



Research, Scientific & Production Animal Questionnaire – Life Sciences

Name of insured/applicant: _____

Policy/reference number: _____ Broker name/location: _____

1. Location address (if more than one location, attach separate questionnaire for each): _____

2. Is this an owned location or third-party location (Example: Contract Research)? ☐ Owned ☐ Third Party

3. What limit is required for Scientific Animals? _____

If the limit required is greater than \$1,000,000, the remainder of the information below will be collected by our Risk Control team, and they will contact the Insured to set-up an inspection*. Please provide contact details below.

4. Inspection Contact Details:

Name: _____ Phone Number: _____ Email: _____

5. What are the days/hours of operation: _____ days _____ hours

6. How often are the premises unattended? _____

7. Please provide the following information:

Type of Animal	Quantity	Original Cost to Purchase (Each)	Purpose

8. What is the increase in value of animals as a result of the research and development (R&D) operations (value at last day R&D experiment before disposal)?

Type of animal: _____ Increase in value: _____

Type of animal: _____ Increase in value: _____

Type of animal: _____ Increase in value: _____

Type of animal: _____ Increase in value: _____

Type of animal: _____ Increase in value: _____

9. If any of the animals listed in the chart above are sold as stock, what is the selling price of each animal type?

Type of animal: _____ Increase in value: _____

Type of animal: _____ Increase in value: _____

Type of animal: _____ Increase in value: _____

Type of animal: _____ Increase in value: _____

Type of animal: _____ Increase in value: _____

10. What is the maximum amount for total loss of all animals? _____

11. Are any of the animals moved from one location to another, after R&D has started? Yes ☐ No ☐

a. If yes, please provide details: _____

12. For animals that are held for sale, when does title pass to the customer: _____

13. What are the conditions in which there would be a loss of animals without power? Describe. _____

14. Is there a formal maintenance program in place for all critical utilities, including HVAC, electrical, and generators? Yes ☐ No ☐

a. If yes, describe. _____

15. How often is equipment inspected and serviced? _____

16. Is there a formal contingency plan in place? Yes ☐ No ☐

a. If yes, describe. _____

17. Is access to the animals restricted to employees whose functions require them to have access? Yes ☐ No ☐

a. If yes, how is access restricted? _____

18. Does the location have:
- a. Dedicated environmental control systems (separate HVAC system)? Yes ☐ No ☐
 - i. Do you have a back-up HVAC system for the vivarium(s)? Yes ☐ No ☐
 - b. An automatic back-up power source (i.e. generator) for the controlled environmental systems? Yes ☐ No ☐
 - i. Will it support 100% of the vivarium(s) power requirements? Yes ☐ No ☐
 - ii. How fast will the generator kick on? _____
 - iii. How long will the generator support the power? (hours) _____
 - iv. Is this timeframe within the required time to maintain a controlled environment for the animals? Yes ☐ No ☐
19. How long will the most vulnerable animal live if the controlled environment systems or power fails? _____
20. Are there any environmental or other sensors in place (including high/low temperature)? Yes ☐ No ☐
- a. If yes, describe: _____

21. How are the environmental sensors monitored? ☐ Locally ☐ Remotely
- a. Describe: _____

22. How often are the environmental sensors calibrated? _____

For Research Colonies (questions 23-26): ☐ Not applicable

23. Are critical animal colonies separated or preserved off-site? ☐ Yes ☐ No ☐ N/A (no animals at location are considered critical)
24. Are animal research documentation preserved and stored off-site? Yes ☐ No ☐
25. Do you have a crematorium to assist with disposal of animals at this location? Yes ☐ No ☐
26. What would be the operational impact to your organization from the loss of the animals at this location? _____

For Production Animals (question 27): ☐ Not applicable

27. What percentage of your sales is generated by each colony/herd? _____

28. Describe below any Scientific Animal losses in the past five (5) years, whether insured or not. ☐ No Losses

Date of Loss	Description	Status	Amount

Completed by: _____ Position: _____ Date completed: _____

*Inspections may be completed in the form of a phone survey or site visit as per Underwriting and Risk Control discretion.