

**TO WHOM IT MAY CONCERN**

Dear Sirs

**INSURANCE FOR DONORS / PATIENTS PARTICIPATING IN CLINICAL TRIALS**

We act as Insurance Brokers to Anthony Nolan and the purpose of this letter is to provide you with details of the cover which will be in force at the time your donation is carried out. Provided below is a summary of the No Fault Compensation cover in force.

**ASSURED:** Anthony Nolan &/or Anthony Nolan Trading Limited

**PERIOD:** 1<sup>st</sup> October 2024 to 30<sup>th</sup> September 2025, both days inclusive

**INTEREST:** To indemnify the Assured in respect of claims for compensation first made in writing against the Assured during the period of the policy in respect of

- a) any person donating bone marrow and/or Leucapheresis blood and/or receiving cell growth stimulating factor under the auspices of the Assured
- b) trials for the use of unrelated donors for the collection of peripheral blood stem cells for transplantation, in respect of donors / patients participating in clinical trials

Cover operates in respect of both Compensation and Legal Liability

**LIMIT OF**

**INDEMNITY:** £10,000,000 any one event and in all plus costs and expenses

*Special Note: each claim will be considered on its own individual circumstances and factors including but not limited to the degree of illness, injury or disability suffered and the personal factors surrounding the donor such as occupation, present and future earning potential and number of dependants, if applicable.*

*Each claim will be quantified taking such factors into account.*

**SECURITY:** 100% Underwriters at Lloyds

**POLICY NO:** **B0621TANTH000124**



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**This document is furnished to you as a matter of information only.**

**The issuance of this document does not make the person or organisation to whom it has been issued an additional Assured, nor does it modify in any manner the contract of insurance between the Assured and Underwriters. Any amendment, change or extension of such contract can only be effected by specific endorsement.**

**Should the above mentioned contract of insurance be cancelled, assigned or changed during the above policy period in a way that affects this document, no obligation to inform the holder of this document is accepted by the undersigned Insurance Brokers.**

Signed: *Michael*.....  
2024

**Michael Thomas**  
**Associate Director**

Date: 30<sup>th</sup> September 2024