

IPGuard™

Intellectual Property Infringement Liability Insurance

Non-binding Indication Form

Domiciled: North America

Important Note:

THIS INDICATION FORM DOES NOT CONSTITUTE A FORMAL APPLICATION TO INSURERS AND ANY TERMS ADVISED FOLLOWING ITS COMPLETION ARE PURELY INDICATIVE ONLY AND ARE NOT BINDING IN ANY WAY TO INSURERS.

IN ORDER TO OBTAIN A BINDING QUOTATION OF TERMS, INSURERS WILL REQUIRE A FULLY COMPLETED SIGNED AND DATED APPLICATION FORM TO BE SUPPLIED ALONG WITH ANY SUPPORTING DOCUMENTATION OR OTHER INFORMATION REQUESTED BY INSURERS. WE WILL ALSO NEED TO CONDUCT AN UNDERWRITING RISK REVIEW. A NON-REFUNDABLE FEE IS PAYABLE IN ADVANCE FOR THE UNDERWRITING RISK REVIEW.

IF YOU HAVE ANY QUERIES REGARDING THE COMPLETION OF THIS NON-BINDING INDICATION FORM YOU SHOULD CONSULT YOUR INSURANCE ADVISOR.

1. Full Name of Applicant(s) *(If there are joint Applicants, please provide an explanation of their relationship.):*

2.	Type of Entity:	Privately-held corporation:	<input type="checkbox"/>	Publicly-traded company:	<input type="checkbox"/>
		University:	<input type="checkbox"/>	Individual:	<input type="checkbox"/>
		Not for profit organization:	<input type="checkbox"/>	Association:	<input type="checkbox"/>

3. Principal Address:

City:	State:
Zip code:	Country:
Website:	

4. Details of business activities:

5. Please state the NAIC/SIC Code for your business activities:

6. Commencement date of activities:

7. Please state the currency that you will use in respect of ALL answers given in this proposal form (Use 3 letter codes, e.g. USD, CAD):

8. Declared gross revenue of the Applicant in the last 12 months:

9. Gross revenue of the Applicant for the last 12 months attributable to products to be insured:

10. Estimated gross revenue of the Applicant for the next 12 months:

11. Estimated gross revenue of the Applicant for the next 12 months attributable to products to be insured:

12. 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	Age of Product/Product Group	Countries in which sold	Total sales for last 12 months	Total projected sales for next 12 months	Associated IP Rights (list patent numbers etc.)

If you do not have enough space on this form, please continue on a separate sheet.

13. Have you acquired any new IP rights from third parties, whether by acquisition, assignment or license in the past 24 months? If so, please describe:

14. Please provide below details regarding your five main competitors for each of the above products.

Competing Products	Competitor's Name	Their main geographical market(s)

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

16. 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

17. 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 third party Intellectual Property in the last five years? YES NO

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

19. Do you currently have or have you ever had any type of insurance coverage for Intellectual Property infringement liability? YES NO

20. After full enquiry, are you aware of any cause, event or circumstance (including any prior art or rights in application), which may give rise to a claim being made under this Policy? YES NO

If you have answered YES to any question 16 to 20, please supply full details below. Add a separate sheet if necessary.

21. Aggregate Indemnity limit *(please indicate amount required)*:

22. Self Insured Retention per Claim *(please indicate amount required)*:

23. Co-Insurance per Claim *(please indicate percentage acceptable)*: %

24. Required territorial limits *(please tick required territories)*:

USA:		Canada:	
Europe:		Rest of the World:	

25. Do you wish to extend the policy to include contractual exposures? YES NO

If you have answered YES, please answer Q.25a and provide details of the indemnities given, the parties involved, the respective products or Intellectual Property Rights. Add a separate sheet if necessary.

25a. Have you ever been required to indemnify a third party in respect of any contractual indemnities given by you in respect of your Intellectual Property or Products? YES NO

26. Do you wish to extend the reporting period under this policy? YES NO

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

27. Do you wish to extend to include your Directors & Officers? YES NO

28. Do you wish to extend to include Open Source matters? YES NO