



**COBRA Legal & IP
Opinion Only
Proposal Form**

Please note: Only complete this form if you wish to insure registered intellectual property, i.e. patents, trademarks or registered designs. We are unable to offer cover for any other type of intellectual property.

Your Business

1. Full name and Address of Proposer (Please indicate all subsidiaries requiring cover, using a separate sheet if necessary).

Business Name:

Address:

Postcode:

Name of Contact:

Telephone No:

2. Business Activities of Proposer:

3. Commencement Date of Proposer's Business Activities:

4. Turnover in the last 12 months: £

5. Estimated turnover for the next 12 months: £

6. Percentage of estimated turnover:

UK	%	EEA	%	USA/CAN	%	Other	%
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NB This Policy will only cover Claims for alleged infringements that take place within the Territorial Limits which are: The United Kingdom of Great Britain & Northern Ireland

7. Name and address of the Patent/Trademark Agent or Solicitor who advises you on Intellectual Property:

Name:

Partner:

Address:

Postcode:

Telephone No:

8. Has any insurer ever refused you intellectual property insurance before?

Yes No

(If you have answered Yes please provide full details)*

9. Are you currently covered by any other legal expenses insurance?

Yes No

(If you have answered Yes please provide full details)*

10. Within the last five years have you disclosed confidential information to any third party including potential business partners? (If you have answered Yes please provide full details)*

Yes No

11. Have you needed to seek advice or been involved in any legal proceedings or investigations relating to possible or actual infringement of Intellectual Property or licence of Intellectual Property in the last 10 years?

Yes No

(If Yes, please provide full details including: names of third parties, relevant dates, amount of costs, the Intellectual Property involved and the results of such legal proceedings or investigation)*

12. After full enquiry, are you aware of any cause, event or circumstance which may give rise to a claim being made under this policy?

Yes No

(If Yes, please provide full details which must include the names of third parties, relevant dates, the Intellectual Property involved)*

Important

Please complete the attached Intellectual Property Schedule and also include any illustrations or descriptions of the Intellectual Property with a sample brochure of your product range.

13. Is all of your Intellectual Property declared on this schedule? (If No please give reason)*

Yes No

14. Have any staff who had access to your confidential information left your Employment during the last three years? (If Yes please provide full details)*

Yes No

Insurers have been provided with all material information which is likely to influence the acceptance of this proposal and the premium or other terms imposed. Failure to give this information may give Insurers the right to reject any claims made or to avoid the Policy altogether. If there is any doubt about a particular fact it should be disclosed.

I/We warrant that the above statements are true to My/Our belief and Insurers will be informed of any material alterations. If such statements and particulars are written by any other person such person shall be deemed to have been My/Our agent filling in the same. I/We hereby agree that this declaration shall form, subject to My/Our acceptance of the quotation, the basis of the contract between My/Our Insurers and I am/We are willing to accept a Policy subject to the terms, conditions and exceptions prescribed by Insurers therein.

Signature

Position

Date

IMPORTANT

1. All the answers must be given to the best of your knowledge and belief. If you are unsure how to answer a specific question please indicate this in the Proposal Form.
2. All material facts must be disclosed and failure to do so may lead to the Policy becoming null and void (NB: A material fact is one which is likely to influence acceptance or assessment of this Proposal by Insurers. If you are in any doubt as to what constitutes a material fact you should consult your broker or speak to Abbey Legal Protection on 0870 600 1480).
3. Upon request, a specimen of the Policy wording is available for you to inspect.
4. We advise you to keep a copy of this Proposal Form and all other information supplied to Insurers for the purpose of obtaining this insurance coverage.

Intellectual Property Schedule

Please complete the attached table listing all Intellectual Property to be insured under this Policy. Please note that if the Intellectual Property includes patents in application, we will also require a copy of the patent application and search reports with this Proposal Form. The following tables must be completed in order for us to quote.

Declared Intellectual Property Rights (maximum 2)

1.

Type of Intellectual Property (NB Must be a Patent, Trademark or a Registered Design)

Application/Publication Number

Granted/In Application

Date of Grant/Application

Territory

Name/Description

2.

Type of Intellectual Property (NB Must be a Patent, Trademark or a Registered Design)

Application/Publication Number

Granted/In Application

Date of Grant/Application

Territory

Name/Description

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Abbey Legal Protection is a trading division of Abbey Protection Group Limited, who are authorised and regulated by the Financial Services Authority in respect of Insurance mediation activities only.

Abbey Protection plc is the ultimate holding company for Abbey Protection Group Limited.