

**Toronto Office:** 18 King St. E., Suite 300 Toronto, ON M5C 1C4  
 T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | www.suminsurance.ca

**Montreal Office:** 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8  
 T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | www.assurancesum.ca

## APPLICATION – INTELLECTUAL PROPERTY INSURANCE

### SECTION 1: COMPANY DETAILS

1.1 Please state the name and address of the principal Company for whom this insurance is required. Cover is also provided for the subsidiaries of the principal Company, but only if you include the data from all of these subsidiaries in your answers to all of the questions in this form:

Insured company: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Website: \_\_\_\_\_

Contact name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

1.2 Please state when your company was established: \_\_\_\_\_

1.3 Please state your turnover for the following years:

TURNOVER GENERATED FROM	LAST COMPLETE FINANCIAL YEAR	ESTIMATE FOR THE CURRENT FINANCIAL YEAR
The UK:		
Germany:		
Other European countries:		
The USA:		
Canada:		
Asia:		
Australia and New Zealand:		
Africa and South America:		
<b>TOTAL</b>		

Date of financial year end: \_\_\_\_\_ Currency: \_\_\_\_\_

What percentage of your total turnover relates to the sale of products? \_\_\_\_\_%

If known, please state the royalty rate as a unit price or as a percentage of sales applicable to your products? \_\_\_\_\_

1.4. Please state the following:

Who owns the company to be insured:

---

---

Whether there has been, or is it anticipated there will be, any merger, acquisition or joint venture?  Yes  No

If Yes, please provide details?

---

---

1.5. Please state the following:

a) The number of employees: \_\_\_\_\_

b) Whether your employment and consultancy contracts contain a confidentiality clause?  Yes  No

c) Whether your employment or consultancy contracts contain a clause stating that you retain absolute ownership of all intellectual property created on your behalf?  Yes  No

d) Whether you obtain written confirmation from prospective employees that they will not be in breach of any contractual terms and conditions relating to any previous employment?  Yes  No

If you have answered NO to any of b), c) or d), please explain why:

---

---

---

## SECTION 2: PRODUCTS

2.1 Please provide details of your top 5 income generating products:

PRODUCT/PRODUCT LINE	DESCRIPTION OF PRODUCT/PRODUCT LINE	TURNOVER FOR THIS PRODUCT/PRODUCT LINE

2.2 Please state why your products and services are unique:

---

---

2.3 Please provide details of your top 3 competitors:

NAME	COUNTRY OF DOMICILE	TURNOVER

2.4 Do you intend to introduce any new product, or market an existing product in a new business sector or territory, during the next 12 months?  Yes  No

If Yes, please provide details including the income that you anticipate generating:

---

---

2.5 Do you have a product recall or crisis management plan in place?  Yes  No

If Yes, how often is it tested or reviewed? \_\_\_\_\_

If No, please explain why:

---

---

2.6 Have you ever recalled a product due to the infringing of any intellectual property  Yes  No

If Yes, please provide details:

---

---

2.7 Are any products sold under a third party's name or brand name?  Yes  No

If Yes, please provide details:

COMPANY NAME OR BRAND NAME	PRODUCT LINE	TURNOVER

2.8 Please provide details of who your customers are:

Processors/manufacturers  Distributors/wholesalers  Retailers  Consumers

### SECTION 3: INTELLECTUAL PROPERTY

Please provide details of all intellectual property that you wish to be covered by completing the boxes below or by attaching a copy of all relevant documentation which contains the information in the box below:

*Status: In addition to stating the status of your patents, registered design, trade or service marks in the boxes below, please provide a copy of the application document for any unpublished application*

Patents:

IDENTIFYING TITLE NAME OR BRAND NAME	TERRITORY	APPLICATION / GRANT NO	APPLICATION / GRANT DATE	STATUS

Registered designs:

IDENTIFYING TITLE NAME OR BRAND NAME	TERRITORY	APPLICATION / GRANT NO	APPLICATION / GRANT DATE	STATUS

Registered trade or service marks:

MARK	TERRITORY	APPLICATION / REGISTRATION NO	APPLICATION / REGISTRATION DATE	CLASS(ES)	STATUS

Unregistered trade or service marks:

MARK	TERRITORY

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:

---

---

---

---

## SECTION 4: CONTRACTS

*Please 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?  Yes  No

If Yes, please provide a copy of the contract.

4.2 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?

Yes  No

If yes, please provide a copy of the contract

4.3 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

If No, please explain why:

---

---

## SECTION 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

If you have answered YES to any of questions 6.1 – 6.3, please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

---

---

---

---

## SECTION 7: LOSS OF INTELLECTUAL PROPERTY RIGHTS

Only 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: \_\_\_\_\_

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 your intellectual property portfolio for the following years:

Last complete financial year: \_\_\_\_\_

Estimate for the current financial year: \_\_\_\_\_

Only 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

7.5 Has any intellectual property been acquired from a third party?  Yes  No

## 8. 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:

PRODUCT	ACTUAL INCOME FOR PAST FINANCIAL YEAR		PROJECTED INCOME FOR PRESENT FINANCIAL YEAR		FOR NEXT FINANCIAL YEAR	
	US	Non-US	US	Non-US	US	Non-US
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

## SECTION 9: LEGAL ACTIONS AND LOSS HISTORY

(a) Commenced proceedings against, or issued a warning letter to, a third party in respect of their actual or alleged infringement of your intellectual property?  Yes  No

b) Commenced proceedings against, or issued a warning letter to, a third party in respect of an actual or alleged breach of a confidentiality undertaking or licence agreement?  Yes  No

c) Defended an action brought by, or received a warning letter from, a third party in respect of your actual or alleged infringement of their intellectual property?  Yes  No

d) Defended an action brought by, or received a warning letter from, a third party in respect of your actual or alleged breach of a licence agreement?  Yes  No

- e) Defended an action brought by, or received a warning letter from, a third party threatening your ownership rights in, or validity of, any of your intellectual property?  Yes  No
- f) Defended an application for a declaration of non-infringement of your intellectual property?  Yes  No
- g) Amended your products or intellectual property rights to avoid infringing a third party's intellectual property?  Yes  No

If you have answered YES to any of questions a) – g), please explain in the box below and continue on the ADDITIONAL INFORMATION page if necessary:

---



---



---



---

## SECTION 10: INSURANCE HISTORY

10.1 In respect of any intellectual property have you ever:

- a) Had an application or renewal for intellectual property infringement insurance declined by an insurer or been subject to any special terms or conditions?  Yes  No

If Yes, please provide full details:

---



---



---

- b) Had any insurance cancelled or voided by an insurer?  Yes  No

If yes, please provide full details:

---



---



---

## SECTION 11: INSURANCE REQUIREMENTS

11.1 a) Please indicate the required coverage by ticking the appropriate boxes below:

- |   |   |
|---|---|
| <input type="checkbox"/> Patent defence                       | <input type="checkbox"/> All other intellectual property defence: |
| <input type="checkbox"/> Patent pursuit                       | <input type="checkbox"/> All other intellectual property pursuit: |
| <input type="checkbox"/> Loss of intellectual property rights | <input type="checkbox"/> Loss of future profits:                  |

b) Please indicate the required limit of liability by ticking the appropriate box below:

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> 1,000,000 | <input type="checkbox"/> 5,000,000  |
| <input type="checkbox"/> 2,000,000 | <input type="checkbox"/> 10,000,000 |
| <input type="checkbox"/> 3,000,000 | <input type="checkbox"/> Other      |



c) Please indicate the required deductible by ticking the appropriate box below:

- |                                 |                                  |
|---------------------------------|----------------------------------|
| <input type="checkbox"/> 2,500  | <input type="checkbox"/> 50,000  |
| <input type="checkbox"/> 5,000  | <input type="checkbox"/> 100,000 |
| <input type="checkbox"/> 10,000 | <input type="checkbox"/> Other   |
| <input type="checkbox"/> 20,000 |                                  |

11.2 Please indicate the territorial limits where cover is to be provided by ticking the appropriate box below:

- |  |   |
|--|---|
| <input type="checkbox"/> Country of Domicile | <input type="checkbox"/> European Patent Convention Member States |
| <input type="checkbox"/> Worldwide           | <input type="checkbox"/> Worldwide excluding USA/Canada           |

11.3 AFTER ENQUIRY, are you aware of any cause, event or circumstance, including the existence of any prior art, which may give rise to a claim being made under this policy:

- |                                  |                              |                             |
|----------------------------------|------------------------------|-----------------------------|
| a) against you by a third party? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) against a third party by you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to a) or b) above is 'Yes', then please provide full details of the cause, event or circumstance and, for any defence claim, the maximum amount likely to be claimed by a third party from you or, for any pursuit claim, the maximum amount you are likely to claim from a third party.

## SECTION 12: DECLARATIONS

- I declare that after proper enquiry the statements and particulars given above are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied by me, shall form the basis of any contract of insurance effected thereon.
- I undertake to inform Underwriters of any material alteration to these facts occurring before the completion of the contract.

Signed: \_\_\_\_\_ Full name: \_\_\_\_\_

Position held: \_\_\_\_\_ Date: \_\_\_\_\_



**Toronto Office:** 18 King St. E., Suite 300 Toronto, ON M5C 1C4  
T: 416-603-7864 or 1-877-603-7864 | F: 416-603-7861 | [www.suminsurance.ca](http://www.suminsurance.ca)

**Montreal Office:** 1001 De Maisonneuve Blvd. W., Suite 900 Montreal, QC H3A 3C8  
T: 514-845-7861 or 1-855-845-7861 | F: 514-844-7862 | [www.assurancesum.ca](http://www.assurancesum.ca)

ADDITIONAL INFORMATION: