

**IP Guard™**

Infringement Liability Insurance  
Application Form

## NOTICE

THE **POLICY** FOR WHICH THIS APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO **CLAIMS** FIRST MADE AND REPORTED TO **INSURERS** DURING THE **PERIOD OF INSURANCE**. THE **POLICY** DOES NOT PROVIDE FOR ANY DUTY BY **INSURERS** TO DEFEND THE **INSURED**. RECEIPT OF THE PREMIUM BY **INSURERS** IS A CONDITION PRECEDENT TO THEIR DUTY TO INDEMNIFY THE **INSURED** UNDER THE **POLICY**

## Read The Entire Application Before Signing

### Instructions to the Applicant(s):

1. This Application must be completed in type or ink and signed by an authorized Partner, Principal or Director of the firm or company.
2. All questions must be answered to enable a quotation to be given. If there is insufficient space to answer any question fully, please continue on your headed note paper or a separate sheet and attach it to this form and counter sign and date each separate page.
3. Answer all questions to the best of your knowledge and belief. Do not withhold or misstate any material information. All material facts must be disclosed, as failure to do so may render any coverage voidable, or may severely prejudice your rights in the event of a claim. A material fact is one likely to influence acceptance or assessment of the Application by Insurers. If you are in any doubt as to what constitutes a material fact, you should consult your insurance advisor.
4. Insurers agree to use all information provided in this Application solely for evaluating the feasibility of issuing a Contract of Insurance based on the information described in this Application.
5. **The completion and signature of this Application does not bind the Applicant or Insurers to complete a Contract of Insurance.**

# 1. Business Information

1.1 Full Name of Applicant(s):

*(If there are joint Applicants, please provide an explanation of their relationship)*

1.2 Principal Address:

Zipcode:

Contact Person:		Position:	
Tel No:		Fax No:	
E-Mail:		Website:	

1.3 Details of business activities:

1.4 Please state the NAIC/SIC Code that best describes your business activities:

1.5 Commencement date of activities:

## 2. Revenue

2.1 Declared gross revenue of the Applicant in the last 12 months:

\$

2.2 Gross revenue of the Applicant for the last 12 months attributable to Intellectual Property/products to be insured:

\$

2.3 Breakdown of declared gross revenue by geographical region (percentage):

USA:	%	Canada:	%	Europe:	%	Rest of World:	%
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2.4 Estimated gross revenue of the Applicant for the next 12 months:

\$

2.5 Estimated gross revenue of the Applicant for the next 12 months attributable to Intellectual Property/products to be insured:

\$

2.6 Breakdown of estimated gross revenue by geographical region (percentage):

USA:	%	Canada:	%	Europe:	%	Rest of World:	%
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2.7 Detail any external investment raised in the last 3 years to develop the technology or products to be covered by this insurance:

### 3. Research and Development

3.1 What is your aggregate spend on Research and Development?

Actual last 12 months	Projected next 12 months
\$	\$

3.2 How many employees do you have?

3.3 How many employees are involved in Research and Development?

3.4 Do your employment of "work for hire" contracts contain any confidentiality or non-disclosure undertakings and /or confirm your absolute ownership of any intellectual property rights created by your employees?

*If YES, please provide a copy of the clauses.*

YES  NO

3.5 Do you utilize contract researchers?

YES  NO

3.6 Do you utilize external research establishments (e.g. Universities)?

YES  NO

3.7 Do your contracts with these contract researchers or research establishments contain any confidentiality or non-disclosure undertakings and/or confirm your absolute ownership of any intellectual property rights created by them?

*If YES, please provide a copy of the clauses.*

YES  NO

3.8 Have any employees or contract researchers who would have had access to your confidential information left your employment during the last three years?

YES  NO

*If you have answered YES to question 3.8, please provide names, previous roles and state whether they were bound by any confidentiality/ non-disclosure agreements. Add a separate sheet if necessary.*

## 4. Product Information

- 4.1 Please identify the products you wish to be insured for actual or alleged infringement of others' intellectual property rights. If numerous products are to be covered please identify the various product groups and supply brochures or examples of the products:

Product/Product Group	Countries in which sold	Total projected sales for next 12 months	Associated IP Rights (if any)

*If you do not have enough space on this form, please utilize the Attachment A to schedule all products and associated IPR.*

- 4.2 Are all your products declared above? YES  NO

*If you have answered NO, please supply full details below or on a separate sheet if necessary.*

- 4.3 Will there be any changes or additions to the Intellectual Property rights and/or products declared hereunder? YES  NO

*If you have answered YES, please supply full details below or on a separate sheet if necessary.*

- 4.4 Please provide below details regarding your five main competitors for the above products.

Competing Products	Competitors Name	Their main geographical market

## 5. Professional Advisors

5.1 Do you have any persons in-house that are responsible for patent and legal issues?

YES  NO

*If you have answered YES, please provide the following:*

Name:		Position:	
Tel No:		E-Mail:	

5.2 Have you utilized any external patent attorneys to advise on your own or any third party rights?

YES  NO

*If you have answered YES, please provide the following:*

Name of Firm:			
Principal Address:			
	Zipcode:		
Contact:		Position:	
Tel No:		Fax No:	
E-mail:		Website:	

5.3 Have you utilized any external legal advisers to advise on your own or any third party rights?

YES  NO

*If you have answered YES, please provide the following:*

Name of Firm:			
Principal Address:			
	Zipcode:		
Contact:		Position:	
Tel No:		Fax No:	
E-mail:		Website:	

## 6. Risk Management

- 6.1 What searches do you or your agent/legal advisor undertake to identify the existence of third party intellectual property rights?

- 6.2 Do you have written procedures to safeguard against infringing copyrights, patents, trademarks and trade secrets of others? YES  NO

*Please provide full details below. Add a separate sheet if necessary.*

- 6.3 In respect of your Products, have you had a freedom to operate or infringement clearance search or any other form of search carried out in respect of the infringement of patents, trademarks or copyright of others? YES  NO

*If 'YES', please provide, on a separate sheet, full details of the Products, the countries in which the search was carried out, the name of the organisation performing the search, the legal adviser involved and the result. **Please attach a copy of the infringement report.***

*If 'NO', please give the reason why such a search has not been undertaken.*

- 6.4 Do your products require software to control their operation? YES  NO

*If YES, please provide details:*

6.5 If you have answered YES to 6.4, was the software developed in-house? YES  NO

6.6 If you have answered YES to 6.4, do you utilize any Open Source Code in your software? YES  NO

*If YES, what procedures do you have in place to ensure you comply with all Open Source licence requirements?*

## 7. Risk Experience

7.1 Do you currently have or have you ever had this type of insurance before? YES  NO

*If YES please provide the following details:*

- Exposures covered:	
- Name of Insurers:	
- Limit(s) of Indemnity (any one claim/aggregate):	
- Period of Insurance:	
- Expiring Premium (excluding any applicable taxes):	
- Number of consecutive years of insurance:	

7.2 Has any insurer refused you this type of insurance before? YES  NO

*If you have answered YES to question 7.2, please supply full details below. Add a separate sheet if necessary.*

7.3 Have you needed to seek advice or have you been involved in any legal proceedings or investigations relating to a possible or actual infringement of Intellectual Property in the last ten years? YES  NO

*If you have answered YES to question 7.3, please supply full details below. Add a separate sheet if necessary.*

7.4 Have proceedings ever been commenced or warning letters issued by a third party in respect of your actual or alleged infringements of their rights? YES  NO

*If you have answered YES to question 7.4, please supply full details below. Add a separate sheet if necessary.*

7.5 Have any of your Intellectual Property Rights relating to the products to be insured ever been the subject of any revocation, invalidation, cancellation or declaration of non-infringement proceedings? YES  NO

*If you have answered YES to question 7.5, please supply full details below. Add a separate sheet if necessary.*

7.6 After full enquiry, are you aware of any cause, event or circumstance, which may give rise to a claim being made under this insurance? YES  NO

*If you have answered YES to question 7.6, please supply full details below. Add a separate sheet if necessary.*

## 8. Coverage Sought

8.1 Aggregate Indemnity limit:

\$

8.2 Required territorial limits *(please tick required territories):*

USA:	<input type="checkbox"/>	Canada:	<input type="checkbox"/>
Europe:	<input type="checkbox"/>	Rest of the World:	<input type="checkbox"/>

8.3 Do you wish to extend the reporting period under this policy?

YES  NO

*If YES, please state how many days (Maximum 90 days)*

8.4 Do you wish to extend to include Contractual Indemnities?

YES  NO

*If YES, please complete Attachment B – Contractual Indemnities.*

8.5 Do you wish to extend to include your Directors & Officers?

YES  NO

8.6 Do you wish to extend to include Open Source matters?

YES  NO

## 9. Additional Information

Please provide the following with your Application:

1. Latest filed Form 10K or audited annual accounts and latest Form 10Q (if available)
2. Copies of any marketing materials, brochures or catalogues relevant to the products to be insured.
3. A list of all IP Rights held by you that relate to the products to be insured, including copies of any patents in application. We recommend that any non-public data is ONLY supplied under a written confidentiality agreement. We have developed a standard agreement specifically for this purpose. For more information, please refer to your insurance advisor.

