insurance placements:

Policy	Insurer	Period of Insurance	Limit of Indemnity	Premium
General Liability				
Products Liability				
Clinical Trials				
Errors and Omissions				

If any of the above policies are currently placed on a "Claims Made" basis, please advise Retroactive Dates applied:

NOTICE CONCERNING PERSONAL INFORMATION

By soliciting insurance from South Western Insurance Group Limited, you agree and provide consent that your personal information, including that previously collected, will be collected, processed, used, communicated, transferred and retained for the following purposes:

- the communication with underwriters;
 - the evaluation of claims;
 - the analysis of business results;
 - the underwriting of policies;
 - the detection and prevention of fraud;
 - purposes required or authorized by law.
- In accordance with SWG's privacy policy available at the bottom of this application and as per our website: <https://swgins.com/page/privacy.html>

You can exercise your right to access your personal information in our possession, to have it rectified or to withdraw your consent by contacting us at PrivacyOfficer@swgins.com. Should you exercise your right to withdraw your consent to the communication or use of the information collected required to provide certain products or services, this would prevent South Western Insurance Group from being able to provide such products or services. Further information about South Western Insurance Group Limited personal information protection policy may be obtained by contacting our privacy officer at 416-620-6604.

WARRANTY STATEMENT

The undersigned warrants that to the best of his or her knowledge, the statements set forth in this Application are true. In the event that there is any material change in the answers given to the questions contained in this application prior to the inception of the policy, the applicant must notify the underwriters in writing and the underwriters may revoke, or effect changes to, the quotation provided. Signing of the proposal does not bind the undersigned to complete the insurance but it is agreed that this form, and any additional information/document provided in support thereof by the client and/or broker, shall be the basis of the contract should a policy be issued.

NEW BRUNSWICK RESIDENTS ONLY:

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

SIGNATURE

Signature:		Date (mm/dd/yyyy):	
	(Authorized Representative)		
Name (please print):		Title/Position:	



Privacy Policy

South Western Insurance Group Limited is committed to protecting the privacy and the confidentiality of our brokers and their Insured's personal information. In order to comply with privacy legislation, we have developed this Privacy Policy. Any personally identifiable information about an Insured is considered personal information and will be treated in accordance with this Privacy Policy.

IDENTIFIED PURPOSES

South Western Group only collects, uses and discloses Personal Information for the following purposes:

- Offering and providing insurance and related products and services;
- Verifying the identity and the accuracy of personal information with government agencies, industry associations, or other Insurers;
- Analyzing, assessing and underwriting risks on a prudent basis;
- Investigating and paying claims;
- Detecting and preventing fraud or other illegal activities;
- Compiling statistics;
- Complying with the laws or the requests of law enforcement agencies or regulators.

In this Privacy Policy, the above list of Identified Purposes will be referred to as the 'Identified Purposes'.

THIRD PARTY DISCLOSURE

South Western Insurance Group may share information about you with third party companies, permitted by law. Such disclosures may include those that South Western feels are required to provide customer service, prevent fraud, perform research or comply with the law. Recipients may include South Western's family of insurance service companies, claims representatives, service providers, consumer reporting agencies, insurance agents and brokers, law enforcement, courts and government agencies. These parties may disclose the information to others as permitted by law.

PRIVILEGE & CONFIDENTIALITY NOTICE – Electronic Messages

Electronic mail or faxes and any files transmitted with them are confidential and may be privileged and are intended solely for the use of the individual or entity to whom they are addressed. If you have received this e-mail in error, please notify the sender immediately.

CONSENT

South Western Group relies on the following actions by our Brokers and Companies as indication of their consent from an Insured to our existing and future Personal Information practices:

- The Broker has voluntarily requested personal information from an Insured for the purpose of acquiring an insurance contract or related service or product;
- The Broker has the Insured's express consent or acknowledgement contained within a written, verbal or electronic application process;
- The Insured's consent solicited by our Companies or our Brokers is for a specified purpose;
- The Broker must provide the Insured with a copy of their privacy policy and must inform South Western Group of any withdrawal of this consent by an Insured;
- The Broker may obtain the Insured's consent through the Insured's authorized representative such as a legal guardian, agent or holder of a power of attorney.

If an Insured refuses to provide the Broker with certain Personal Information or withdraws their consent South Western Group may be unable to provide insurance coverage.

LIMITING COLLECTION AND RETENTION OF PERSONAL INFORMATION

South Western Insurance Group will only collect, use or disclose personal information that is necessary for the Identified Purposes or as required by law. We will retain personal information only as long as necessary for the fulfillment of the Identified Purposes. South Western may store certain data in jurisdictions outside of Canada and may share information with third party companies that are located outside of Canada.

ACCURACY

South Western Group requests our brokers to maintain the Insured's Personal Information as accurate, complete, and up-to-date as is necessary for the Identified Purposes.

SAFEGUARDS

South Western Group will protect the Insured's Personal Information by security safeguards appropriate to the sensitivity of the information. Safeguards will vary depending on the sensitivity, format, location and storage of the Personal Information.

ACCOUNTABILITY, OPENNESS AND ACCESS

South Western Group is responsible for all Personal Information under its control and has designated a Privacy Officer who is accountable to Senior Management for South Western's compliance with the Privacy Policy.

You may contact our Privacy Officer at PrivacyOfficer@swgins.com.

CHALLENGING COMPLIANCE

If any Broker is not satisfied with South Western's response to a privacy related inquiry or complaint, they may contact the Office of the Privacy Commissioner of Canada during business hours at [1-800-282-1376](tel:1-800-282-1376) or at www.privcom.gc.ca.

Please refer to the updated comprehensive version of privacy policy on our website: <https://swgins.com/page/privacy.html>