

Clinical Trials No Fault Compensation Proposal

IMPORTANT NOTICE (This notice must be read prior to completing this proposal)

Your Duty of Disclosure

Before you enter into a contact of insurance with the Underwriters you have a duty, under the Insurance Contracts Act 1984, to disclose to the Underwriters every matter that is known to you or you could reasonably be expected to know to be a matter relevant to the Underwriters' decision of whether to accept the risk and, if so, on what terms.

You have the same duty to disclose those matters to the Underwriters before you renew, extend, vary or reinstate a contract of insurance.

Your duty does, however, not require disclosure of a matter:

- that diminishes the risk to be underwritten by the Underwriters;
- that is common knowledge;
- that the Underwriters know or, in the ordinary course of business as an Underwriter, ought to know; or
- as to which compliance with the duty is waived by the Underwriters.

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (for example, claims, whether founded or unfounded), is of the utmost importance with this type of insurance. If you do not understand any part of this Proposal Form you should seek advice from your insurance broker/professional insurance adviser, as you will be bound by your answers and any information you provide.

Non-Disclosure

If you fail to comply with your duty of disclosure, the Underwriters may be entitled to reduce its liability under the contract of insurance in respect of a claim. If your non-disclosure is fraudulent, the Underwriters may also have the option of avoiding the contract from its beginning.

Claims Made & Notified Insurance

This insurance is written on a "claims made and notified" basis. This means that the insurer indemnifies you for Claims (as defined) that are made against you during the period of insurance and notified to the Insurer during the period of insurance. The policy does not provide cover for any claims made against you during the period of insurance if at any time prior to commencement of the period of insurance you became aware of facts which might give rise to those Claims being made against you, or for any claims made against you arising from any Occurrence happening prior to the Retroactive Date.

Section 40(3) of the Insurance Contracts Act 1984 provides that where you gave notice in writing to the insurer of any facts that might give rise to a Claim against you as soon as reasonably practical after you become aware of those facts, but before the expiry of the period of insurance, the insurer cannot refuse to pay a Claim which arises out of those facts, when made, because it was made after the period of insurance had expired.

Subrogation

In the event you prejudice the Underwriters' rights to recover a loss from another party, this may exclude or limit the Underwriters' liability in respect of that loss.

Change in Risk or Circumstances

You should advise the Underwriters as soon as practicable of any material change in your business activities (as disclosed in the Proposal Form).

Privacy

New privacy legislation took effect on 21 December 2001. The legislation regulates the way private sector organisations can collect, use, keep, secure and disclose personal information. We have developed a Privacy Policy that explains what sort or personal information we hold about you and what we do with that information. Please refer to our website for a copy of our Privacy Policy; http://www.newlinegroup.com.au/privacy-policy.htm

IF MORE SPACE IS REQUIRED TO ANSWER A QUESTION COMPLETELY, PLEASE COMPLETE ON A SEPARATE PAGE AND SUBMIT WITH THIS PROPOSAL FORM.



		propriate box. New Business Renewal								
Full Name(s) of all companies or parties to be insured:										
Address	of Registere	ed Office:								
Full Des	cription of B	dusiness:								
Date Est	ablished:									
Data Fire	ct Common	ted Conducting Clinical Trials:								
Date Fir	st commend	Lea Conducting Clinical Trials:								
1.	Are all tr a)	ials conducted in full accordance with: National Health and Medical Research Council (NHMRC) guidelines requirements with protocols approved by a constituted independent	□ YES	□ NO						
	b)	Ethics Committee? Royal Australian College of Physicians recommendations?	☐ YES	□NO						
	c)	Applicable Government Department, Medical Body Pharmaceutical Industry Body Guidelines including Medicines Australia?	☐ YES	□ NO						
	d)	Department of Health and Ageing Therapeutic Goods Administration 'The Australian Clinical Trial Handbook' on Good Clinical Practice (GCP)?	☐ YES	□ NO						
	e)	I.C.H. Guidelines?	☐ YES	□ NO						
	f)	Do all First-In-Human studies follow the 2006 Guidelines to improve conduct of early stage clinical trials?	☐ YES	□ NO						
2.		the details of any incidents during the last 5 years that resulted in any Serious Adverse Event (SAE), Serious Adverse Drug Reaction (SADR) to patients of sation against you:	or volunteers, and	any other circumstances which might or have given rise to a claim of						
	When co Contract Human F Independ	NOTE THE FOLLOWING IMPORTANT INFORMATION: Impleting and providing information in relation to your Clinical Trials the following definitions are intended: Research Organisation (CRO) - Management of the services delegated to them by sponsor companies and principal investigators Research Ethics Committees (HRECs). Involvement as HREC dent Reviewer tional only								

Principal Investigator(s) in terms of GCP and TGA regulatory requirements. Includes members of the hospital or research site staff who conduct the trials and co-ordinate administrative and clinical work associated with the research

Sponsor - responsible for the CT design, initiation, management, protocol development and review. Endorses the Clinical Trial Notification (CTN) or Clinical Trial Exemption (CTX) schemes

Trial Host -Research facilities being used to host trial only

For each Clinical Trial please attached a copy of the following documentation:

- (a) Protocol
- (b) Volunteer Consent Form (if applicable)

Staff assisting with Principal Investigation

(c) Any agreement/contract with other parties (if applicable)



3. PLANNED CLINICAL TRIALS

PLANNED CLINI								
Expected Commencement Date	(Est) Completion Date	Insured's Involvement In Trial	Study Protocol Title	First-In-Human Trial? If YES, please attach details of pre-clinical	No. of subjects	Is the clinical trial conducted in Australia? If Yes, which State(s)? If No, which	Details of any additional Insured parties required to be covered by this Policy	Provide details of any other Insurance that provides cover for this Clinical Trial
				testing results		Countries?		



4. ONGOING CLINICAL TRIALS

ONGOING CLIN								_
Expected Commencement Date	(Est) Completion Date	Insured's Involvement In Trial	Study Protocol Title	First-In-Human Trial? If YES, please attach details of pre-clinical	No. of subjects	Is the clinical trial conducted in Australia? If Yes, which State(s)? If No, which	Details of any additional Insured parties required to be covered by this Policy	Provide details of any other Insurance that provides cover for this Clinical Trial
				testing results		Countries?		



5. COMPLETED CLINICAL TRIALS

COMPLETED CL									
Expected Commencement Date	Completion Date	Insured's Involvement In Trial	Study Protocol Title	First-In-Human Trial? If YES, please attach details of pre-clinical testing results	No. of subjects	No. of sites	Is the clinical trial conducted in Australia? If Yes, which State(s)? If No, which Countries?	Details of any additional Insured parties required to be covered by this Policy	Provide details of any other Insurance that provides cover for this Clinical Trial



6.	STAFF INVOLVEMENT IN THIRD PARTY CLINICAL TRIALS									
	Expected Commencement Date	Completion Date	Insured's Involvement In Trial	Study Protocol Title	Phase	First-In-Human Trial? If YES, please attach details of pre-clinical testing results	No. of subjects	No. of sites	Is the clinical trial conducted in Australia? If Yes, which State(s)? If No, which Countries?	Are your Employees covered under any other Insurance that provides cover for this Clinical Trial? Please provide details.
7.			s cover required	in respect of Extended Discovery Period beyond the date	es stipu		☐ YES ☐ NO			
8.	a)		current Insurer(s)? nsured, please stat							
	b)	What is the ren	ewal deate of you	current Insurance policy covering Clinical Trials?						
	c)	If placed on a C	laims Made basis,	what retroactive date is currently applied to the policy?						
	d)	Please tick the I	Limit(s) of Indemni	ty for which a quotation is required or local currency equivale	ent.					AUD\$ 5,000,000 AUD\$ 10,000,000 AUD\$ 20,000,000
I/ we decla	re that to the be	est of my/our kno	owledge and belief	f, the above statements are true and complete and will form	part of	the contract b	etween n	ne/us and	I the Underwriters	s.
Name:										
Position:										
Date:										
Signature:										