## 10. Important Notices

IT IS AGREED THAT WITH RESPECT TO QUESTIONS 7.3, 7.4, 7.5 and 7.6 ABOVE, ANY CLAIM OR LAWSUIT MADE AGAINST THE APPLICANT ARISING FROM ANY FACTS, CIRCUMSTANCES, ACTS, ERRORS OR OMISSIONS DISCLOSED IN RESPONSE TO SUCH QUESTIONS IS EXPRESSLY EXCLUDED FROM THE COVERAGE FOR WHICH APPLICATION IS MADE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE ENQUIRY, THE STATEMENTS HEREIN ARE TRUE AND COMPLETE. **INSURERS** ARE AUTHORIZED TO MAKE AN ENQUIRY IN CONNECTION WITH THIS APPLICATION. ACCEPTING THIS APPLICATION DOES NOT BIND **INSURERS** TO COMPLETE THE INSURANCE.

THE INFORMATION CONTAINED IN AND SUBMITTED WITH THIS APPLICATION IS ON FILE WITH THE **INSURERS** AND ALONG WITH THE APPLICATION IS CONSIDERED PHYSICALLY ATTACHED TO THE POLICY AND WILL BECOME PART OF IT. THE **INSURERS** WILL HAVE RELIED UPON THIS APPLICATION AND ATTACHMENTS IN ISSUING ANY POLICY. THIS APPLICATION WILL BECOME A PART OF SUCH POLICY IF ISSUED.

IF THE INFORMATION IN THIS APPLICATION MATERIALLY CHANGES PRIOR TO THE EFFECTIVE DATE OF THE POLICY, THE APPLICANT WILL NOTIFY THE **INSURERS** WHO MAY MODIFY OR WITHDRAW ANY QUOTATION.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT THIS POLICY APPLIES ONLY TO **CLAIMS** FIRST MADE AND REPORTED TO **INSURERS** DURING THE **PERIOD OF INSURANCE**.

**Notice to Arkansas applicants:** Any person who knowingly presets a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Colorado applicants:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Notice to D.C. applicants:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Notice to Florida applicants:** Any person who, knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**Notice to Kentucky applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Notice to Louisiana applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice to Michigan and Minnesota applicants:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**Notice to New Jersey applicants:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Notice to New Mexico applicants:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Notice to New York applicants:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Notice to Ohio applicants:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Notice to Oklahoma applicants:** Any person who, knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Notice to Pennsylvania applicants:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Notice to all other state applicants:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Personal Data**

Any personal information you provide will be passed to insurer(s) in relation to your application for insurance cover. It may be used by such insurers' relevant staff and their agents in making a decision concerning your insurance application and for the purpose of servicing any cover which may be arranged and administering claims. Information may be passed to loss adjusters and reinsurers for these purposes.

**In signing the proposal form [OR OTHER DOCUMENT, IF APPLICABLE)] or otherwise seeking insurance through us, you are agreeing to the above terms.**

## 11. Declaration

I/We warrant that the above statements and facts are true to the best of my/our knowledge and belief and that no material facts have been withheld or misstated and that Insurers will be informed of any material alterations. If such statements and particulars are written by any other person such person shall be deemed to have been my/our agent for the purpose of filling in same. I/We hereby agree that this declaration shall form, subject to my/our acceptance of the quotation, the basis of the contract between me/us and Insurers and I am/we are willing to accept a Certificate subject to the terms, conditions and exceptions prescribed by Insurers therein. Furthermore, I/We confirm and warrant that I am/We are a duly authorized signatory (ies) of the Applicant.

Authorized Signatory: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# IP Guard™

## Attachment B: Contractual Indemnities

*Please only complete this section if you have opted for this extension at Question 8.4*

Please list all Agreements to be insured and attach a full copy of each:

1. Hold Harmless (To Third Party by You)

Name of Other Party(ies)	Effective Date	Contract Value

2. Hold Harmless (By Third Party to You)

Name of Other Party(ies)	Effective Date	Contract Value

3. Hold Harmless (Both Ways)

Name of Other Party(ies)	Effective Date	Contract Value

4. Other

Name of Other Party(ies)	Effective Date	Contract Value

5. Do you have template confidentiality or Non-Disclosure agreements?

YES  NO

*If 'YES', please attach copies.*

Applicant: -----

Authorized Signature: -----

Date: -----

Position: -----