

# Intellectual property

Application form **United Kingdom** 



### INTRODUCTION

The purpose of this application form is for us to find out more about you. Completion of this application form does not oblige either you or us to enter into a contract of insurance.

Following a reasonable search you must provide us with all information which may be material to the cover we offer in a clear and accessible manner. Information is material if it would influence our decision whether to insure you, what cover we offer you or what premium we charge you. If you are in any doubt whether a fact or circumstance is material you should disclose it.

### HOW TO COMPLETE THIS FORM

Whoever fills out the form must be a principal, director or partner of the applicant company. They should make all the necessary enquiries of their fellow senior management, employees and persons responsible for arranging the insurance to enable our questions to be answered.

If you require extra space to answer the questions or provide any other material information, please use the additional information section at the back of the form. Once you have completed the form please return it directly to your insurance broker.

## **SECTION 1: COMPANY DETAILS**

Insured company:		
Address:		
	Postcode:	
Website:		
Contact name:	E-mail:	
ase state when your company was established:		DD / MM / YY
ase briefly describe below the nature of your business activities. You have a brochure, or company literature, please attach to this form.		



1.5

1.4 Please state your turnover for the following years.

	Last complete financial year		for the current ncial year
The UK:			
Germany:			
Other European countries:			
The USA:			
Canada:			
Asia:			
Australia and New Zealand:			
Africa and Latin/South America:			
TOTAL:			
2 (6			
Date of financial year end:	DD / MM / YY	Currency:	
b) What percentage of your total turnover	relates to the sale of products?		%
	as a unit price or as a percentage of sales ap	pplicable to	
your products?		L	
Please state the following:			
Please state the following:  a) Who owns the company to be insured:			
a) Who owns the company to be insured:	ind there will be any merger acquisition or	inint vonture?	Yes No
a) Who owns the company to be insured:  b) Whether there has been, or is it anticipat	ted there will be, any merger, acquisition or	joint venture?	Yes No
a) Who owns the company to be insured:	ed there will be, any merger, acquisition or	joint venture?	Yes No
a) Who owns the company to be insured:  b) Whether there has been, or is it anticipat	ted there will be, any merger, acquisition or	joint venture?	Yes No
a) Who owns the company to be insured:  b) Whether there has been, or is it anticipat	ted there will be, any merger, acquisition or	joint venture?	Yes No



1.6	Pled	ase state the following:		
	a)	The number of employees		
	b)	Whether your employment and consultancy	Yes No	
	c)	Whether your employment or consultancy co ownership of all intellectual property created	osolute Yes No	
	d)	Whether you obtain written confirmation from contractual terms and conditions relating to	reach of any Yes No	
	If yo	ou have answered no to any of b), c) or d), pl	lease explain why:	
SECT	101	N 2: PRODUCTS		
		ase provide details of your top 5 income gene	erating products:	
			Description of	Turnover for this
		Product/product line	Description of product/product line	Turnover for this product/product line
		Product/product line	Description of product/product line	
		Product/product line	Description of product/product line	
		Product/product line	Description of product/product line	
		Product/product line	Description of product/product line	
2.2	Plec	Product/product line  ase state why your products and services are u	product/product line	
2.2	Plea		product/product line	
2.2	Plec		product/product line	
2.2	Pleco		product/product line	
2.2	Plec		product/product line	
2.2	Plecc		product/product line	



2.3 Please provide details of your top 3 competitors:

Name	Country of Domicile	Turnover
4 Do you intend to introduce any new during the next 12 months?	product, or market an existing product in a new business sector	or territory, Yes No
	ng the income that you anticipate generating:	
5 Do you have a product recall or crisi	s management plan in place?	Yes No
If yes, how often is it tested or review	ved?	
If no, please explain why:		
6 Have you ever recalled a product du	e to the infringing of any intellectual property?	Yes No
If yes, please provide details:		



Cor	Company name or brand name		Product line		Turnover	
Please p	rovide details of who yo	ur customers are:				
,					г	
cessors/m	anufacturers	Distribut	ors/wholesalers	Retailers	Consumers	
TION 3: II	NTELLECTUAL PROPERT	Y				
Please prelevant Status: Ir of the ap	NTELLECTUAL PROPERT provide details of all intel documentation which co	Y  Vectual property that you ontains the information in the information in the status of your patents, res	wish to be covered by complete the box below:	leting the boxes below or b	by attaching a copy of al	
Please prelevant Status: Ir of the ap	NTELLECTUAL PROPERT  provide details of all intel documentation which con addition to stating the sopplication document for a	Y  Sectual property that you ontains the information in the informatio	wish to be covered by complete the box below:  If the box below:  If the box below:  If the box below:  Application /	leting the boxes below or being the boxes below or being the boxes below or being the boxes below and boxes below or boxes below or boxes below or boxes below or boxes below and boxes below and boxes below or boxes below and boxes below a	oy attaching a copy of al	
Please prelevant Status: Ir of the ap	NTELLECTUAL PROPERT  provide details of all intel documentation which con addition to stating the sopplication document for a	Y  Sectual property that you ontains the information in the informatio	wish to be covered by complete the box below:  If the box below:  If the box below:  If the box below:  Application /	leting the boxes below or being the boxes below or being the boxes below or being the boxes below and boxes below or boxes below or boxes below or boxes below or boxes below and boxes below and boxes below or boxes below and boxes below a	oy attaching a copy of al	



# Registered designs:

ldentifying title na or brand name	me Territo	Applic ory Grai	cation / nt No	Application / Grant date	Status
ered trade or servi	ice marks:				
A A . J.	T. milan.	Application/ Registration	Application/ Registration	Clare(se)	Cladera
Mark	Territory	No	date	Class(es)	Status
gistered trade or se	anica marke				
	Mark			Territory	
	MAIK			теппоту	



	Copyright (including unregistered design rights):		
	Domain names:		
3.2	Do you own or are you the exclusive licensee of the intellectual property?	Yes	No
	If no, please explain why:		
3.3	Are any external research organisations or joint ventures used for product development?	Yes	No
	If yes, please supply details of ownership details and copies of all contractual agreements:		
ECT	fion 4: contracts		
Plea	se complete this section if you have any contracts that govern intellectual property		
4.1	Do any of the contracts impose an obligation on you to enforce any intellectual property rights? If yes, please provide a copy of the contract	Yes	No
1.2	Do any of the contracts impose an obligation on you to indemnify or hold harmless a third party for costs or damages in the defence of any infringement proceedings arising out of the use of intellectual property? If yes, please provide a copy of the contract	Yes	No
1.3	Do any of the contracts impose an obligation upon a third party to indemnify you or hold you harmless for costs or damages in the defence of any infringement proceedings arising out of the use of intellectual property?	Yes	No



4.4	Do you retain the right to control any claim where you have an obligation to indemnify or hold harmless a third party under contract?  Yes No No No please explain why:
SECT	ION 5: RISK MANAGEMENT
5.1	Please summarise your current risk management procedures for intellectual property, including search practices (freedom to operate), competitor monitoring and analysis, internal and external professional services, allocation of responsibility and legal sign off:
5.2	Please summarise the procedures you have in place in the event that you discover a third party may have infringed your, or you may have
	infringed a third party's, intellectual property:



# SECTION 6: PURSUIT

Only	complete this section if you require coverage for pursuit claims:	
6.1	Has any intellectual property been the subject of any opposition or invalidity proceedings or ex-parte re-examination?	Yes No
6.2	Has any intellectual property been used as collateral or subject to liens against loans or otherwise?	Yes No
6.3	Has any intellectual property been acquired from a third party?	Yes No
	ou have answered yes to any of questions 6.1 – 6.3, please explain in the box below and continue on the . e if necessary:	ADDITIONAL INFORMATION
_		
_		
_		
SEC	TION 7: LOSS OF INTELLECTUAL PROPERTY RIGHTS	
Oni	ly complete this section if you require coverage for loss of intellectual property rights claims:	
7.1	Please state the following:	
	a) The name of the patent, registered design, registered trade or service mark you have declared in Section 3 which has incurred the highest application costs and maintenance fees:	n
	b) The actual application costs and maintenance fees incurred in respect of the patent, registered design, registered trade or service mark stated in a):	
7.2	Please state the total costs incurred for applications, maintenance, renewals and any legal and official fees for portfolio for the following years:	or your intellectual property
	Last complete financial year:	
	Estimate for the current financial year:	
Oni	ly complete Q7.3 - Q7.5 if you have not completed Section 6 above:	
7.3	Has any intellectual property been the subject of any opposition or invalidity proceedings?	Yes No
7.4	Has any intellectual property been used as collateral or subject to liens against loans or otherwise?	Yes No
	Has any intellectual property been acquired from a third party?	Yes No



# SECTION 8: LOSS OF PROFIT

Only complete this section if you require coverage for loss of profit:

8.1 Please provide the following information in respect of your top 3 products:

Actual income

	Product	tor past tinai US	ncial year Non-US	tor present t US	financial year Non-US	tor next tinar US	Non-US
	9: LEGAL ACTIONS						
In re	espect of any intellect Commenced proced actual or alleged in	edings against, or	r issued a warning l		rty in respect of their		Yes
b)	Commenced proced actual or alleged br						Yes
c)	Defended an action of your actual or all				party in respect		Yes
d)	Defended an action of your actual or all				party in respect		Yes
e)	Defended an action your ownership righ				party threatening		Yes
f)	Defended an appli	cation for a decla	ration of non-infrin	gement of your int	ellectual property?		Yes
g)	Amended your proc intellectual property		al property rights to	avoid infringing a	a third party's		Yes
	ou have answered ye. ge if necessary:	s to any of questic	ons a) – g), please (	explain in the box	below and continue on	the ADDITIONAL I	NFORMATIC

Projected income

Projected income



# SECTION 10: INSURANCE HISTORY

10.1	1 In respect of any intellectual property have you ever:							
	a)	Had an application or renewal for intelled been subject to any special terms or con If yes, please provide full details:		ance declined by an insurer or	Yes No			
	_							
	b)	Had any insurance cancelled or voided If yes, please provide full details:	by an insurer?		Yes No			
SECTI	ON	11: INSURANCE REQUIREMENTS						
11.1	a)	Please indicate the required coverage by t	ticking the appropriate boxes bel	ow:				
		Patent defence:		All other intellectual property	defence:			
		Patent pursuit:		All other intellectual property	pursuit:			
		Loss of intellectual property rights:		Loss of future profits:				
	b)	Please indicate the required limit of liabil	ity by ticking the appropriate box	below:				
		1,000,000		5,000,000				
		2,000,000		10,000,000				



c) Please indicate the required deducti	ble by ticking the appropriat	e box below:	
2,500		50,000	
5,000		100,000	
10,000		Other	
20,000			
1.2 Please indicate the territorial limits where	cover is to be provided by ti	icking the appropriate box below:	
Country of Domicile		European Patent Convention	n Member States
Worldwide		Worldwide excluding USA/C	Canada
1.3 AFTER ENQUIRY, are you aware of any or claim being made under this policy:  a) against you by a third party?	cause, event or circumstance	e, including the existence of any prior art,	which may give rise to a  Yes No
b) against a third party by you?			Yes No
		s of the cause, event or circumstance and or any pursuit claim, the maximum amou	
ECTION 12: DECLARATIONS			
<ul> <li>substantially true, accurate and corre</li> <li>I will inform underwriters before cove</li> <li>I understand that if any of the inform or incorrect, or I have not disclosed</li> </ul>	ect; er incepts of any change to t nation contained in this app any other information that i	is application form, and any other infor he information supplied by me; and lication form or provided elsewhere is su s material, the Policy may be avoided wit ecome payable or we may reduce the am	bstantially untrue, inaccurate thout any return of premium,
Signed:		Full name:	
Position held:		Date:DD./ MM	/ YY



ADDITIONAL INFORMATION:	