



CLAIM FORM

INTELLECTUAL PROPERTY INSURANCE: INFRINGEMENT LIABILITY

NOTICE OF A CLAIM

The information provided hereunder is privileged and confidential to the Assured and, for the benefit of the Assured, privilege and confidentiality extends to any parties involved with the insurance claim submitted hereunder under a community legal interest.

PART ONE: CONTACT INFORMATION OF YOUR BROKER

Name of Broker			
Address			
Website		Telephone	
Contact		Email:	

PART TWO: ABOUT YOU (ASSURED)

IMPORTANT NOTICE

The completion and signing of this claim form is a notification of a potential claim you may have under the policy and does not oblige Insurers to accept liability. You must answer all questions to enable Insurers to decide on whether your claim is covered under your policy. Where there is insufficient space, please continue on a separate sheet, and attach it to this 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 severely prejudice your rights in the event of a claim. Please consult your professional advisers if you are in any doubt as to what constitutes a material fact.

Full Name of the Assured(s)			
Address			
Website		Telephone	
Contact Person in relation to the Claim		Email:	

PART THREE: NOTICE INFORMATION

3.1	Date when you first became aware of infringement (actual or alleged) by you		
3.2	Date when you notified your broker of the infringement (actual or alleged) by you.		
3.3	Date, if at all, you have put replied to the allegation of infringement by you.		
3.4	Do you have any other insurances that may be responsive to the infringement of another's Intellectual Property Rights?	YES []	NO []
3.5	If YES to 3.4 above, has notice been given to these other insurers?	YES []	NO []
3.6.	If YES to 3.4 above, has the claim been accepted by these other insurers?	YES []	NO []

3.7	If YES to 3.4 above, please provide and attach any policy information for these other insurances including any conditions or limitations imposed on the acceptance of the claim.

PART FOUR: INFRINGEMENT DETAILS

4.1	Please provide details of the third party Intellectual Property Rights you are infringing (actual or alleged)
4.2	Please provide full details of the Intellectual Property Rights being infringed.
4.3	Please provide details or description of the infringing (actual or alleged) product(s) including, how long the infringing product(s) has been on the market.
4.4	Please attach full details of the complaint including provision of any supporting exhibits
4.5	Please describe all correspondence you have had with the third party who is alleging infringing of their Intellectual Property Rights.

4.6	Please confirm whether you have procedures that allow you to monitor for infringement third party Intellectual Property Rights and how frequently do you review the market place to ensure non-infringement.
4.7	Please confirm how you first became aware of the infringement in relation to this claim.

PART FIVE: INTENDED STRATEGY

5.1	List all causes of action alleged against you in the action giving rise to the claim.
5.2	Please provide your planned strategy to the action you intend to take (eg. Issue a rebuttal, enter into negotiations etc.)
5.3	Please identify what defence you anticipate to mount and what other counter information you would use to discredit such assertion.

PART SIX: CLAIM ESTIMATIONS

IMPORTANT NOTICE

Please get your Legal Representative to assist you in the completion of this section of the claim form.

6.1	Please provide details of your Legal Representative		
	Full Name of the Assured(s)		
	Address		
	Website	Telephone	
	Contact Partner responsible for the Claim	Email:	
6.2	Please provide details of charge out rates of the Legal Representative		
6.3	Please provide details of any fee arrangements made with the Legal Representative or attach the fee agreement.		
6.4	Do you believe you have a reasonable chance of success in defending this infringement action?	YES []	NO []
6.5	Are you willing to negotiate a settlement or license to resolve the action?	YES []	NO []
6.6	Please provide an estimate of Professional Fees and Expenses over the next three months		
6.7	Please provide an estimate of Professional Fees and Expenses should the case conclude at trial		
6.8	In the normal course of your business, would you have incurred the costs in 6.7 had it not been for insurance.	YES []	NO []

6.9	Please provide an estimate of Damages and other relief sought if you are not successful in defending the claim	
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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.

Insurers may choose and are authorized to make further enquiries in connection with this claim.

Authorised Person Position:

Signature: Date: