

## BIOPAC PACKAGE POLICY APPLICATION

**THIS APPLICATION IS FOR A CLAIMS MADE ERRORS & OMISSIONS POLICY, AN OCCURRENCE CGL POLICY AND A PROPERTY INSURANCE POLICY.**

**FOR PURPOSES OF THE INSURANCE COMPANIES ACT (CANADA), THIS DOCUMENT WAS ISSUED IN THE COURSE OF LLOYD'S UNDERWRITERS' INSURANCE BUSINESS IN CANADA.**

**This BIOPAC application is for companies who are conducting Life Sciences Research & Development in Canada only (no product revenues or clinical trials planned within the next 12 months)**

**Please indicate below which limits are desired:**

Errors & Omissions Policy:             \$ 100,000     \$ 250,000  
Commercial General Liability Policy:  \$1,000,000     \$2,000,000     \$3,000,000     \$4,000,000     \$5,000,000  
Property Policy:                            Please complete the Property Section of the application

### GENERAL INFORMATION

1. Name of Company: \_\_\_\_\_

(Please show complete name (s) as you wish it to appear on the policy)

2. Year established: \_\_\_\_\_ Number of Employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

4. Branch Offices: \_\_\_\_\_

(if any)

5. The company is involved in R&D in Canada for healthcare purposes only.  YES  NO

No product sales or clinical trials are planned within the next 12 months.  YES  NO

Does the company offer services for a fee?  YES  NO

If YES, indicate revenues for: Canada \_\_\_\_\_ U.S. \_\_\_\_\_ Worldwide: \_\_\_\_\_

If you have answered NO to any of the above, please note that you do not qualify for the BIOPAC Package Policy and we would be pleased to provide you with a quotation upon receipt of one of our standard Healthcare applications.

### COMPANY INFORMATION

1. Your Company is engaged in R&D for:

PRODUCT	PLEASE PROVIDE DETAILS	YEAR R&D COMMENCED
Controlled Drugs		
Hormones/Steroids		
Vaccines		
Prescriptions		
Over the counter		
Food Supplements/Vitamins		
Holistic Medicines		
Cosmetics		
Veterinary Products		
Medical Devices		
Other		

**PROPERTY INFORMATION (FOR EACH ADDITIONAL LOCATION, PLEASE PHOTOCOPY AND COMPLETE)**

2. Location:  Same as Mailing Address  Other \_\_\_\_\_
3. Is the building owned by the Insured?  YES  NO
4. Area occupied by the Insured: \_\_\_\_\_  
 Number of stories: \_\_\_\_\_ Building Age: \_\_\_\_\_  
 Year Updated: Wiring: \_\_\_\_\_ Plumbing: \_\_\_\_\_  
 Heating: \_\_\_\_\_
5. Please indicate the following:  
 Wall Construction:  Frame  Brick & Wood Frame  Masonry  Steel  
 Roof Construction:  Wood Joist  Steel Deck  Concrete  Other: \_\_\_\_\_
6. Building Occupants (describe occupancy): \_\_\_\_\_
7. Fire Protection:  Hydrant within 300 metres  Fire Station within 8km  Unprotected  
 Fire Alarm:  None  Local  Central Station  
 Sprinklered:  None  Partial \_\_\_\_\_%  Yes 100%
8. Is temperature sensitive property stored on site?  YES  NO
9. Is the temperature sensitive property monitored by a central station temperature alarm?  YES  NO
10. Are automatic, self-starting non-electrical back-up power units providing a minimum of 6 hour power supply, operational ?  YES  NO
11. Is there transient voltage surge suppression?  
 Yes, at main panel  Yes, at each individual refrigeration unit  None
12. In the event of a failure of these protection features what would be the estimated property damage from a spoilage or change in temperature? \$ \_\_\_\_\_
13. Burglar Alarm:  None  Local  Central Station  
 Please advise name of system and monitoring service: \_\_\_\_\_
14. Are all doors equipped with double cylinder deadbolt locks?  YES  NO  
 If NO, please describe protection: \_\_\_\_\_
15. Loss Payee & Mailing Address: \_\_\_\_\_
16. Please indicate Coverage and Limits required:

	Amount of Insurance		Amount of Insurance
<input type="checkbox"/> Building:	\$ _____	<input type="checkbox"/> Ordinary Payroll	\$ _____
<input type="checkbox"/> Tenant's Improvements:	\$ _____	<input type="checkbox"/> Professional Fees:	\$ _____
<input type="checkbox"/> Equipment:	\$ _____	<input type="checkbox"/> Extra Expense:	\$ _____
<input type="checkbox"/> Stock:	\$ _____	<input type="checkbox"/> Rental Income:	\$ _____
<input type="checkbox"/> Office Equipment:	\$ _____	<input type="checkbox"/> R&D Income**	\$ _____
<input type="checkbox"/> Computer Floater, Hardware (EDP):	\$ _____	<input type="checkbox"/> Other:	\$ _____
<input type="checkbox"/> EDP Software/Media:	\$ _____	<input type="checkbox"/> Other:	\$ _____
<input type="checkbox"/> Laptop Computers*/ Portable Projectors*:	\$ _____ <b>(no coverage on or off premises unless reported)</b>		
<input type="checkbox"/> <b>Research and Development Coverage (see page 5 of the application for highlights)</b> \$ _____			
* If covered, Value, Serial Numbers, Make and Model of each laptop should be attached. ** R&D Income requires list and amounts of written agreements for grants and endowments and contributions.			
Flood Coverage? <input type="checkbox"/> YES		Earthquake Coverage? <input type="checkbox"/> YES	

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**INSURANCE INFORMATION**

17. Is the Company currently insured under an Errors and Omissions policy?  YES  NO  
 Is the Company currently insured under a Commercial General Liability policy?  YES  NO  
 Is the Company currently insured under a Commercial Property policy?  YES  NO

If you have answered YES to any of the above, please complete the following information for each policy:

	Insurer:	Expiry Date:	Limit of Liability:
Errors & Omissions:			
Commercial General Liability:			
Commercial Property:			

18. Has the Company, its partners, directors or officers ever been declined, non-renewed or cancelled by any insurer for Errors and Omissions, Commercial General Liability, and/or Commercial Property insurance?  YES  NO

If YES, please explain: \_\_\_\_\_

**CLAIMS INFORMATION**

19. In the last five (5) years, has the Company, its partners, directors, officers or employees ever had a written demand or civil proceedings for compensatory damages made against them?  YES  NO

If YES, please provide full details on a separate sheet i.e. date of claim, claimant's name, nature of claim, the insurer, total amounts paid or reserved (including defense costs) and final dispositions or current status of claim.

20. Is the Company, its partners, directors, officers or employees aware of any job disputes or fee disputes during the last five (5) years?  YES  NO

If YES, please describe in detail: \_\_\_\_\_

21. Is the Company, its partners, directors, officers or employees aware of any other fact, situation or circumstance that may result in a written demand or civil proceedings for compensatory damages?  YES  NO

If YES, please describe in detail: \_\_\_\_\_

22. In the last five (5) years, has the Company made any commercial property claims?  YES  NO

If so, please state the amount and describe in detail: \_\_\_\_\_

**Without limitation of any other remedy available to the Insurer, it is hereby agreed that if there be knowledge of any of the matters described in the CLAIMS INFORMATION section, any written demand or civil proceedings for compensatory damages subsequently emanating therefrom is excluded from coverage under the proposed insurance.**

**TO BE USED WHEN R&D INCOME IS REQUESTED FOR R&D OPERATIONS**

What grants, endowments and other financial contributions will be available to you during the coming year to further your research and development operations (do not include commercial financing transactions, including, but not limited to public offerings of stocks, bonds or other securities; loans or lines of credit). **Please list and describe each contribution individually in the space provided below, or on a separate sheet(s) of paper. Please include the amount of the contribution.**

We suggest that you review this list with your financial consultant at least quarterly so that any necessary modifications to your insurance may be made.

Description (include donor and purpose of donation)	Term	Amount of Contribution

**NOTICE CONCERNING PERSONAL INFORMATION**

By purchasing insurance from Creechurch International Underwriters Ltd. (Creechurch), a customer provides Creechurch with his or her consent to the collection, use and disclosure of personal information, including that previously collected, for the following purposes:

- the communication with underwriters;
- the underwriting of policies;
- the evaluation of claims;
- the detection and prevention of fraud;
- the analysis of business results;
- purposes required or authorized by law.

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For the purposes identified above, personal information may be disclosed to Creechurch's related or affiliated companies and service providers.

Further information about Creechurch's personal information protection policy may be obtained by contacting their privacy officer at 416-601-2155.

**WARRANTY STATEMENT**

The undersigned warrants that to the best of their knowledge, the statements set forth in this Application are true. The undersigned also warrants that they have not suppressed or misstated any material fact.

