

A ProAssurance Company

 4795 Meadow Wood Lane, Suite 335 West  
 Chantilly, VA 20151

 Phone: 703-652-1300 or 800-356-6886  
 Fax: 703-652-1389

## Request for Quotation for Clinical Trials Outside of the United States

Please answer all questions completely, using attachments if necessary.  
 Do not leave any space blank; please indicate "n/a" if a question is not applicable.

<b>Broker Information</b>			
1. Company Name:			
2. Address:			
3. Primary Contact Name:	4. Email:	Phone:	
5. License #: Please provide copy of agency license (must be for state in which applicant is located).			
<b>Applicant Information</b>			
6. Named Insured:			
7. Desired Effective Date:			
8. Parent Company (If Any):			
9. Address:			
10. Website:			
11. Phone Number:			
12. Named Insured is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Other (Describe)			
13. Is the named insured the trial sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please explain.			
<b>Applicant Contact Information</b>			
	Name:	Title:	Email:
14. Primary:			
15. Billing:			

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Please complete 1-18 below for each country the study will take place		
1. Country:		
2a. Estimated Start Date:	3a. First Patient In Date:	
2b. Estimated End Date: <small>(Includes Patient Monitoring)</small>	3b. Last Patient Out Date:	
4. Local Contact Name:	5. Email:	6. Phone:
What facility will be doing the testing:		
7. Name:		8. Address:
9. Chief Investigator:	10. Email:	11. Phone:
12. For European Sponsor, please provide VAT Number:		
13. Protocol Number:		
14. Study Title:		
15. Product being tested, drug or device?		
16. Product or procedureis being tested?		
17. What phase if this is a Drug test?		
18. Number of participants being tested?		

Please attach the Draft Protocol and the Draft Participant Information Sheet for quote. Final Protocol and Participant Informations Sheet will/may be required before policy or certificate can be issued.

Every country has additional requirements which we will ask for after we review your submission.

Completing and signing this Application does not bind the undersigned to purchase this insurance, nor does it bind coverage. Coverage will not be bound, nor will a policy be issued until the applicant signifies acceptance of the company's premium quotation and premium payment is made.

<b>Authorized Signature:</b>	<b>Date:</b>
<b>Print Name:</b>	
<b>Title:</b>	
<b>Email:</b>	

Please return your signed application using one of the following:

Fax: (703) 652-1389  
 Email: [Apps@medmarc.com](mailto:Apps@medmarc.com)  
 Mailing: 4795 Meadow Wood Lane, Suite 335 West, Chantilly, VA 20151

