



Post-Grant Patent Defense Insurance Application

Thank you for your interest in the Post-Grant Patent Defense Insurance Policy. Please complete this application in its entirety and include any additional, required information. Below is a checklist to assist you in completing the application.

Post-Grant Patent Defense application checklist:

1. Answer all questions in this application that apply to the desired coverage. If a question does not apply, please answer, "N/A" (not applicable); however, "N/A" cannot apply to any of the questions on pages 7 thru 9.
2. Give details for all "yes" answers.
3. Provide a copy of the Patent application if the item to be insured is a Patent application. Remember, Patent applications must include all amendments and office actions filed with the U.S. Patent and Trademark Office.
4. Submit copies of any warning letters that Applicant has received.
5. Include a copy of Applicant's current financial statement (audited- if available).

Applicant is encouraged to review the Post-Grant Patent Defense Insurance Product Overview Packet. Please contact IPISC or Applicant's insurance agent or broker for a specimen copy of the application. Upon completion, please submit to info@patentinsurance.com, an IPISC team member or Applicant's insurance agent or broker.

APPLICATION FOR POST-GRANT PATENT DEFENSE INSURANCE POLICY

The Post-Grant Patent Defense Cost Reimbursement Insurance Policy reimburses Applicant for Post-Grant Expenses. The policy responds to Post-Grant Proceedings against the Named Insured brought during the Policy Period involving Insured Intellectual Property(ies) enumerated in Item 3 of the Declarations page of this Policy. This policy does not include reimbursement for Damages; however, separate coverage may be available under a separate Multi-Peril Policy to address first party losses. .

In completing this application, Applicant understands that some or all of the information provided in the answers to the questions may or may not be privileged. This document and/or its contents may be required to be disclosed during litigation or as a result of statutory or regulatory action.

The Company agrees to use all information provided herein and herewith solely for evaluating the feasibility of issuing an insurance policy on the **Insured Intellectual Property(ies)**. Use of **Insured Intellectual Property(ies)** throughout this application shall pertain to the patents listed in P1 of this application. **NOTE: Please Answer All Questions In Detail And Attach Additional Sheets As Necessary.**

1. Applicant Name(s):

Phone No.:

Please note: Applicant Name(s) will be the Policyholder(s).

Email Address:

Does Applicant also need Additional Insureds covered? If **"yes,"** see Question 3b.

Address 1:

Website Address:

Address 2:

City:

State:

Zip:

Please state the name of the person we may contact to discuss this application.

Contact Name:

Phone No.:

Contact Title:

Email Address:

Contact Address (if different from above):

Address 1:

Email Address:

Address 2:

City:

State:

Zip:

2a. Company Type (Check one): Corporation Individual* Partnership Other

*If individual: Date of Birth

2b. Date of incorporation (formation): FEIN #:

2c. Continuously operating since:

2d. Please describe the nature of Applicant's business:

3a. Please indicate Applicant's future Requested Effective Date should coverage be offered:

4a. Requested Policy Limit (per Claim/Aggregate). Aggregate Limits available are the same as per Claim Limits or higher. Please indicate Applicant's interest.

Per Claim Limits: Aggregate Limits:
 Policy Term: 1 Year 2 Year policy 3 Year policy

4b. Indicate if Applicant has had any IP insurance before.

(Check one) Yes No

If "yes," please provide a name of the carrier, limits, premium, and expiration date of Policy.

5. Indicate if Applicant or Applicant's company has ever been involved in any of the following:

If **Renewal** in the previous policy period (check below:

Action	Yes	No	If Renewal in the previous policy period (check below:	
			Yes	No
a. International Trade Commission (ITC) actions				
b. Declaratory Judgment actions?				
c. Patents related Civil Proceeding(s) or settlements				
d. Other post-grant procedures (oppositions, re-exams, etc.)				
e. Other litigation of any kind filed by or against Applicant in the past three (3) years, including state actions?				

If Applicant's answer to any of the above is "yes," briefly give details and outcome on the blank page included at the end of this application.

6. Indicate SIC codes that apply to the Insured Intellectual Property(ies):

7. Is Applicant currently in business selling products or processes that are covered by the **Insured Intellectual Property(ies)**?
 (Check one) Yes No
- 8a. What ownership/contractual rights or relationship does Applicant have to the **Insured Intellectual Property(ies)**?
 Please check:
 Owner Exclusive Licensee Assignee Other If "other," please explain below:
9. Is the **Insured Intellectual Property(ies)** to be insured used by Applicant, for Applicant or by another under license from Applicant? (Check one for each)
 By Applicant: Yes No For Applicant: Yes No Under license from Applicant: Yes No
10. Has Applicant previously had, or is Applicant now engaged in, any disputes with any of the parties identified in Question 9? (Check one) Yes No If "yes," please explain.
11. How many end users are there for the **Insured Intellectual Property(ies)**?
12. Are there presently in the market similar or competing alternatives to the **Insured Intellectual Property(ies)**?
 (Check one) Yes No If "yes," please explain.
13. Estimate the number of companies that directly compete with Applicant's **Insured Intellectual Property(ies)** in the marketplace.
 None: Less than 5: 5 – 10: 10 – 20: More than 20:

14. Please categorize Applicant's company and their five (5) top competitors, 1) including likelihood of holding patents, products, 2) geographic market, 3) estimated total annual sales, and 4) an estimated number of years Applicant and their competitors have been selling the **Insured Intellectual Property(ies)**:

Competitors:	U.S.	Foreign	Total Annual Sales (Estimated)	Years	Likelihood of holding Patents on their products
1)					
2)					
3)					
4)					
5)					
6) Applicant's Company					

15. Applicant's Sales for:

Year	U.S. Sales	Foreign Sales	Total Sales
Previous Year			
Current Year			
Next Year			

16. What is the average market life of the products and processes covered by **Insured Intellectual Property(ies)**

Less than one year 1 – 3 years 3 – 5 years 5 – 10 years

17. Estimate the total size of the U.S. market for the above **Insured Intellectual Property(ies)**.

Less than \$1M: \$1M – \$10M: \$10M – \$100M: \$100M – \$500M

18. Report the number of years the products or processes above have been used or sold by Applicant and Applicant's competitors:

Competitor Companies	Number of Years
1.	
2.	
3.	
4.	
5.	
Applicant's Company:	

19a. List the principal customers served by Applicant's business:

19b. Does Applicant's business involve "aftermarket supply" or a re-seller market (e.g., automotive replacement parts, printer ink replacement, long distance telephone reseller)?

(Check one) Yes No If "yes," please give details:

20. Estimate the average percentage (%) Net Profit (before interest and taxes) experienced by Applicant's company.

For products and processes covered by Insured Intellectual Property(ies) only (choose one)		For the Company as a whole	
Less than 5%		Less than 5%	
5% - 10%		5% - 10%	
10% - 20%		10% - 20%	
20% - 40%		20% - 40%	
More than 40%		More than 40%	



The following questions pertain specifically to the Post-Grant Patent Defense coverage that Applicant wishes to purchase. Please answer ALL of the questions completely.

Questions for Coverage Against Post-Grant Proceedings

P1. Insured Intellectual Property(ies) for which insurance is being requested. Please list patent numbers below. If Applicant needs additional space, please list on the last page of this application:

P2. Provide the numbers of Applicant’s ten (10) most important Patents below.

P3. Are the Patents listed in P2 licensed to anyone?

(Check one) Yes No If “**yes**,” please identify licensee(s) and elaborate:

P4. Please also provide the following details of the license(s):

- a. Exclusive License: Non-Exclusive License:
- b. License duration:
- c. License grant date:
- d. License is current:
- e. License a result of a settlement: Yes No
- f. License a result of a cross-license: Yes No

P5. Is Applicant obligated to enforce the **Insured Intellectual Property(ies)** for the benefit of any third party?

(Check one) Yes No If “**yes**,” please identify.

P6. Are any products/processes covered by the **Insured Intellectual Property(ies)** also covered by patents licensed by Applicant from others (i.e. Applicant is the licensee)?

(Check one) Yes No If “**yes**,” please confirm that Applicant has the unimpaired rights to enforce the **Insured Intellectual Property(ies)**: Yes No

- P7. Specify in detail Applicant's knowledge of any existing potential infringements of the **Insured Intellectual Property(ies)** either in the U.S. or foreign countries. Please provide details, including name of the other party and the date Applicant first discovered the potentially infringing use:
- P8. Are there any circumstances that Applicant is aware of, including existing or threatened lawsuits, which could reasonably be expected to give rise to IP litigation against Applicant? (Check one) Yes No
If "yes," please provide details.
- P9. Is this policy being sought to cover any loss, costs or expenses relating to filing an abbreviated or new drug application (ANDA or NDA) with the FDA under the Hatch Waxman Act?
(Check one) Yes No If "yes," please provide details.
- P10. Have the **Insured Intellectual Property(ies)** ever been involved in any Hatch Waxman proceedings?
(Check one) Yes No If "yes," please provide details.
- P11. Indicate the number of patents held/controlled/licensed by Applicant.

In connection with this application for Post-Grant Patent Defense Cost Reimbursement Insurance, Applicant and/or Applicant's authorized representative hereby represents and warrants as follows:

1. The **Insured Intellectual Property(ies)** identified in Questions P1 for which this application for insurance is made have been: legally procured and Applicant has no knowledge of any facts or circumstances adversely affecting its validity.
2. 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.**
3. Applicant has been provided with **a specimen copy (or, if not, will request a copy)** of the Post-Grant Patent Defense Cost Reimbursement Insurance Policy and understands that the policy only reimburses Covered Post-Grant Actions brought during the Policy Period, has read and understands the terms, conditions and exclusions of said Policy, and has had the opportunity to discuss the coverage with a professional intellectual property advisor.
4. 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 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 infringement nor has any awareness of any suspected or anticipated infringements of any Insured Intellectual Property(ies).
5. 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 statutory or regulatory action.
6. The Applicant understands that the Post-Grant Patent Defense Cost Reimbursement Insurance Policy only applies to those Claims that are first reported to the Company during the Policy Period relating to Covered Actions brought during the Policy Period and with respect to which the Named Insured's first knowledge that he may be facing a Post-Grant Proceeding during the Policy Period. **Applicant further understands that there is a forty-five (45) day waiting period from the Effective Date of the Policy within which, if a Post-Grant Proceeding(s) (as defined in the Policy) is initiated against Named Insured, it will not be covered, and that should there be no renewal of this Policy, Applicant will have 45 days after the expiration date of the Policy Period in which if a Post-Grant Proceeding(s) is initiated against Named Insured a Claim(s) thereon will be considered.**

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 presets 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:

Applicant's Name:

Title:

Date:

Space below for additional answers