Life Science Consultants and Laboratory Services

Insurance application form

US

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.
This application is suitable for companies that primarily derive their revenue from services. Companies that primarily derive their revenue from the sale or supply of products must use our Life Science Products Application form.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

a) Company name:

b) Is the name of the company different to its trading name? ☐ Yes ☐ No

If "yes", please provide the trading name of the company:

Primary address (address, state, ZIP, country):

Website:

1.2 Date the business was established (MM/DD/YYYY):

1.3 Number of employees:

1.4 Estimate for current financial year payroll: $

1.5 Please show the details of all partners/ directors:

Name	Years in position	Years experience	Qualifications

1.6 Please confirm if you are part of a corporate or other group structure where some parts of the group are not subject to this application for insurance: ☐ Yes ☐ No

If "yes", provide details:

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1.7 Please state your gross revenue in respect of the following years:

	Last policy year	Current policy year:	New policy year
UK:	$	$	$
EUR:	$	$	$
USA:	$	$	$
Rest of World:	$	$	$

1.8 Please provide the following details of any funding you have procured:

Funding round	Date of round (MM/DD/YYYY)	Amount raised
		$
		$
		$

1.9 Please provide details for the primary contact for this insurance policy:

Contact name:		Position:	
Email address:		Telephone number:	

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Section 2: Consulting and Laboratory Activities

2.1 Please review all of the activities listed below, and provide an approximate breakdown of how your revenue is generated from your products and services:

Activity	Revenue
Regulatory consulting services	%
Medical writing	%
Validation, calibration, commissioning	%
Commercialisation & Strategy Consultant	%
Clinical trial protocol writing	%
Statistical Analysis	%
Medical device design - please list the products you have designed in the past 3 years):	
	%
Research laboratory services – please describe the nature of these services:	
	%
Batch release testing	%
Environmental testing	%
Clinical Laboratory (clinical specimen testing other than alcohol and narcotics toxicology testing)	%
Alcohol and Narcotic toxicology testing	%
Technology products and services	%
Contract/Clinical research organisation	%
Clinical site management	%
Other – please describe the nature of your activities:	%

(If you offer technology products and services please complete Section 3 Technology activities. If you do not provide technology products and services please ignore Section 3).

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2.2 Do you provide healthcare services? ☐ Yes ☐ No

If "yes", do you provide healthcare services to anyone other than research subjects taking part in clinical trials? ☐ Yes ☐ No

If "yes," please provide a short description of the services performed:

2.3 Do you provide any medical diagnosis or opinion? ☐ Yes ☐ No

Please note no cover will be provided for this activity.

2.4 Do you keep any laboratory animals at your premises? ☐ Yes ☐ No

If "yes", please indicate the type of animal, the number and the purpose.

2.5 Do you manufacture or sell any tangible products? ☐ Yes ☐ No

If "yes", please specify your position in the supply chain and include a description of the products sold:

☐ Manufacturer

☐ IP owner manufacturing outsourced to a third party

☐ Wholesaler of third party branded products

☐ Retailers of third party branded products

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Section 3: Technology Services

3.1 a) Please select which of the following most accurately captures the essence of your technology product or service;

☐ Research and Development tool ☐ Clinical Trial Management tool

☐ Laboratory workplace management ☐ Other (please specify):

b) Please describe what makes your product or service unique:

Please state what percentage of your last complete financial year and current year revenue is derived from your technology products and services: %

3.2 Please state whether you:

a) are involved with the provision of any tangible products: ☐ Yes ☐ No

If "yes", please confirm what percentage of your current year revenue this represents: (%)

b) are involved with hardware installation at third party premises: ☐ Yes ☐ No

If "yes", please confirm what percentage of your current year revenue this represents: (%)

3.3 Please state whether you provide hosting services to your clients: ☐ Yes ☐ No

If "yes", please confirm whether this is hosted:

☐ On your own infrastructure ☐ By an outsourced service provider

If outsourced to a third party, please state who is responsible for hosting and whether they are rated Tier 3 or better:

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3.4 Please describe below your procedures for managing Intellectual Property, including but not limited to your procedures for:

a) Preventing the infringement of third party intellectual property rights;

b) Obtaining licenses to use and the monitoring of third party intellectual property rights; and

c) Responding to allegations of infringement

3.5 Please state whether you have ever sent or received the following relating to intellectual property rights:

a) a cease and desist letter: ☐ Yes ☐ No

b) notifications of an actual or potential claim letter: ☐ Yes ☐ No

If you have answered "yes" to a) or b) above, please provide full details:

Section 4: Contract & Risk Management

4.1 Please complete the following in respect of your three largest projects in the past three years:

Name of client	Nature of work	Contract start date	Duration	Annual contract income to you	Overall contract value
				$	$
				$	$
				$	$

4.2 Approximately how many customers do you have?

4.3 Do you always carry out work under a written contract signed by every client? ☐ Yes ☐ No

4.4 Please describe how, if at all, you limit your liability for consequential loss or financial damages under a written contract:

4.5 Do you employ subcontractors? ☐ Yes ☐ No

If "yes", please state whether:

a) the approximate percentage of your revenue, in your current financial year, that will be paid to subcontractors (%):

b) you sign reciprocal hold harmless agreements: ☐ Yes ☐ No

c) you ensure that contractors have their own errors and omissions and general liability insurance: ☐ Yes ☐ No

If you answered "yes" to c) above what is the limit of liability that the subcontractor must purchase for:

Errors and Omissions $

General Liability $

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Section 5: Cyber Security Risk Management

5.1 Please describe the type, nature and volume of the data stored on, accessed or processed through your network, including a rough estimate of the total volume of unique individuals you hold data on:

5.2 Please describe your data back-up policy in detail, including the frequency of back-ups, the technology used, the types of back-ups, the storage method used (online or offline), how often you test the back-ups and how you protect your back-ups:

5.3 a) Please confirm whether multi-factor authentication (MFA) is always enabled for remote access to your network (include any remote desktop protocol (RDP) connections) and on all email accounts: ☐ Yes ☐ No

b) *If "no", please explain in what circumstances MFA is not used and why:*

5.4 Please describe your data purging and retention policy:

5.5 Please confirm full details on this data, including the type and nature:

5.6 Please describe your approach towards protecting sensitive and confidential information (e.g. access controls, encryption, network segmentation etc.):

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5.7 Please tick all the boxes below that relate to any cyber incident that you have experienced in the last three years (there is no need to highlight events that were successfully blocked by security measures):

☐ Cyber Crime ☐ Cyber Extortion ☐ Data Loss ☐ Denial of Service Attack

☐ Malware Infection ☐ Privacy Breach ☐ Ransomware

☐ Other (please specify):

If you ticked any of the boxes above, did the incident(s) have a direct financial impact upon your business of more than $10,000? ☐ Yes ☐ No

If "yes", please provide more information below, including details of the financial impact and measures taken to prevent the incident from ocurring again:

Section 6: Claims Experience

6.1 Please state whether you are aware of any incident:

a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form: ☐ Yes ☐ No

b) which resulted in legal action being made against any of the companies to be insured within the last 5 years: ☐ Yes ☐ No

c) or cease and desist orders made against you: ☐ Yes ☐ No

d) which resulted in any form of disciplinary action, statutory sanction or investigation for professional misconduct against you or your appointed investigators: ☐ Yes ☐ No

If "yes" to any of the above, please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved.

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Section 7: Insurance requirements

7.1 Please provide details of your current Errors & Omissions, Cyber and General Liability insurance or the cover you require if this is the first time you are applying for this type of insurance:

	Effective date (MM/YY)	Limit	Deductible	Premium	Retroactive date
Errors & Omissions		$	$	$	
Cyber		$	$	$	
General Liability		$	$	$	

Additional Information

Please use this space below to provide us with any other relevant information:

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymised elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit **www.cfcunderwriting.com/privacy**

Contact name: Position:

Signature: Date (MM/DD/YYYY):

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ALABAMA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

ARKANSAS FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA FRAUD WARNING: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA FRAUD WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS FRAUD WARNING: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEVADA FRAUD WARNING: Any person who includes any materially false or materially misleading information on an application for an insurance policy may be guilty of a crime and subject to penalties that include imprisonment, fines and denial of insurance benefits.

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO FRAUD WARNING: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD WARNING: Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement or a material fact, may be guilty of insurance fraud.

PENNSYLVANIA FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO FRAUD WARNING: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than $5,000 and not more than $10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a minimum of 2 years.

RHODE ISLAND FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

VERMONT FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WASHINGTON FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.