



IP Infringement Insurance Application

Contact Information

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 Email:

Please Select Below the Coverages You Wish to Obtain

IP Infringement Defense Insurance, (see description on page 5) Complete Sections 1, 2, and 4

IP Infringement Enforcement Insurance, (see description on page 7) Complete Sections 1, 3, and 4

Requested effective date(s):

Instructions

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 please answer “N/A” (not applicable).

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 contact an IPISC representative, your insurance agent/broker or professional advisor for the policy specimen and ensure that this application is signed and dated.

SECTION 1.

Business Information and Practices

- Company Type (check one): Individual: Corporation: Sole Proprietorship:
Partnership: LLC: Other:
- Please give a very brief description of your business and its products/services, and number of years in business:
- Who are your principal customers? Retailers: Distributors: Vendors: Individuals:
Other Businesses (please describe):
- Is there an attorney(s) on staff or an independent law firm(s) that regularly file applications for patents, trademarks, copyrights, or give advice on potential infringements or handle IP disputes / litigation? (check one)
Yes No If "yes," please provide name(s) and law firm(s) if applicable.
- 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."
- 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 and the inventive features covered.
- To the best of your ability, please categorize your company's three (3) top competitors, including their likelihood of holding patents, trademarks and/or the copyrights on products; geographic market; estimated total annual business income 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. Applicant's Company							

8. Please list Applicant's Business Income (Gross Revenues) from all products and services (estimate if not yet known) for:

Year	U.S. Business Income	Non-U.S. Business Income	Total Business Income
Previous Year:			
Current Year:			
Next Year:			

9. Are you now planning, or in the last three (3) years 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 "yes," please provide details on blank page included at the end of this application.**

10. Indicate if you've had any IP insurance in the past. (check one) Yes No **If "yes," please provide the following particulars:** Type of Coverage: Carrier: Limits:
 Premium Amount: Expiration Date:

11. Indicate if your company has 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) OR Post-Grant Proceedings (oppositions, reissues, re-exams, etc.) ? (check one) Yes No
 b. Any other litigation of any kind? (check one) Yes No **If any of the above is "yes," briefly give details and outcome on the "blank page" included at the end of this application.**

12. Are you currently in business selling the PRODUCT(S) to be insured or PRODUCT(S) covered by the IP to be insured? (check one) Yes No

13. Estimate the average % Net Profit (before interest and taxes) experienced by you.
 From Insured PRODUCT(S)/IP only: (choose one)
 For Company as a whole: (choose one)

14. Have you ever had any IP-related enforcement or defense costs, including settlements or damages paid? (check one) Yes No
 If 'yes,' what are your average IP-related enforcement or defense costs, including settlements or damages paid, for the last 3 years? (Do not include costs of IP acquisition or prosecution or insurance premiums).
 Year: Costs: \$
 Year: Costs: \$
 Year: Costs: \$

15. Are you aware of any facts or circumstances or have you sent or received any warnings or notices of infringement to or from anyone concerning any products, processes, marks, symbols, slogans or works of authorship suggesting they or you infringe any patents, trademarks, or copyrights of yours or others? (check one) Yes No **If "yes," please provide details.**
16. Have you previously had, or are you now engaged in, any disputes with any of your licensors, licensees, suppliers, or manufacturers? (check one) Yes No **If "yes," please provide details.**
17. Are any PRODUCT(S) or IP:
- a. Licensed by you to others (i.e., you are the licensor)? (check one) Yes No **If "yes," to whom?**
- b. Licensed by you from others (i.e., you are the licensee)? (check one) Yes No **If "yes," from whom?**
- c. Manufactured **by** you? (check one) Yes No
- d. Manufactured **for** you? (check one) Yes No
18. Indicate if you have made or received offers for license under any intellectual property(ies) of yours or of another which you or another have refused or declined. (check one) Yes No **If "yes," please provide details.**
19. Specify in detail your knowledge of: Anticipated or existing accusations of intellectual property infringement either in the U.S. or abroad, OR activities outside the U.S., which if conducted in the U.S. could be an infringement. (check one) Yes No **If "yes," please provide details, including name of other party and date you began this use on the Blank Page.**



If applying for *Defense Coverage only*, proceed to Section 2 on page 5.

If applying for *Enforcement coverage only*, proceed to Section 3 on page 7.

SECTION 2. Only proceed with Section 2 if applying for Defense Coverage

Defense Coverage & Options

The **Intellectual Property (IP) Infringement Defense Policy** pays its portion of LITIGATION EXPENSES and DAMAGES (if chosen) should you be sued by another for infringement of their patent, trademark/trade dress or copyright (depending upon the coverage taken). The policy responds to charges of Infringement by your Manufactured Products, Marks, and/or Works (described below), which are listed and/or described in the Schedule of Insured Manufactured Products issued with the Declarations Page of your Policy.

Manufactured Product(s), Marks, and/or Works (referred to throughout this application form as "PRODUCT(S)") shall mean any Work of Authorship, word, slogan, design, process, machine, article of manufacture or composition owned, licensed, or controlled by you.

- Coverage for charges of Infringement for (check all that apply): Patent: Trademark: Copyright:
Coverage for (check all that apply): U.S. Only: Foreign Coverage: Additional Insureds (see Q.5.):
- Requested Claim Limit, Aggregate (Aggregate Limits are the same as per Claim Limits, unless higher is requested), Copay, and Self-Insured Retention (SIR):

Per Claim Limit:	Copay Other:
Aggregate Limit:	SIR Other:
Copay (does not erode the limits):	
SIR (does not erode the limits):	
- Requested Policy Term: 1-Year: 2-Year: 3-Year:
- Are you obligated to defend any third party for infringement concerning the PRODUCT(S) being insured?
(check one) Yes No If "yes," please describe.
- Please list or describe all Additional Insureds for which coverage is sought and their relationship to the PRODUCT(S).
- Are there presently in the market similar or competing alternatives to the PRODUCT(S)?
(check one) Yes No
If "yes," are there patent, trademark or copyright numbers, symbols, or pending notices on such competing devices? (check one) Yes No Unknown If "yes," please give the numbers (if known):

7. Does anyone other than you have IP rights in the PRODUCT(S)? (check one) Yes No **If "yes," please identify party(ies).**

8. Have you ever been a Defendant in a patent, trademark, or copyright infringement lawsuit? (check one) Yes No **If "yes," please provide details.**

9. It is important that we have a clear understanding of the PRODUCT(S) you wish to insure. Describe below (and on Blank Page if necessary) the PRODUCT(S) or PROCESSES you wish to insure.

10. Is any part of the PRODUCT(S) covered by PATENT(s), TRADEMARK(s), or COPYRIGHT(s)? **If "yes," please identify.**

PATENT(s)? (check one)		TRADEMARK(s)? (check one)		COPYRIGHT(s)? (check one)	
Yes	No	Yes	No	Yes	No



If applying for Defense Coverage ONLY, skip Section 3 (Enforcement) and continue to Section 4 (Signature Page) on page 10.

SECTION 3. Only proceed with Section 3 if applying for Enforcement Coverage

Enforcement Coverage & Options

The **Intellectual Property Infringement Enforcement Policy** pays its portion of LITIGATION EXPENSES should you elect to enforce your PATENT, TRADEMARK, COPYRIGHT or TRADE SECRET rights (depending upon the coverage taken) against an alleged infringer. The Policy responds to enforcement of Insured Intellectual Property (IP), which is listed and/or described on the Policy's Schedule of Insured Intellectual Property.

INTELLECTUAL PROPERTY (hereinafter referred to throughout this application as "IP") shall mean: PATENT(S), TRADEMARK(S), COPYRIGHT(S) and TRADE SECRET(S) and existing applications therefore, which you represent to the best of your knowledge and belief were legally and/or are being legally procured and as to which you warrant you have no knowledge of any facts or circumstances adversely affecting their validity.

Except for amendments of PATENT applications during prosecution (and continuations where the parent application is abandoned), no revisions, modifications, continuations, continuations-in-part, divisions, extensions, renewals, reissues or the like of any PATENT, TRADEMARK, COPYRIGHT, and/or application therefor is included in the INSURED INTELLECTUAL PROPERTY unless specifically enumerated on the Declarations Page of the Policy, or listed in the Schedule of INSURED INTELLECTUAL PROPERTY Endorsement as part of the Policy.

1. Check specific coverage for which you are applying (Please contact IPISC for additional information):

Patent Infringement:	Trademark Infringement:	Copyright Infringement:
Trade Secret:	Post Grant U.S. Patent Coverage:	

2. To include coverage for (check all that apply):

Additional Named Insureds (see Q. 5.):

Licensee Coverage (protects the insured should their licensee(s) breach the licensed contract):

3. Requested Claim Limit, Aggregate (Aggregate Limits are the same as per Claim Limits, unless higher is requested), Copay, and Self-Insured Retention (SIR):

Per Claim Limit:

Copay Other:

Aggregate Limit:

SIR Other:

Copay (does not erode the limits):

SIR (does not erode the limits):

4. Requested Policy Term: 1-Year: 2-Year: 3-Year:

Intellectual Property To Be Insured

Note: Questions that refer to “IP” are those intellectual properties listed on Appendix I or attached to be insured.

5. Are there any additional parties having rights in any of the IP? (check one) Yes No **If "yes," please list them.**

6. Do you have an obligation to a third party to enforce the IP? (check one) Yes No **If "yes," please provide details.**

7. Do you routinely apply “PATENT,” “TRADEMARK,” or “COPYRIGHT” markings to products, as applicable? (check one) Yes No

8. Indicate the number of U.S. and foreign IP owned or controlled by you - **issued/registered or pending/nonregistered to be insured or not insured.**

U.S.		Foreign	
Patents:		Patents:	
Trademarks:		Trademarks:	
Copyrights:		Copyrights:	



The following questions pertain to specifically Trademark or Copyright Enforcement coverages you wish to purchase. Please answer only the questions that apply (e.g., if you are applying for coverage for TRADEMARKS only, then answer the question that relates to Trademarks and skip the question relating to Copyrights).

9. Are you aware of any famous trademarks that are similar to any of your **TRADEMARKS**, even if they are in a different area of commerce? (check one) Yes No **If "yes," please list and describe those trademarks and their relationship to your area of commerce.**

10. For the COPYRIGHT(S), did you copy or refer to any third-party material? **If "yes," please provide details.**

Copy? (check one) Refer to? (check one)

Yes No Yes No

Please fill out the Appendix page below with any IP to be insured and complete Section 4 (Signature Page) on page 10.

Appendix I

Please identify, below, all PATENTS, PATENT applications, TRADEMARKS, TRADEMARK applications, COPYRIGHTS, and TRADE SECRETS including foreign equivalents, which you wish to insure. (Attach additional sheets as necessary). Please provide any intellectual property (IP) numbers, issued/filing/registration dates, and countries as well.

NOTE: Please provide copies of any unpublished U.S. patent applications on your schedule, including: (1) the filing receipt from the USPTO (if available), (2) specification, (3) abstract, (4) claims, (5) drawings, and (6) any amendments filed with USPTO.

IP Number	Issued, Filing and/or Registration Date	Country	*If "Significant IP" (5% of gross revenue), give estimate of % of sales it contributes
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Note: If you have more than 15 IP that you want to insure, please attach a comprehensive list to this application for IP Enforcement Insurance.

Please complete Section 4 (Signature Page) below.

SECTION 4.

Application Signature - Required

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

The Company agrees to use all information provided in and with this application solely for evaluating the feasibility of issuing and administering an insurance policy on the PRODUCT(S).

SIGNATURE – Please sign & date below

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:

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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: