

**Bajaj General Insurance Limited**  
 (formerly known as Bajaj Allianz General Insurance Co. Ltd.)  
 Bajaj Insurance House, 1st Floor Airport Road, Yerawada Pune 411006,  
 Reg. no. 113 CIN: U66010PN2000PLC015329

**CLINICAL TRIAL LIABILITY INSURANCE POLICY (Legal Liability)  
 PROPOSAL FORM**

**Along with the proposal form we would need the following documents**

1. Protocol Details of the studies -
2. Total No. of Patients participating in the studies. -
3. Form required- Legal Liability or No fault Compensation, IF no fault compensation then please provide Compensation agreement/basis.
4. Patient Consent Forms
5. Start date:
6. End Date:

Name of Company or Body to be insured	
Address	
Description of Business	
Date Established	

PLEASE COMPLETE THE FOLLOWING DECLARATION – Give full details if any reply is “NO”

1. Are all trials conducted in full accordance with: YES NO

- (a) Department of Health requirements with protocols approved by an independent Ethics Committee?
  - (b) Royal College of Physicians recommendations?
  - (c) Applicable Government Department or Medical Body or Pharmaceutical Industry Body guidelines?
  - (d) E.C. guidelines on Good Clinical Practice?
  - (e) I.C.H. Harmonised Tripartite Guidelines?
2. If applicable, are all rights of recourse retained against Trial Sponsors and/or Product Manufacturers?
3. Give details of serious adverse events during the last 5 years resulting in death, disease or illness (physical or mental) to research subjects, and any circumstances, which have given or might give rise to a claim against you.

4. Full description of Clinical Trials to be conducted

5. For each trial please attach a copy of:

- (a) PROTOCOL (or summary thereof) or ETHICS COMMITTEE SUBMISSION
- (b) VOLUNTEER CONSENT FORM AND/OR PATIENT INFORMATION (as appropriate)
- (c) ANY HOLD HARMLESS AGREEMENT/CONTRACT INDEMNITIES WITH OTHER PARTIES (if applicable)

6. SUMMARY OF TRIALS PERFORMED IN THE LAST 12 MONTHS:

Date Commenced	Trial Title / Description	Phase	No. Of Research Subjects	Current Status

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7. SUMMARY OF TRIALS PLANNED IN THE NEXT 12 MONTHS:

Date Commenced	Trial Title / Description	Phase	No. Of Research Subjects	Sponsor

If trials overlap period, please include in both tables allocating the appropriate number of Research Subjects to each time scale.

8. Please state Limits of Indemnity for which a quotation is required or local currency equivalent:


Per each Clinical trial Subject

Total coverage Per annum

If higher, please state

I/We declare that to the best of my/our knowledge and belief the above statements are true and complete and will form part of the contract between me/us and the Underwriters.

Payment Details						
Mode of Payment:	<input type="checkbox"/> Cheque	<input type="checkbox"/> DD	<input type="checkbox"/> Cash	<input type="checkbox"/> Others		
Cheque - Given by:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Son/Daughter	<input type="checkbox"/> Employer/Employee	<input type="checkbox"/> Financier



To support our Go Green initiative, we will send policy copy link on your registered mobile number / email id. This is a digitally signed valid document. Please tick the box, if you still want to receive physical copy of your insurance policy.

Name and position of person completing the Questionnaire

Name:

Position:

Signed:

\_\_\_\_\_

Date:

\_\_\_\_\_

**IMPORTANT:**

1. The answers to this form preferably should be typed, or alternatively completed in ink.
2. All questions must be answered. If not, no quotation will be given. The completion and signature of this form does not bind the Proposer or Underwriter to complete a contract of insurance.
3. If you have insufficient space to complete any of your answers, please continue on your headed paper and attach to this form.
4. It is your duty to disclose all material facts to Insurers. A material fact is one that is likely to influence a prudent Insurer’s judgement and acceptance of your proposal, if you are in any doubt as to whether or not certain information is material then it should be disclosed.

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**The following is the copy of section 41 of the Insurance Act 1938**

**PROHIBITION OF REBATES**

1. No person shall allow or offer to allow either directly 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 in the policy nor shall any person taking out or renewing or continuing a policy except such rebates as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakhs rupees.

DECLARATIONS – PHYSICAL PROPOSAL FORM

- Are you or any of the proposal applicants a PEP\* or a close relative of PEP\*?  
If yes, please share the details  
“Politically Exposed Persons” (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial /military officers, senior executives of state-owned corporations, important political party officials etc.”  Yes/  No
- I/we hereby give my/our consent to the Company to verify and obtain my/our identity/address proof through CERSAI records or National Securities Depository Limited Portal for the purpose of undertaking KYC verification.
- I/we hereby declare and confirm that the premium has been paid out of legally acquired sources of income and the subsequent premiums if any, will continue to be paid out of legally declared and assessed source of income.
- I/We hereby give voluntary consent to Bajaj General/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.  Yes /  No

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.

You can update the same through Caringly yours App-<http://onelink.to/v9zp7c>, WhatsApp Service (Say "Hi" on WhatsApp-+917507245858), Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS "WORRY" to 575758, Email-careforyou@bajajgeneral.com, website-<https://www.bajajgeneralinsurance.com/general-insurance.html>, contact your agent or nearest branch.