If the information provided in this Application should change between the date of the Application and the effective date of the policy, the undersigned warrants that they will immediately report such changes to the Insurer.

Signing this Application does not bind the undersigned to purchase this insurance, nor does it bind the Insurer to issue this insurance. However, should the Insurer issue a policy, this Application shall serve as the basis of such policy and will be attached to and form part thereof.

**QUEBEC RESIDENTS ONLY:**

I hereby confirm my request that the present document and any other document and correspondence pertaining to the present insurance be in the English language.

SIGNED: \_\_\_\_\_  
(Authorized Representative)

DATED: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_

**YOUR BIOPAC PACKAGE POLICY INCLUDES:**

<p><b>Errors &amp; Omissions</b> Form: BIOPAC E&amp;O Wording – Claims Made Coverage</p>	<p><b>Limit of Insurance:</b> Option: \$100,000 per claim/aggregate including defense costs or \$250,000 per claim/aggregate including defense costs</p>	<p><b>Deductible:</b> \$2,500 any one claim</p>	<p><b>Includes:</b> Canada or Worldwide, if eligible Retroactive date of Policy Inception</p> <p><b>Additional Exclusions:</b> Product sales/clinical trials Pollution War &amp; Terrorism Mould</p>
<p><b>Commercial General Liability</b> Form: CGL- Occurrence Wording including endorsements</p>	<p><b>Limit of Insurance:</b> Option: \$1,000,000 up to \$5,000,000 \$1,000,000 Non-Owned Automobile \$1,000,000 Employee Benefit Liability \$250,000 Tenant’s Legal Liability \$25,000 Medical Payment (any one person/per accident)</p>	<p><b>Deductible:</b> \$1,000 payable on Property Damage, Tenant’s Legal Liability and Non- Owned Automobile \$2,500 payable for Employee Benefit Liability</p>	<p><b>Includes:</b> Worldwide coverage</p> <p><b>Additional Exclusions:</b> Product/Completed Operations Exclusion War &amp; Terrorism Exclusion Mould Exclusion Asbestos Exclusion</p>
<p><b>Property Insurance</b> Form: BIOPAC 010304 including forms and endorsements</p>	<p><b>Limit of Insurance:</b> As required up to \$5,000,000 Plus Extensions:  <ul style="list-style-type: none"> <li>➤ EDP Breakdown Coverage \$25,000 Limit</li> <li>➤ Blanket Building Bylaws</li> <li>➤ Newly Acquired Locations-Building/Contents \$100,000 for 90 days</li> <li>➤ Newly Acquired Business Contents \$50,000 for 60 days</li> <li>➤ Insured Property in Transit or Temporarily Off the Premises \$10,000 Limit</li> <li>➤ Parcel post \$5,000 Limit</li> <li>➤ Accounts Receivable \$10,000 Limit</li> <li>➤ Valuable Papers \$10,000 Limit</li> <li>➤ Extra Expense and Expediting Expense, Including loss due to Civil Action For 30 Days \$25,000 Limit</li> <li>➤ Damage to Building by Theft \$5,000 Limit</li> <li>➤ Debris Removal 25% Maximum \$25,000 Limit</li> <li>➤ Pollution Clean-up and Removal \$10,000 Limit</li> <li>➤ Professional Fees \$10,000 Limit</li> <li>➤ Tenants' Leasehold Interest-Rents \$10,000 Limit</li> <li>➤ Glass for tenants \$1,000 limit for any one plate, subject to a \$5,000 limit per occurrence</li> <li>➤ Research and Development Coverage including: <ul style="list-style-type: none"> <li>➤ Valuable Papers</li> <li>➤ Radioactive and Bio-contamination</li> <li>➤ Refrigerant Contamination and Temperature/Humidity Change</li> <li>➤ Research and Development Restoration Expense</li> <li>➤ Loss to Laboratory Animals</li> </ul> </li> <li>➤ Additional coverage available: <ul style="list-style-type: none"> <li>➤ Research &amp; Development Income</li> </ul> </li> </ul> </p>	<p><b>Deductible:</b> \$1,000 for all coverages except \$2,500 sewer back-up</p>	<p><b>Includes:</b> Replacement Cost Sewer Back-up Coverage Plate or Thermopane Glass Coinsurance Waiver 5% or \$10,000</p> <p><b>Additional Exclusions:</b> War &amp; Terrorism Exclusion Mould Exclusion Electronic Data and Media Clarification</p>