

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:

Is the name of the company different to its trading name? Yes No

If "yes", please provide the trading name of the company:

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

Website Address:

Number of employees:

1.2 Date the company was established (MM/DD/YYYY):

1.3 Please state who owns the company to be insured:

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

1.5 Please state your gross revenue in respect of the following years:

	Last complete FY	Estimate for current FY	Estimate for next FY
Domestic:	\$	\$	\$
Canada:	\$	\$	\$
Europe:	\$	\$	\$
Asia:	\$	\$	\$
Africa and Latin/South America:	\$	\$	\$
Australia and New Zealand:	\$	\$	\$
Total:	\$	\$	\$

1.6 Please state what percentage of your total revenue relates to the sale of products (%):

1.7 Please provide the following details of any funding you have procured:

Funding round	Date of round (DD/MM/YYYY)	Amount raised
		\$
		\$
		\$

1.8 Please state whether there has been, or it is anticipated there will be, any merger, acquisition or joint venture: Yes No

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

Contact Name:	Position:
Email address:	Telephone number:

Section 2: Products

2.7 Please describe below the products and services supplied by your business, including how your products and services differ from your competitors:

2.2 Please provide details of your top 5 income generating products:

Product/ product line	Description of product/product line	Revenue for this product/ product line
.....
.....
.....
.....

2.3 Please provide details of your top 3 competitors:

Name	Country of Domicile	Revenue
.....
.....

2.4 Please state whether you intend to introduce any new product, or market an existing product in a new business sector or territory, during the next 12 months: Yes No

If 'yes', please provide details including the income that you anticipate generating:

2.5 Are any products sold under a third party's name or brand name? Yes No

If 'yes', please provide details, including the amount of revenue generated from each product sold under a third party's name or brand name:

Any other intellectual property, such as unregistered trademarks, copyrights, trade secrets or domain names:

3.2 Do you own or are you the exclusive licensee of the intellectual property? Yes No

If no, please detail any joint ownership or provide further information about the third party owners of the intellectual property.

Section 4: Contracts & Risk Management Information

Please complete this section if you have any contracts that govern intellectual property

4.1 Please complete the following in respect of your current three largest contracts

Name of client	Annual contract income	Duration	Does this contract impose any obligation on you to indemnify or hold harmless this client in the defence of any infringement proceedings?	
.....			Yes	No
.....			Yes	No
.....			Yes	No

4.2 Do you have any other contract that requires you to indemnify or hold harmless any other third party? Yes No

Section 5: Intellectual Property Rights Risk Management

5.7 Please describe below your procedure for:

- a) preventing infringing on third party intellectual property rights; and
- b) obtaining licenses to use and the monitoring of third party intellectual property rights:

5.2 Please describe your procedures for managing intellectual property right issues, including responding to an allegation of infringement and how the individual responsible for intellectual property rights issues is qualified for the role:

Section 6: Defensive Actions

6.7 In respect of intellectual property, please state whether you have ever:

- a) defended or faced an action brought by a third party in respect of actual or alleged intellectual property infringement, or other allegations in respect of misuse of intellectual property including trade secrets: Yes No
- b) received cease and desist correspondence, or other correspondence warning you in respect of actual or alleged infringement of intellectual property: Yes No
- c) received any opposition, challenge objection or observation concerning the validity of intellectual property rights: Yes No
- d) received any correspondence or action concerning the ownership of intellectual property rights: Yes No
- e) received correspondence in respect of an actual or alleged breach of a confidentiality undertaking, license agreement or other contractual obligation in respect of intellectual property: Yes No
- f) received an intellectual property rights license fee request: Yes No

If you have answered "yes" to any of the above questions, please provide full details comprising: (i) the opposing legal entity; (ii) the date the matter commenced; (iii) the date the matter was resolved or latest circumstances; (iv) the total legal costs incurred by you in the matter; (v) the total compensation paid to the opposing legal entity in the form of settlement payment or damages, if relevant; (vi) the intellectual property alleged to have been infringed or disputed:

Pursuit Actions

6.2 In respect of intellectual property, please state whether you have ever:

a) commenced proceedings against a third party in respect of actual or alleged infringement of intellectual property, or other allegations in respect of misuse of intellectual property including trade secrets: Yes No

b) sent a cease and desist correspondence, or other correspondence warning a third party in respect of actual or alleged infringement of intellectual property: Yes No

c) sent any opposition, challenge, objection or observation concerning the validity of intellectual property rights: Yes No

d) sent any correspondence or action concerning the ownership of intellectual property rights: Yes No

e) sent correspondence in respect of an actual or alleged breach of a confidentiality undertaking, license agreement or other contractual obligation in respect of intellectual property: Yes No

f) sent an intellectual property rights license fee request: Yes No

If you have answered 'yes' to any of the above questions, please provide full details comprising: (i) the opposing legal entity; (ii) the date the matter commenced (iii) the date the matter was resolved or latest circumstances; (iv) the total legal costs incurred by you in the matter (v) the total compensation paid to the opposing legal entity in the form of settlement payment or damages, if relevant (vi) the intellectual property alleged to have been infringed or disputed:

Section 7: Insurance History

7.1 In respect of any intellectual property, please state whether you have ever:

a) had an application or renewal for intellectual property infringement insurance declined by an insurer or been subject to any special terms or conditions: Yes No

If 'yes', please provide full details:

b) had any insurance cancelled or voided by an insurer: Yes No

If 'yes', please provide full details:

Section 8: Insurance Requirements

8.1 a) Please indicate the required coverage by ticking the appropriate boxes below:

Patent defense	All other intellectual property defense
Patent pursuit	All other IP Pursuit

b) Please indicate the required limit of liability by ticking the appropriate box below:

\$250k	\$500k
\$1m	\$2m
\$5m	Other

Section 9: Claims Experience

9.1 Please state whether you are aware of any incident:

- 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 against any of the companies to be insured within the last 5 years: Yes No
- c) which resulted in a partner or director being found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body: Yes No

If you have answered "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.



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 anonymised 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): _____

Additional Information