



# NITOL INSURANCE COMPANY LIMITED

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## PROPOSAL FORM FOR CLINICAL TRIALS AND/OR HUMAN VOLUNTEERS STUDIES INSURANCE

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### PRIMARY PROPOSAL

#### A. NOTICE TO THE PROPOSED INSURED

##### 1. Disclosure of Relevant Facts

This is your Proposal for insurance. It will be the basis of any subsequent insurance policy that **Nitol Insurance Company Limited** may issue to you. You are obliged to provide **Nitol Insurance Company Limited** with a full and frank disclosure of any and all facts that may be material to **Nitol Insurance Company Limited**'s decision to grant a policy or the terms upon which it should be granted. It is therefore important that on behalf of all proposed insured you answer fully and accurately all of the questions contained in this Proposal, that you provide **Nitol Insurance Company Limited** with any and all information that may be relevant, and you inform **Nitol Insurance Company Limited** in writing if there is a change in the information provided in this proposal or otherwise between now and the date the Policy is granted.

Your failure to comply with the obligation may result in the rejection of a claim and/or the avoidance of the Policy. If you are in any doubt about the information to be given, please seek the advice and guidance of your insurance advisor or agent. If there is insufficient space in this Proposal for you to provide relevant information, whether as requested or otherwise, please attach a separate sheet to this Proposal and return it to **Nitol Insurance Company Limited**.

**Nitol Insurance Company Limited** is under no obligation to accept any Proposal for insurance. If **Nitol Insurance Company Limited** accepts a Proposal for insurance, it shall be subject to the policy terms, conditions and exclusions.

Name of the Intermediary:

Intermediary Code:

## 2. Claims Made Policy

This Proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the Period of Insurance.

### B. DETAILS OF APPLICANT

#### IMPORTANT

- Please answer ALL questions fully. If there is insufficient space, please provide details on your letterhead.
- Where provided, tick (ü) appropriate box to indicate answer.
- The Applicant will be referred to in this Proposal as "You" or "Your".

1. Full Name of all entities to be insured :

2. Principal Address :

3. Address (es) of branch offices or other locations :

4. Description of Business :

5. Date on which the Business was Established :

6. Please supply the following details:  
Is the trial conducted in full accordance with?

a. The requirements under the applicable statutes, Rules and regulations (Specify statutes) and with Protocols approved by an independent Ethics Committee? YES  NO

b. Applicable Government Department or Medical Body or Pharmaceutical Industry Body Guidelines? YES  NO

c. Central Drug Regulator Guidelines on Good Practice? YES  NO

d. I.C.H. Guidelines (when applicable)? YES  NO

7. Are all trials conduct in Bangladesh? YES  NO

8. Give details of incidents during the last 5 years resulting in death, injury, disease, or illness (physical or mental) to Research Subjects and any circumstances which might give rise to a claim of compensation against you.

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9. **Please attach a copy of:**

- a. Protocol (or summary thereof) or Ethics Committee submission
- b. Research Subject information (if not incorporated into the protocol)
- c. Research Subject consent form (if not incorporated into the protocol)
- d. Any agreement/contract with other parties (if applicable)

10. Summary of Trials **performed** in the **last 12 months:**

<b>Date Commenced/ Finished</b>	<b>Trial/ Title/ Description</b>	<b>Phase</b>	<b>No. of Research Subjects</b>	<b>Country</b>

11. Summary of Trials **planned** for the **next 12 months:**

<b>Date Commenced/ Finished</b>	<b>Trial/ Title/ Description</b>	<b>Phase</b>	<b>No. of Research Subjects</b>	<b>Country</b>

If Trials overlap period, please include in both tables allocating the appropriate number of Research Subjects to each timescale.

Please indicate Limit(s) of Indemnity for which a quotation is required or local currency equivalent

- BDT
- BDT
- BDT
- BDT
- BDT

### **C. DECLARATION**

I/We the undersigned authorised **Insured**, after enquiry declare as follows:

1. I am / We are authorised by each of the other Applicants to make this Proposal.
2. I/We have read and understood the Notice to the Proposed Insured on the front of this Proposal.
3. I/We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/We understand that, up until a contract of insurance is entered, I/We are under a continuing obligation to immediately inform **Nitol Insurance Company Limited** of any change in the particulars or statements contained in this Proposal or in the accompanying documents.
5. I/We hereby declare and warrant on my behalf and on behalf of all those to be insured and after enquiry that to the best of my knowledge and belief that the answers given above are complete and accurate in all respects and that I have not withheld any information material to this Proposal. I agree that this proposal, the declarations and accompanying documents or papers and any information provided hereafter shall form the basis of the contract proposed with **Nitol Insurance Company Limited**.

**Name of Applicant:**

**Signed:**

**Partner, Principal or Director:**

Date: