



Trinity Underwriting Managers Ltd.
121 King Street West
Toronto, Ontario, M5H 3T9
Canada
T: (416) 363-3431
F: (416) 362-0278
info@trinityunderwriting.ca
www.trinityunderwriting.ca

CLINICAL TRIAL SUPPLEMENTAL QUESTIONNAIRE

APPLICATION FORM

INSTRUCTIONS

- Please complete all questions. If a question is not applicable please answer "N/A".
- If additional space is required for any response, please continue your response in the ADDITIONAL INFORMATION section at the back of this Application Form.
- Please make certain the application is currently dated and signed by a principal, partner or director of the company and should make all the necessary enquiries of their fellow partners, directors and employees to enable all the questions to be answered.

Coverage:	Limit Required	Deductible Required:
Products Liability	CAD \$	CAD \$
Clinical Trials Testing	CAD \$	CAD \$

Policy Effective Date:

SECTION 1: COMPANY DETAILS

1.1 Please provide the following details:

Applicant: _____

Address: _____

City / Prov. / Post Code: _____

Additional Names/ Locations: _____

SECTION 2: CLINICAL TRIALS

2.1 Are all clinical trials in accordance with:

- a. The appropriate government authorities
- b. Ethics Committee approval
- c. I.C.H. guidelines

☐ Yes ☐ No

2.2 Does your company contract out any clinical trials?

☐ Yes ☐ No

a. If yes, who and for what services:

2.3 Does your company have direct patient contact?

☐ Yes ☐ No

2.4 Does your company find its own subjects?

☐ Yes ☐ No

a. If outsourced, please provide source:

2.5 Please provide the detail of Clinical Trials conducted in the PREVIOUS 12 months:

Date Commenced	Date Completed	Study In Full	Phase	# of Subjects		Territory if NOT in Canada
				Est.	Enrolled to date	

2.6 Please provide the detail of Clinical Trials conducted in the NEXT 12 months:

Date Commenced	Date Completed	Study In Full	Phase	# of Subjects		Territory if NOT in Canada
				Est.	Enrolled to date	

2.7 Are all participants required to sign an informed consent and exculpatory agreement?

☐ Yes ☐ No

a. If no, please explain:

2.8 Do any of the Applicant's employees provide direct medical services to patients during clinical trials?

☐ Yes ☐ No

a. If Yes, please describe the provided services:

2.9 Does your company have live viruses on its premises?

☐ Yes ☐ No

a. If Yes, please describe which and for what purposes:

SECTION 3: DECLARATION

I declare that after full enquiry the information provided in this application form is true and complete that I have not misstated or suppressed any material fact.

- I agree that this Application Form, together with any other material information supplied by me shall form the basis this contract of insurance.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the inception of the policy.

Signed: _____

Full Name: _____

Position held: _____

Date: _____

In order to utilize the Submit button to directly submit your application, please **download** the application first.

SECTION 4: ADDITIONAL INFORMATION

ADDITIONAL INFORMATION: