

Proposal Form

Important Notice

The completion and signing of this proposal form does not oblige either Insurers or yourself to entering into a contract of insurance. You must answer all questions to enable us to provide you with binding terms. Where there is insufficient space, please continue on a separate sheet, and attach it to this proposal form, making sure you make reference to the question the additional information relates to.

We ask that you answer all questions to the best of your knowledge and belief. Withhold or misstating a material fact could render the policy voidable, or could severely prejudice your rights in the event of a claim. For avoidance of doubt, a material fact is one likely to influence acceptance or assessment of the proposal by Insurers. Please consult your professional advisers if you are in any doubt as to what constitutes a material fact.

Please note that the policy issued subsequent to completion of this proposal form applies only to claims first made and reported to insurers during the period of insurance.

Personal Data

Any personal information you provide will be passed to insurer(s) in relation to your Proposal for insurance cover. It may be used by such insurers' relevant staff and their agents in making a decision concerning your insurance Proposal 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.

Part One: About the Applicant

Name of Applicant

Address

Postcode

Website

Telephone

Contact

Email

Country of Domicile

Business Activity

SIC Code

Commencement of Business Activity





Part Two: Financial Information

Please state the currency in which the financial information is provided

Gross Revenue/Turnover in the last 12 months

Breakdown of Revenue by Region

USA	<input type="text"/> %	Canada	<input type="text"/> %
Europe	<input type="text"/> %	Asia	<input type="text"/> %
Australia/New Zealand	<input type="text"/> %	Rest of the World	<input type="text"/> %

Breakdown of Revenue by Product/Service

<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %

Gross Revenue/Turnover in the next 12 months

Breakdown of Revenue by Region

USA	<input type="text"/> %	Canada	<input type="text"/> %
Europe	<input type="text"/> %	Asia	<input type="text"/> %
Australia/New Zealand	<input type="text"/> %	Rest of the World	<input type="text"/> %

Breakdown of Revenue by Product/Service

<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %	<input type="text"/>	<input type="text"/> %

Please provide number of employees

How many of these employees are involved in R&D





Part Three: About The Product/Service

Product/Service Name

Including a detailed description of the Product/Service

Date of Introduction of Product/Service

Is Product/Service underpinned by any Patents

Yes

No

Please provide details of 5 Competitors in the industry

If underpinned by Patents, please provide patent details:

Patent No	Title	Territories

Is the Product/Service supported by any other Intellectual Property

Trademarks

Copyrights

Registered Designs

Domain Names

Trade Secrets

Other





If Yes, please provide details below:

Registered Trademarks

Mark	Application or Registration Number	Territory	Status

Unregistered Trademarks

Mark	Application or Registration Number	Territory	Status

Copyrights

Please identify the items of copyright applying to the product/service.

Registered Designs

Design Number	Title	Territory	Status

Domain Names

Please list all domain names that you wish to declare for cover.





Trade Secrets

Please provide a short description of the nature of the trade secret you wish to declare and you will be contacted for further information.

Other

Please provide details as to any other intellectual property that you wish to declare for cover.



Part Four: Contracts

- a. Please confirm whether you have contracts in place to exploit your IP or relating to collaboration, licensing, manufacturing or distribution of your products/service. Yes No
- b. Please provide the value of the largest contract
- c. Do you wish to include Contractual Obligations owing to third parties? Yes No
- d. Do you have ultimate control of handling IP litigation, choosing of Counsel and/or settlement within the indemnification provisions? Yes No

If you answered 'No' to 4d. above, please provide the following:

Name of Other Party(ies)	Effective Date	Contract Value	Indemnification provided to: (select one)
			Third Party by You You by Third Party Both Ways
			Third Party by You You by Third Party Both Ways

Copies of each of the above declared contracts are requested.





Part Five: Risk Management

a. Do you have written procedures to ensure non-infringement of third party intellectual property?

Yes No

b. In respect of your Products/Services, have you obtained a freedom to operate opinion or carried out any other form of search in respect of infringement of third party intellectual property

Yes No

c. During the past 5 years, have you;

i. needed to seek advice or have proceedings ever been commenced, or have warning letters been issued against you?

Yes No

ii. been involved in any legal proceedings or investigations relating to your alleged infringement of a third party intellectual property

Yes No

iii. needed to seek advice or have you ever commenced proceedings or have warning letters been issued by you?

Yes No

iv. been involved in any legal proceedings or investigations relating to a possible or actual infringement of your intellectual property?

Yes No

d. Have any of your declared Intellectual Property Rights ever been the subject of any revocation, invalidation, re-examination, or declaration of non-infringement proceedings?

Yes No

e. 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

f. Do you currently have or have you ever had any type of insurance coverage for Intellectual Property?

Yes No

g. Has any insurer ever refused you Intellectual Property insurance before?

Yes No





Please Note

If you have answered 'Yes' to questions 5a. to 5g. please supply the following additional information;

- » If 'Yes' to 5b. a copy of your freedom to operate / infringement clearance search is requested.
- » If 'Yes' to 5c. please provide details such as description of the circumstance, IP at issue, costs incurred and whether this matter is ongoing or has been settled
- » If 'Yes' to 5d. please provide details such as IP-at-issue and description of matter
- » If 'Yes' to 5e. please provide details of known circumstance
- » If 'Yes' to 5f. and 5g. please provide details of your previous insurer, cover held or requested and confirmation of claims experience

Part Six: Risk Management

Please tick the cover most suitable for you:

 <p>SENTRY (Infringement Liability)</p>	<p>provides the Insured with cover for damages (liability) and defence costs arising from an actual or alleged infringement of a third party's intellectual property rights by the goods or services of the Insured.</p> <p>Include Extension for:</p> <ul style="list-style-type: none">Directors and OfficersProduct Infringement RecallContractual Obligation
 <p>SABRE (Infringement Assertion)</p>	<p>provides cover for litigation costs for owners of IP rights and only covering enforcement expenses including counter claim action for challenges to title invalidity or ownership of rights.</p> <p>Included Extension for:</p> <ul style="list-style-type: none">Contractual Disputes





Please state what level of coverage would be suitable for you:

Limit of Indemnity		Limit of Indemnity	
	Any one Claim		Annual Aggregate
Excess		Co-insurance	%
	Any one Claim		Any one Claim

Territorial Limits

- Country of Domicile
- Worldwide Excluding USA/Canada
- Europe
- Worldwide Including USA/Canada
- Rest of the World
- Other



Part Seven: 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.

I/we agree that, if an insurance policy or policies are issued, this application and any other information supplied prior to inception of the insurance policy shall form the basis of any contract of insurance effective hereon and shall be incorporated therein.

I/we hereby declare that I am authorised to complete this application on behalf of the Proposer.

If signed by any other person other than the Proposer, the authorized agent of the entity(ties) or persons shown under Name of Proposer declares that to the best of their knowledge and belief and after reasonable enquiry, the statements herein are true and complete.

Insurers may choose and are authorized to make their own enquiries in connection with this application. Insurers reserve to modify or withdraw any quotation if it is found that the information declared herein has been misrepresented in any way or if information in this application materially changes prior to inception of the policy. Accepting this application does not oblige insurers to complete a contract of insurance.

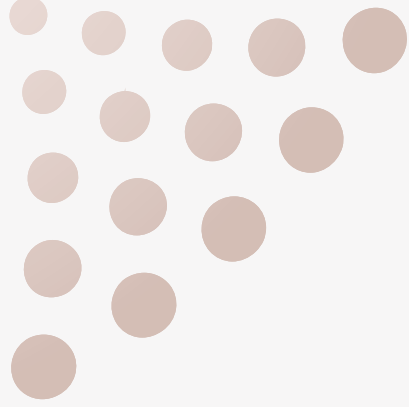
Authorised Person

Position

Signature

Date





UNDERWRITING

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