

1) TITLE OF FIRM
(including any former Practice(s) / Firms for which cover is required:

2) PROFESSION(S) / BUSINESS(ES) OF PRACTICE / FIRM (full description of activities):

3) a. Date of Commencement of current practice(s) / firm(s):
 b. Date of Commencement and cessation of former practice(s) / firms:
 c. Reason for cessation of former practice(s) / firms:

4) Address/es Of Practice(s):

Post Code:		Post Code:	
Tel:	Fax:	Tel:	Fax:
Mobile:		Website:	
E-mail:		E-mail:	

5) State gross fees received in past year and estimate of fees for forthcoming year:

	Past year:	Forthcoming year:
UK		
USA or Canada		
Elsewhere, excluding USA/Canada		
Total	0.00	0.00

6) When does your financial year end?

7) Detail any external investment raised in the last two years to develop or exploit the technology to be covered by this insurance.

8) Total number of:

a) Employees: () b) Employees specifically involved in research and development: ()

9) Do your contracts contain any confidentiality or non-disclosure undertakings and/or confirm your absolute ownership of any intellectual property rights created by the employee or researcher? (If yes, please provide copies of clauses) YES NO

10) How many (if any) employees or researchers with access to confidential information have left your employment during the last three years? (Please provide details on a separate sheet)

11) Please provide the following details of your three main competitors:

Name:	Country of origin:	Turnover:

INTELLECTUAL PROPERTY RIGHTS

12) Please complete the following information on the intellectual property rights you wish to declare to underwriters.

PATENTS

Please provide details of each patent family and attach one full patent specification per family:

Identifying Title:	Applicable Territory:	Application / Grant Number:	Application / Grant Date:	Status:

TRADE / SERVICE MARKS

Please provide details for each Trade Mark family and attach an example of each mark:

Mark:	Applicable Territory:	Appl. / Reg. Number:	Appl. / Reg. Date:	Class(es):	Status:

UNREGISTERED TRADE / SERVICE MARKS

Mark:	Territories used in:

TRADE SECRETS

In order to protect your trade secrets, they must be disclosed to underwriters in a recorded form. This can include video film, electronic media, audio or written formats. Please identify the documents to be disclosed:

REGISTERED DESIGNS

Please provide details of each design family and attach an example of each of them:

Identifying Title:	Applicable Territory:	Application / Grant Number:	Application / Grant Date:	Status:

COPYRIGHTS (including Unregistered Design Rights)

Please identify the items of copyright you wish to insure. For illustrative purposes only, this may include labelling, packaging design, brochures and other marketing materials, plans, drawings, artistic works, computer programmes, video, film, recordings, website designs etc.

DOMAIN NAMES

13) Name and contact details of any Patent or Trade Mark agent / attorney that has advised you in the last five years. (If more than one, please show details on a separate sheet and explain why you have used other firms)

Firm: _____ Contact: _____
 Address _____ Position: _____
 E-mail: _____
 Telephone _____ Fax: _____

- 14) Name and contact details of any Lawyers that have advised you in the last five years.
(If more than one, please show details on a separate sheet and explain why you have used other firms)

Firm: _____ Contact: _____
 Address _____ Position: _____
 E-mail: _____
 Telephone _____ Fax: _____

- 15) What procedures do you have to identify and record or identify your own copyright or trade secret material?

- 16) Are you the absolute owner or exclusive licensee of the Intellectual Property Rights declared above? (If No, please identify the rights concerned and their owner) YES NO

- 17) Are all of your Intellectual Property Rights listed above or on any attached lists? (If not, please advise the reasons for this) YES NO

PRODUCTS

- 18) Please identify the products you wish to declare to underwriters. If numerous products are to be covered, please identify the various product groups and supply any brochures or examples of the products.

Product / Product group:	Countries in which sold:	Number of units sold:	Average Sale Price:

- 19) Are the Products to be insured currently being manufactured, stored, sold, marketed, imported or exported? YES NO

- 20) Do you intend to introduce the Products into new business sectors or Territories within the next 12 months? (If yes, please provide details) YES NO

- 21) What searches do you or your agents undertake to identify the existence of any third party intellectual property rights and what procedures do you or your agents have in place to safeguard against your infringement of such rights?

AGREEMENTS

22) Please list all Agreements to be insured and attach a full copy of each Agreement:

Name of other party(ies):	Domicility of other Party(ies):	Effective Date:	Applicable Jurisdiction:

23) Do any of the Agreements impose an obligation upon you to indemnify or hold-harmless another party from costs incurred in defending infringement proceedings brought against them and/or resultant damages arising out of their use of the Intellectual Property Rights or Products declared above?

YES NO

GENERAL

24) In respect of the Intellectual Property Rights, Products and Agreements declared above, have you:

a. ever commenced proceedings or issued warning letters to a third party in respect of their actual or alleged infringement of your rights, breach of a confidentiality undertaking or Licence Agreement.

YES NO

b. ever needed to defend an action by a third party in respect of your actual or alleged infringement of their intellectual property rights or breach of a confidentiality undertaking or Licence Agreement.

YES NO

c. ever needed to defend an action threatening your ownership, rights in, or validity of, any of your granted or registered rights ever needed to defend an application for a declaration of non-infringement of your rights?

YES NO

(If yes, please provide an outline of the dispute, including details of the parties and intellectual property or products involved, the respective dates, the territory in which the dispute occurred, the outcome and costs incurred by each party).

25) Has the practice previously been insured for Intellectual Property Insurance?

YES NO

If YES, please give:

Name of Insurers:

Premium:

Indemnity Limit: excess of £ each and every claim

Date of expiry of coverage:

How long has it been continuously insured?

29) Have you ever had an application for this form of insurance declined by an insurer/underwriter, or had a renewal of such insurance declined or been subject to any special terms, or had such insurance cancelled or voided by the insurer/underwriters? (If Yes, please provide details)

YES NO

30) Do you have any other insurance which may provide you with cover in respect of a dispute falling within the scope of this policy? e.g. Professional Indemnity / D&O (If Yes, please attach a copy of each policy wording)

YES NO

COVER REQUIRED

31) Please identify the Sections and scope of cover required:

SECTION 1 – Pursuit and Defence of a breach of AGREEMENT		YES	NO
Professional Fees & Expenses only		<input type="checkbox"/>	<input type="checkbox"/>
Professional Fees & Expenses and Damages		<input type="checkbox"/>	<input type="checkbox"/>
SECTION 2 – DEFENCE of a third party action		YES	NO
Professional Fees & Expenses only		<input type="checkbox"/>	<input type="checkbox"/>
Professional Fees & Expenses and Damages		<input type="checkbox"/>	<input type="checkbox"/>
SECTION 3 – PURSUIT of infringers of your intellectual property		YES	NO
Professional Fees & Expenses only		<input type="checkbox"/>	<input type="checkbox"/>

32) Please identify the Limits of Indemnity required:

In the Aggregate:				
£250,000 <input type="checkbox"/>	£500,000 <input type="checkbox"/>	£1,000,000 <input type="checkbox"/>	£5,000,000 <input type="checkbox"/>	Other <input type="checkbox"/>
Any one claim for professional fees and expenses:				
£250,000 <input type="checkbox"/>	£500,000 <input type="checkbox"/>	£1,000,000 <input type="checkbox"/>	£5,000,000 <input type="checkbox"/>	Other <input type="checkbox"/>
Any one claim for damages (if applicable)				
£250,000 <input type="checkbox"/>	£500,000 <input type="checkbox"/>	£1,000,000 <input type="checkbox"/>	£5,000,000 <input type="checkbox"/>	Other <input type="checkbox"/>

33) Please identify the Territorial Limits required:

Country of Domicile only	<input type="checkbox"/>	(please Specify)
Europe only	<input type="checkbox"/>	
Worldwide excluding USA/Canada	<input type="checkbox"/>	
Worldwide	<input type="checkbox"/>	

34) Please indicate the level of Excess that you would be prepared to pay for each and every claim.
(Please note that underwriters may impose a higher excess than that requested)

£5,000 £10,000 £25,000 £50,000 Other _____

35) AFTER FULL ENQUIRY, are you (the Proposer) aware of any cause, event, circumstance (including the existence of any prior art or rights in application) which may give rise to a claim being made under this policy? (If yes, please provide details on a separate sheet) YES NO

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any Contract of Insurance effected thereon. I/ We understand by now declaring, misstating or suppressing any material fact on this application could lead to any future claims made on an implemented Insurance Policy based on this to be declined and the claim application not to be paid. I/We undertake to inform insurers of any material alteration to these facts occurring before completion of the Contract of Insurance. Returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Professional Insurance Agents Limited' to seek terms on my/our behalf from Insurers including current Insurer's if any.

Signed:

Date: