



# IP Infringement Insurance Application (Base Form- Part 1)

We appreciate your interest in our Intellectual Property (IP) Infringement Insurance products. To determine which Product(s) best fits your needs, please complete this “Base Form” in its entirety and submit the completed form to your insurance Broker/Agent, professional advisor or directly to your respective contact at IPISC.

This “Base Form” serves as **Part 1 of 2** of your specific application for coverage and is **Part 1** for multiple IP insurance products. Please review the available products, below, and check next to the insurance product you wish to purchase. IPISC or an insurance professional can provide you with the Specific Form for the product you have chosen for your completion.

## Available IP Insurance Products (Part 2)

IP Infringement Defense Insurance

Infringement Troll Defense Insurance

IP Infringement Enforcement Insurance

Post-Grant Review Defense Insurance

Unauthorized Disclosure of Confidential Information Insurance

Collateral Protection Insurance

For detailed product descriptions, please visit our “Resources” page on our website at [www.ipisc.com](http://www.ipisc.com).

## Instructions

This application ultimately comprises several Forms applicable to the coverage available and requested by you. After you decide which product(s) is of interest to you, the additional required “Part 2” Form(s) will be sent to you for completion. An application for insurance is not complete until each applicable Form is completed and submitted to IPISC.

**NOTE: The use of the terms “you” or “your” shall refer to the Applicant listed in this application.**

If the space provided is insufficient to answer our question(s), you must use a separate sheet. Refer to the Blank Sheet at the end of this Form. If a question does not apply to you or your Company, please answer “N/A” (not applicable).

In the Company Contact Section of this Form, you must identify a contact person who is knowledgeable about your products and/or your intellectual property IP. As part of the underwriting process, **please be advised that it may be necessary for an IPISC underwriter to interact directly with the person identified as the appropriate contact on this application during the underwriting process to ensure that we appropriately identify the products/processes and/or IP to be insured. We encourage your insurance agent or professional advisor to participate as well.**

While these instructions have been written to anticipate questions which might arise, contact your insurance agent/broker, or an IPISC representative if any question is unclear. Please ensure that **every** Form comprising this application is signed and dated.

Submit the completed application to [info@ipisc.com](mailto:info@ipisc.com), an IPISC account executive or your professional insurance advisor.

# Intellectual Property Insurance Services Corporation

## IP Infringement Insurance Application

### (Base Form- Part 1)

#### Contact Information

1. Applicant Name(s): Telephone No.:  
**Please note:** Applicant name(s) is the Policyholder(s).
- Address 1: Email:  
Address 2: Web Address:  
City: State: Zip:
- Please state below the name of the person we may contact to discuss this application.**
- Contact Name: Contact Telephone No.:  
Contact Address (if different from above): Contact Email:  
Address 1:  
Address 2:  
City: State: Zip:

#### Business Information (General)

2. Company Type (Check one):  Individual:  Corporation:  Sole Proprietorship:  Partnership:  LLC:  Other:
- 2-1. Date of incorporation (formation): FEIN #:
- 2-2. As a business, we have been continuously operating since:
- 2-3. Please give a very brief description of your business and its products/services:
- 2-4. If known, please list your SIC (Standard Industrial Code):
- 2-5. Who are your principal customers? Retailers: Distributors: Vendors: Other businesses: Individuals:  
Others (please describe):
- 2-6. Total number of employees, and employees in R&D:

#### Business Practices

3. Do you have an attorney **on staff** with full time responsibilities for:
- a) Filing patents, trademarks or copyrights, giving advice about potential infringement(s) and additional IP legal advice? (Check one) Yes No  
If more than one please provide the name of the attorney in charge.
- b) Giving advice about potential risks involved with receiving or having custody or control of Confidential Information? (Check one) Yes No  
If "yes," please provide the name of the attorney(s).
4. Do you have one or more independent law firms that regularly give you legal and/or IP advice? (Check one) Yes No  
If "yes," please provide the name of the lead counsel its city & state.
5. Do you use confidentiality and/or non-compete agreements in all IP negotiations and/or business transactions? (Check one) Yes No

6. Are you required by contract to carry IP insurance? (Check one) Yes No

If "yes," please provide details of 1) contract type, 2) with whom, 3) limits required and 4) if the product is Applicant's own, or is made to specifications provided by another. You may provide these details at the end of this application on the "Blank Page."

7. Do you hold Patents, Patent applications, Trademarks, Trademark applications, or Copyrights; or, do you anticipate filing for IP protection (patents/trademarks/copyrights) on your company's products? (Check one) Yes No

If "yes," please provide a brief explanation at the end of this application on the "Blank Page" regarding the type of IP protection (patents, trademarks or copyrights) and the inventive features covered.

## Applicant's History

8. Are you now planning, or in the last three (3) years or have you or any related entity been involved in any conversations contemplating merger, acquisition, joint venture or purchase of business assets, including communications, discussions or negotiations that did not result in a completed transaction?

(Check one) Yes No **If a RENEWAL in the previous POLICY period:** Yes No **If "yes," please provide details on blank page included at the end of this application:**

9. Indicate if you have had any IP insurance in the past. (Check one) Yes No

If "yes," please provide the following particulars:

<b>Type of Coverage:</b>	<b>Carrier:</b>	<b>Limits:</b>	<b>Premium Amount:</b>	<b>Expiration Date:</b>
--------------------------	-----------------	----------------	------------------------	-------------------------

10. Indicate if your company has ever been involved in any of the following (in the last 5 years):

- a. International Trade Commission (ITC) actions, Patent, Trademark or Copyright-related lawsuits, settlements, or declaratory judgment actions (including state actions)? Yes No
- b. Post-Grant Proceedings (oppositions, reissues, re-exams, etc.) under the America Invents Act (AIA)? Yes No
- c. Any other litigation of any kind? Yes No

**IMPORTANT!** If any of the above is "yes," briefly give details and outcome on the "blank page" included at the end of this application.

## Sales Information

11. To the best of your ability, please categorize your company's five (5) top competitors, including their likelihood of holding patents, trademarks and/or the copyrights on products; geographic market; estimated total annual sales and an estimated number of years you and your competitors have been selling the Products, respectively:

**Complete** (check all that may apply)

**Likelihood of holding the following on their Products:**

(check all that may apply)

Competitors:	U.S.	Intl.	Total Annual Sales (Est.)	Years	Patents	Trademarks	Copyrights
1.							
2.							
3.							
4.							
5.							
6. Applicant's Company							

12. Please list Applicant's Sales (estimates if not yet known) for:

Year	U.S. Sales	Non-U.S. Sales	Total Sales
Previous Year			
Current Year			
Next Year			

**IN CONNECTION WITH THIS BASE FORM APPLICATION REGARDING INTELLECTUAL PROPERTY INFRINGEMENT INSURANCE, APPLICANT AND/OR HIS AUTHORIZED REPRESENTATIVE HEREBY REPRESENTS AND WARRANTS AS FOLLOWS:**

1. Applicant understands that the statements and answers furnished to the Company **are representations of Applicant and are also made on behalf of all persons and entities in or related to Applicant's company and the person signing this application represents that he has the authority to make these representations and sign this application.**
2. The answers to the questions in this Application are true, accurate and complete to the best of Applicant's knowledge and belief. Applicant acknowledges and understands that any Intellectual Property insurance policy issued is issued in reliance on the information and statements contained herein and that any material misrepresentation or willful omission or inaccurate statement may result in the voiding of coverage or rescission of the Policy. After the exercise of due diligence, Applicant is not aware of any current patents, trademarks or copyrights (whichever is applicable) that are infringed, nor does he have any awareness of any suspected or anticipated infringements of any patent(s), trademark(s) or copyright(s) (whichever is applicable), except as noted above.
3. Applicant understands that while the insurer, its agents, servants, and employees will endeavor to keep this information confidential, this Application is not a privileged document, and its contents may be required to be disclosed during litigation, or as a result of the statutory or regulatory action.

## **WARNING**

**APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE, AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.**

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO D.C. APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by Applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MICHIGAN APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO MINNESOTA APPLICANTS:** A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO ALL OTHER STATE APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**I am aware that willful, false statements are punishable by various state and federal laws including but not limited to 18 U.S.C. Section 1001.**

Applicant's Signature:

Date:

Applicant's Name:

Applicant's Title:

**(SIGNATURE PAGE – PLEASE SIGN & DATE ABOVE)**

(BLANK PAGE)

Please use this additional space for answers to the Application questions, if needed. Also, please list the Question Number to which you are responding. Please be as thorough as possible: