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Commercial General Liability Application

BIOMEDICAL AND LIFE SCIENCE APPLICATION – PHARMACEUTICAL AND BIOTECHNOLOGY

1. Please answer all questions. If any section does not apply, please indicate with "Not Applicable" OR "None".
2. If there is insufficient space to complete your answer for a particular question please use and attach as many additional pages as required to include any supplementary information.

APPLICATION FORMS PART OF THE POLICY

The Applicant(s) submission of this application including any additional information does not obligate the Applicant to buy insurance nor are we obligated to sell or offer insurance upon any specific terms requested. If insurance is effected, this application, including any additional information provided, all will attach to and form part of the policy that is issued.

Completion of this form does not bind coverage. Applicant's written acceptance of an insurance company's quotation and company's written agreement to be bound are required to bind coverage and issue policy.

General Information

Name Insured (as it should appear on the policy):

_____

Location Address: _____ City: _____ Province: _____ Postal Code: _____

Mailing Address (if different from above):
Address: _____ City: _____ Province: _____ Postal Code: _____

Contact Information: Phone: _____ Fax: _____ Cell: _____ Website: _____

Company Information

Years Established: _____

Have you acquired any companies within the last 5 years? ☐ Yes ☐ No

If Yes, please provide details:

_____
_____
_____

Please list all subsidiary companies for whom cover is required.
(Cover will not be provided for subsidiaries unless listed and agreed upon by us)

_____
_____
_____

Are you a subsidiary of another company? ☐ Yes ☐ No

If Yes, please provide details:

_____
_____

Have you every operated under another name? ☐ Yes ☐ No

If Yes, please provide details:

_____

Describe your business activities

_____
_____
_____

Please provide a breakdown of your gross revenue by country (DOLLAR AMOUNT):

Country		Previous 12 Months	Anticipated for the next 12 Months
Canada			
United States			
Other: (please list)			

Please provide a breakdown of your business activities:

Business Activity	**% of Total Revenue**
Manufacture/sale of proprietary products	_____
Contract manufacture (for others)	_____
Wholesale distribution	_____
Retail	_____
Research (for others)	_____
Other (please specify): _____	_____

Please list your 3 largest customers:

Customer	Size of Contract	Length of Contract	Type of Product/Service

Product Information

1. Please provide a breakdown of you Products:

Product	**% of Total Revenue**
Controlled Drugs	_____
Hormones/Steroids	_____
Vaccines	_____
Prescriptions	_____
Over the Counter	_____
Vitamins/Food Supplements	_____
Weight Management/Diet Aids	_____
Holistic Medicines	_____
Other (please specify): _____	_____

2. a) Do any of your past or present products contain any of the following Specified Products or Specified Product Categories (including any derivative thereof): ☐ Yes ☐ No

Specific products

- Alosetron
- Amenorone forte
- Aprotinin
- Botulinium Toxin
- Bupropion
- Cisapride
- Clopidogrel
- Cox-2-inhibitor products (e.g. Rofecoxib, Valdecoxib, Celecoxib)
- Dabigatran
- Dextropropoxphene and/or Propoxyphene
- Di-(2-ethylhexyl)phthalate (DEHP)
- Diethylstilbestrol (DES) or Stilbestrol
- Ephedra or Ephedrine or Ephedrine derivatives
- Fenfluramine or Dexfenfluramine
- Finasteride
- Flupirtine
- Gadolinium-containing contrast agents
- Germander
- Germanium
- Glyburide
- Hydroquinone
- Hydroxyethyl starch (HES) solutions for infusion
- Isotretinoin
- Kava-Kava
- L-tryptophan (only when used for or as part of a physically ingestible product)
- Meprobamate
- Mercury
- Metoclopramide
- Mibefradil
- Methylphenidate
- Olmesartan
- Orlistat
- Phentermine
- Phenylpropanolamine
- Primodos
- Tetrazepam
- Thalidomide
- Thiazolidindiones (e.g. Rosiglitazone, Pioglitazone)
- Thimerosal
- Trovafloxacin
- Valproic Acid or Socium Valproate
- Varenicline

Specified product categories

- Anticonvulsants, Antiepileptics
- Antidepressants
- Attention Deficit Hyperactivity Disorder (ADHD) drugs (e.g. Methylphenidate, Amphetamine)
- Atypical Antipsychotics (e.g. Clozapine, Olanzapine, Risperidone, Quetiapine)
- Birth control or Fertility Products
- Bisphosphonates (e.g. Alendronate, Risedronate)
- Bodybuilding Supplements
- Blood Products
- Controlled drugs
- Diazepines, Oxazepines or Thiazepines
- Dopamine Agonists (e.g. Apomorphine, Pramipexole, Ropinirole, Rotigotine, Pergolide)
- Fibrate Products
- Gliptins (e.g. Sitagliptin, Vildagliptin, Alogliptin)
- HIV/AIDS, TSE or Viral Hepatitis
- HMG CoA Reductase inhibitor products
- Hormone Replacement Therapy products (HRT)
- Hydroxyquinoline derivative products
- Hormone Replacement Products
- Impotence products (e.g. Sildenafil, Vardenafil)
- Incretin Mimetics (e.g. Exenatide, Liraglutide)
- "Lifestyle" drugs (i.e. non life threatening/non painful conditions), e.g. baldness, wrinkles, sexual performance
- Nanotechnology
- Non therapeutic cosmetics
- Products specifically designed for pregnant women
- Products used for weight management (e.g. Orlistat, Sibutramine, Rimonabant)
- Prohibited or restricted herbal ingredient (as defined by Health Canada or local equivalent)
- Retinoids (e.g. Isotretinoin, Tretinoin)
- Selective Serotonin Reuptake Inhibitor (SSRI)
- Serotonin and Noepinephrine Reuptake Inhibitor (SNRI) products
- Sports Supplements (performance enhancements)
- Stem Cells (Embryonic)
- Unapproved goods or products
- Vaccines

b) If you answered Yes to question 2. a), please provide full details including dates, source, where sold and sales generated:

3. Are all of your products approved for their intended purpose by the relevant regulatory body in the territory in which they are to be distributed? ☐ Yes ☐ No

   If No, please provide details: _____

4. Have any of your products been subjected to an unexpected or unintended serious side effect or adverse drug reaction? ☐ Yes ☐ No

   If Yes, please provide details: _____

5. Do you contract out product development, manufacturing, sales or distribution services? ☐ Yes ☐ No

   If Yes, please provide details: _____

6. Are any of your products sold under other's labels or as components of other's products? ☐ Yes ☐ No

   If Yes, please provide details: _____

7. Are any of your product ingredients imported? ☐ Yes ☐ No

   If Yes, please provide details: _____

8. Are any of your products required to be sold sterile? ☐ Yes ☐ No

   If Yes, please indicate if your company or a third party (please identify) sterilizes the product:

   _____

9. Do you sell your products or services via the internet? ☐ Yes ☐ No

   If Yes, has the website content been reviewed by legal counsel?

   _____

10. Does your Company plan to introduce any new products or services within the next 12 months? ☐ Yes ☐ No

    If Yes, please provide details: _____

Regulatory and Compliance Information

1. To the best of your knowledge are you currently in compliance with all applicable government regulations? ☐ Yes ☐ No

   If No, please explain: _____

   _____

2. Have any of your products been subjected to an inquiry or been investigated by any regulatory authority? ☐ Yes ☐ No

   If Yes, please provide details: _____

   _____

3. Have any of your products been recalled, withdrawn or discontinued due to a safety or performance reason; initiated by you or a regulatory authority? ☐ Yes ☐ No

   If Yes, please provide details: _____

   _____

4. Have all your manufacturing locations been inspected by the relevant regulatory authority? ☐ Yes ☐ No

   If Yes, please provide details: _____

   _____

5. Has your manufacturing license ever been withdrawn? ☐ Yes ☐ No

   If Yes, please provide details: _____

   _____

Risk Management Information

1. Do you have a formal quality control program in place? ☐ Yes ☐ No

   If Yes, when was it last updated? _____

2. Do you have a formal recall plan in place? ☐ Yes ☐ No

   If Yes, when was it last updated? _____

3. Do you have a system for documenting incident reports and/or complaints? ☐ Yes ☐ No

   a) Who is responsible for recording and handling complaints?

   _____

   b) How long are records retained?

   _____

4. Do you maintain samples of your products? ☐ Yes ☐ No

   If Yes, how long are they retained? _____

5. Do you follow Good Manufacturing Practices (GMP)? ☐ Yes ☐ No
6. Are you ISO registered? ☐ Yes ☐ No
7. Are all contacts reviewed by legal counsel concerning the following:

   a) Contractual Liability ☐ Yes ☐ No
   b) Product Labeling ☐ Yes ☐ No
   c) Package Inserts ☐ Yes ☐ No
   d) Product Guarantees ☐ Yes ☐ No
   e) Promotional Materials ☐ Yes ☐ No
   f) Copyright ☐ Yes ☐ No
   g) Trademark ☐ Yes ☐ No
   h) Registered Design ☐ Yes ☐ No

8. For all products which you are a distributor:

   a) Do you receive a certificate of products liability insurance for the manufacturer? ☐ Yes ☐ No
   b) Are you added to the manufacturer's policy as an additional insured? ☐ Yes ☐ No
   c) Do you retain right of recourse against the manufacturer? ☐ Yes ☐ No

9. Do you require certificates of insurance from all suppliers and sub-contractors? ☐ Yes ☐ No

   If No, explain: _____

Premises Information

1. Do you store any hazardous substances on your premises? ☐ Yes ☐ No
   a) If Yes, are you in compliance with all applicable laws regarding hazardous materials handling and disposal? ☐ Yes ☐ No

   b) Have you ever had a biohazard release? ☐ Yes ☐ No

2. Do you have any live viruses on your premises? ☐ Yes ☐ No
   If Yes:
   a) Identify the viruses: _____

   b) How are they contained? _____

3. Do you have any laboratory animals on your premises? ☐ Yes ☐ No
   If Yes:
   a) Identify type of animal(s): _____
   b) Number of animals: _____
   c) Their intended purpose: _____

Clinical Trial (complete only if coverage is required)

Please attach the following for each clinical trial to be covered:

- Protocol (if final version is not available please submit Draft or Synopsis)
- Informed Consent Form

1. Do you conduct Phase 1 and/or Planned Emergency Use Trials? ☐ Yes ☐ No
2. Do you require cover for a research subject who is:
   a) Pregnant at the time of or during the course of the clinical trial or pre-trial assessment ☐ Yes ☐ No
   b) Under the age of 18 years at the time of the clinical trial or pre-trial assessment ☐ Yes ☐ No
   c) Incapable of giving their legal consent to participate in the clinical trial ☐ Yes ☐ No
   d) A prisoner ☐ Yes ☐ No
   e) An employee of yours or of the investigator ☐ Yes ☐ No

3. Please provide details of trials performed in the last 12 months:

Date Commenced	Date Completed	Protocol Number	Phase	Indication	No. of Subjects	Country

4. Please provide details of active & anticipated trials for the next 12 months

Date Commenced	Date Completed	Protocol Number	Phase	Indication	No. of Subjects		Country
					Estimated	Enrolled	

5. Are all of your trials approved by the appropriate regulatory authorities? ☐ Yes ☐ No
6. Are all trial subjects required to sign an informed consent form? ☐ Yes ☐ No

7. Do you require all informed consent documents be readable at a Grade 8 level or below? ☐ Yes ☐ No
8. Have you discontinued any clinical trial over concerns about the potential health risks to trial subjects? ☐ Yes ☐ No

   If Yes, please provide details: _____

   _____

9. Have any of your clinical trials been suspended or cancelled by Health Canada or equivalent local authority? ☐ Yes ☐ No

   If Yes, please provide details: _____

   _____

10. Do any of your researchers own more than 15% stock in the Company? ☐ Yes ☐ No

Coverage Requirements

What type of coverage and limit of liability are you seeking?

Type of Coverage	Limit of Liability
General Liability:	_____
Products Liability:	_____
Clinical Trial Liability:	_____
Errors & Omissions Liability:	_____
Other, please specify: _____	_____

Loss Information

1. Has your Company ever had a written demand or civil proceeding for damage made against them? ☐ Yes ☐ No

   If Yes, please provide the following details on a separate sheet:

   - Date of claim
   - Claimant's name
   - Nature of claim
   - Amount of indemnity payment and amount of defense costs
   - Final dispositions or current status of claim

2. Are you aware of any circumstances that might give risk to a claim? ☐ Yes ☐ No

   If Yes, please provide details:

   _____

   _____

   _____

Insurance History

1. Is your Company currently insured? ☐ Yes ☐ No

   If Yes, please complete the table below for the past 3 years:

Insurance Company	Policy Period	Limit of Liability	Deductible	Retroactive Date	Coverage Type	Premium

2. Has any insurance company ever:

   a) Declined you application for insurance ☐ Yes ☐ No

   b) Refused to renew any insurance policy? ☐ Yes ☐ No

   c) Cancelled any insurance policy? ☐ Yes ☐ No

Please include the following with the application:

- Current product list
- Advertisements, brochures, descriptive literature
- Sample Service Contacts & Indemnification Agreements
- Clinical Trial Protocols and Patient Informed Consent Forms (if applicable)
- Senior staff curriculum vitae

The completion and submission of this application to the Company does not constitute a promise to provide coverage or a binder of insurance.

Section 10 – Warranty Statement and Signature

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE TRUTH OF THE STATEMENTS CONTAINED HEREIN.

IF THE INFORMATION PROVIDED IN THIS APPLICATION SHOULD CHANGE BETWEEN THE DATE OF THE APPLICATION AND THE EFFECTIVE DATE OF THE POLICY, THE UNDERSIGNED WARRANTS THEY WILL IMMEDIATELY REPORT SUCH CHANGES TO THE INSURER.

THE COMPLETION AND SIGNING OF THIS APPLICATION DOES NOT BIND THE UNDERSIGNED TO PURCHASE THIS INSURANCE, NOR DOES IT BIND THE INSURER TO COMPLETE THIS INSURANCE. HOWEVER, SHOULD THE INSURER BIND AND ISSUE A POLICY, THIS APPLICATION SHALL SERVE AS THE BASIS OF SUCH CONTRACT AND WILL BE ATTACHED TO AND FORM PART OF THE POLICY.

I AUTHORISE YOU TO COLLECT, USE AND DISCLOSE PERSONAL INFORMATION AS PERMITTED BY LAW, IN CONNECTION WITH YOUR COMMERCIAL INSURANCE POLICY OR A RENEWAL, EXTENSION OR VARIATION THEREOF, FOR THE PURPOSES NECESSARY TO ASSESS THE RISK, INVESTIGATE AND SETTLE CLAIMS, AND DETECT AND PREVENT FRAUD, SUCH AS CREDIT INFORMATIO, AND CLAIMS HISTORY.

Applicant's Name (printed): _____ Applicant's Signature: _____

Date: _____

Submitted By: _____

Email: _____