

Clinical Trial Insurance - Proposal Form

The liability of the Company does not commence until the acceptance of the proposal has been formally intimated to the insured and full premium has been realized by the Company

Sponsor Details

Sponsor Name	
Sponsor Address	
Sponsor Type	
Ethical Committee	
Address of Ethical Committee	
Conducting Company	
Conducting Company Address	
Broker Name	
Country of Conduct	
Limit Per Trial (INR)	
Limit Any One Person (INR)	

Please provide the following for each study

Study Protocol (Final Version)	<input type="checkbox"/>
Synopsis of Study	<input type="checkbox"/>
Patient Informed Consent Form	<input type="checkbox"/>

Confidentially Statement

The information you provide with this questionnaire as well as all documents sent to us will be reviewed just for the purpose to estimate the risk involved and to provide insurance cover. Every information will be treated confidential and will not be disclosed to others without written authorization from Sponsor.

Premium Details

Amount Rs. Rupees

Sources of Fund

Salary ☐ Business ☐ Other ☐ (Please Specify)

Bank Account Details

Name of the Bank Account Holder	<input type="text"/>
Bank Account No.	<input type="text"/> Account: Savings <input type="checkbox"/> Current <input type="checkbox"/>
Name of Bank	<input type="text"/> Branch <input type="text"/>
MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)	<input type="text"/>
IFSC Code (11 character code appearing on your cheque leaf)	<input type="text"/>

I wish: ☐ Any refund due on the premium payment / any payment/claims will be directly credited to my aforesaid Bank Account.*

*As per the IRDAI, its mandatory that all payments made to the insured only through electronic mode.

Note:

- Please provide a cancelled copy of cheque of your bank account.
 - The Company will not be responsible in case of non credit or delay in processing of payout due to incomplete/incorrect information provided by the customer.
- Please ensure that you provide accurate details to the Company.

INSURED'S DECLARATION

I/we desire to effect SER Clinical Trial Insurance with HDFC ERGO General Insurance Company Limited for the limits of insurance specified above and agree that the statements contained in this application are to my/our belief complete, true and accurate representations. I/we agree that this application shall be promissory and shall be the basis of the contract between me/us and HDFC ERGO General Insurance Company Limited and agree to accept the Company's policy for insurance along with the terms and conditions prescribed by the Company. I/we understand that any misrepresentation, omission, concealment or incorrect statement of a material fact in this Proposal may render the policy void.

I/we also agree that if any additions/alterations are carried out after the submission of this application to the Company, then the same will be communicated to the Company immediately in writing.

I/we understand the terms of cover of this insurance and agree that the insurance would be effective only on acceptance of this application by the Company and the payment of the premium by me/us in advance.

Place:

Date:

Signature of the Proposer

LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN RECEIVED IN ACCORDANCE WITH THE PROVISIONS OF SECTION 64VB OF THE INSURANCE ACT, 1938

NOTICE TO APPLICANT - PLEASE READ CAREFULLY.

ANY PERSON WHO, BY ANY STATEMENT, PROMISE OR REPRESENTATION WHICH HE KNOWS TO BE FALSE, MISLEADING OR DECEPTIVE, OR BY ANY DISHONEST CONCEALMENT OF MATERIAL FACTS, OR BY THE RECKLESS MAKING (DISHONEST OR OTHERWISE) OF ANY STATEMENT, PROMISE OR REPRESENTATION WHICH IS FALSE, MISLEADING OR DECEPTIVE, INDUCES OR ATTEMPTS TO INDUCE ANOTHER PERSON TO ENTER INTO OR OFFER TO ENTER INTO ANY CONTRACT OF INSURANCE COMMITS AN OFFENCE.

Notice

The rebate of premiums shall be allowed only in accordance with the details given in the prospectus or table of premium rates [or, as the case may be, the relevant document]. An offer or acceptance of any other rebate shall be an offence under section 41 of the Act.

Section 41 of the Insurance Act: Prohibition of Rebates

- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ₹10 Lakhs.

Clinical Trial No.	
Title of Study	
Internal Number/ Study Code	
Number of Research Subjects	
Start Date of Study	
End Date of Study	
Duration of Study	
Phase	
Period Research Subject Under Drug	
API used in the study if any	
Test of Medical Devices	
Invasive Surgery	
Xenotransplantation during trial	
Risk arising out of the trial	
Cover required from	