

Supplemental Questionnaire: **Independent Research Site**



Instructions:

1. This application must be completed in conjunction with the Pro-Praxis Clinical Research Application.
2. Answer ALL questions completely, leaving No blanks. If any questions, or part thereof, do not apply, print “N/A” in the appropriate space. Any spaces left blank will be interpreted to not apply.
3. This application must be completed, dated and signed by a Principal or Officer of your firm. Underwriters will rely on all statements made in this application.

Applicant Name: _____

SECTION 1. SERVICES

1. Please complete the chart below (or attach a separate sheet) for all of Applicant’s “active studies”. If additional space is needed, please attach a separate sheet.

IND #	Description	# of Subjects	Trial Phase

2. Do you:
 - Operate an in-patient facility? Yes No
 - If Yes, please explain: ____
 - # of beds: ____
 - Provide services to entities other than a sponsor Yes No
 - Provide services directly to a sponsor Yes No
 - Manage Trials Yes No
 - Develop trial protocol and consent forms Yes No
 - Direct patient contact services (dosing patients with study drug, drawing blood, etc.) Yes No
 - Provide quality Review (for other organizations) Yes No
 - Provide regulatory Compliance (for other organizations) Yes No
 - Provide central lab services Yes No

SECTION 3. RISK MANAGEMENT

1. Do you require a certificate of insurance evidencing product liability coverage and limits from each trial sponsor or CRO? Yes No

2. Do you asses the financial solvency of its trial sponsors? Yes No

If Yes, do you agree, pursuant to such contracts, to indemnify and hold harmless such third parties?

Yes No

3. Do you have a conflict of interest policy?

Yes No

4. Do you have a formal risk management program in place?

Yes No

5. Is Good Clinical Practice training a requirement for all clinical research personnel?

Yes No

6. Do you ever act as a trial sponsor?

Yes No

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____