

The Finnish Co-operative for Pharmaceutical Injury Indemnities
COMMITMENT FORM

The manufacturer, importer or marketer of medicines who has agreed to this medicines-related injuries commitment

- *undertakes to be a party to the medicines-related injuries insurance taken out to indemnify against medicines-related injuries, and to abide by the obligations connected with it,*
- *agrees that the policyholder will be a cooperative founded for this purpose and which approves the Insurance Contract and the General Insurance Conditions,*
- *undertakes to pay those costs for which it is responsible under the medicines-related injuries insurance during the period prescribed by the General Insurance Conditions for claiming indemnity and relating to the period during which the signatory has been a member of the said cooperative.*

We agree the above Finnish Co-operative for Pharmaceutical Injury Indemnities commitment.

Place and date: _____

Company: _____

*(Official signature
of the company)*