



The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

Section 1: Company Details

1.1 Please state the name and address of the principal company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form.

Company name: _____

Primary address (Address, State, ZIP, Country): _____

Website: _____

1.2 Date business was established (MM/DD/YYYY): _____

1.3 Date of company financial year end (MM/DD/YYYY): _____

1.4 Please state your gross revenue in respect of the last complete financial year:

\$ _____

1.5 Please provide details for the primary contact for this insurance policy:

Contact name: _____ Position: _____

Email address: _____ Telephone number: _____

Section 2: Activities

2.1 Please describe below the products and services supplied by your business:

Section 3: License Agreement & Risk Management

3.1 Please state the following in respect of the license agreement to be covered:

a) name of the licensor:

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b) its total annual value: \$

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c) its duration:

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d) the jurisdiction governing the license agreement:

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e) the permitted distribution territories:

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3.2 Please describe the rights granted under the license agreement:

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3.3 Please describe how you will use the rights granted under the license agreement:

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Please attach a copy of the contract to this application form.

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3.4 Please provide full details of your license agreement management procedures, including who is ultimately responsible for the process in your organization and how long they have been in that position:

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3.5 If you require more than one license agreement to be covered, please provide answers to Q3.1-3.4 above for each license agreement you require to be covered:

Section 4: Claims Experience

4.7 Please state whether you are aware of any incident or circumstance:

a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form: Yes No

b) which resulted in legal action being made in relation to license agreements or breach of intellectual property against any of the companies to be insured within the last 5 years: Yes No

c) which resulted in cease and desist orders being made against you: Yes No

If "yes" to any of the above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved and overview of any penalties incurred.

Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymized elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit www.cfcunderwriting.com/privacy

Contact name:

Position:

Signature:

Date: (MM/DD/YYYY)