

# IP QUOTATION APPLICATION FORM

This application form is for **Intellectual Property Insurance**. The information provided is kept in the strictest confidence and only used in securing indications for coverage as requested.

On applying for insurance, the applicant is under a duty to disclose all material facts and matters for the insurer's consideration of the risk, and not to misrepresent material facts. This duty applies until the contract of insurance has been agreed and/or prior to the inception of the policy coverage. Failure to comply with this duty entitles the insurer to treat the insurance as null and void. Other duties may arise from the policy itself, and this should be carefully read prior to inception to ensure a full understanding of the coverage, and any additional contractual obligations placed upon you.

The applicant's solicitor, or IP representative, should fully and accurately complete all parts of the Application, indicating if any question is "not applicable" (n/a).

#### 1. Your Business

Business name (include subsidiaries)	
Business address	
Contact name	
Email address	
Telephone number	
Fax number	
Outline of Business Activities	
When did the business start?	
Turnover Last 12months	
Estimated Turnover next 12months	
Percentage of estimated Turnover	
UK	
European Economic Area	
USA/Canada	
Other	
Who are your significant competitors in each territory?	
NB We are seeking details of other companies which are competing in the same market sectors, and which have similar products and/or IP rights. Such information is material to an IP insurance submission, and can noticeably affect the risk, therefore please respond carefully.	



IP Risk Management: Please outline how you, and/or your attorney/agent/solicitor, protect your IP portfolio.	
2. Patent Attorney/Tradema	rk Agent/Solicitor
Name	
Partner	
Address	
Telephone Number	
Email Address	
Do you consent to insurers contacting the above to discuss this proposal? (If No please specify why)	
3. Your Policy	
Please indicate the Limit of Indemnity you require for Any One Claim for legal expenses	
£100k / £250k / £500k / £1m	
(We can sometimes provide higher limits, please ask)	
Please indicate the aggregate limit of indemnity you require for legal expenses	
£250k / £500k / £1Mill	
(We can sometimes provide higher limits so please ask)	Page <b>2</b> of <b>8</b>



Please indicate whether you require pursuit/enforcement legal expenses, or defence legal expenses, or both	
Do you require Optional Damages Cover included within your limits?	
Do you require cover for contractual indemnities included within your limits?	
(If so please provide details of contracts)	
Please indicate the excess you would consider for legal expenses	
£2,500 / £5,000 / £10,000 (or other)	
Please indicate the Territorial Limits you require	
United Kingdom only	
European Economic Area only	
Worldwide excluding USA and Canada	
Worldwide including USA and Canada	
Please indicate what type of protection you require	
Patents	
Copyright and Design	
Trademark	
Licence Protection (please provide details of licenses)	
Passing Off	
Unfair Competition	
Confidential Information	
Other (Please Specify)	
Do any other parties have any interest in, or rights to, your IP portfolio? (If yes please provide details)	
Has any insurer refused you <u>this type</u> of insurance before? (If yes please provide details)	
Has any insurer refused you <u>any type</u> of insurance before? (If yes please provide details)	



Are you covered by any other Legal Expenses insurance? (If yes please specify)	
Within the last 3 years have you disclosed confidential information to a Third Party? (If yes please provide details)	
Have you sought advice or been involved in any Legal Proceedings within the last 5 years which relates to Intellectual Property? (If Yes please provide details)	
Are you aware of any cause, event or circumstance which may give rise to a claim under this Policy? (If yes please specify)	
4. Additional Information	
Has all of your Intellectual Property been declared on this schedule? (If No please specify why)	
Will there be any additional Intellectual Property or changes to Intellectual Property in the next 12 months? (If yes please provide details)	
Have any staff who had access to confidential information left your employment in the last 3 years? (If yes please provide details)	
Do you require Licence cover? (If Yes, please provide details)	

### **Declarations**

- a) We declare that the contents of this Proposal Form are true to the best of my/our knowledge and belief and agree that the contents of the Proposal Form will be the basis of the Policy of Insurance and that any non-disclosure of any relevant information may invalidate the policy of insurance.
- b) I/We authorise the solicitor to provide the insurer and their representatives all such information as they may require and I/we agree that the solicitor may give information to the insurer notwithstanding that this would otherwise be a breach of privilege and confidentiality owned to me/us.



- I/We agree to the solicitor giving the irrevocable undertaking set out in the Declaration below. c)
- d) I/We agree that the contents of this Proposal Form, together with any associated documentation or information provided to the insurer, will be incorporated into and form the basis of any contract of Insurance that may subsequently be agreed with the insurer

Name (Please Print)	
Position (Please Print)	
Signature	
Date	



### **Intellectual Property Schedule**

Please detail below all the Intellectual Property you require cover upon. We shall require a copy of the patent application and search reports with the Proposal Form. The following tables must be completed in order to obtain a quotation.

# Patents (Please provide a copy of the patent applications and search reports)

Patent Number	Brief Description	Granted?	Territories

## **Trade Marks (Please attach copies of the marks)**

Trade Mark Number	Brief Description (and details of classes)	Granted?	Territories



# Registered Designs (Please attach copies of the designs)

Registered Design	Brief Description	Granted?	Territories
Number			

# Licences (Please provide a copy of each license)

Name	Brief Description	Granted?	Territories

## **Other Rights:**



Sybaris Legal & IP will consider insuring other rights, such as copyright, unregistered designs, and unregistered marks and brands, plus domain names and trade secrets.

Please provide separate details of any unregistered IP rights, including examples, plus territories used in, and if these are capable of registration please explain why they have not been registered.

### **Other Information:**

Please note that Sybaris Legal & IP will sign non-disclosure agreements and confidentiality agreements, wherever necessary, to ensure that you are entirely comfortable with your application.

### Copyright:

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