Intellectual Property
Insurance application form

US

The purpose of this application form is for us to find out more about you. You must provide us with all information which may be material to the cover you wish to purchase and which may influence our decision whether to insure you, what cover we offer you or the premium we charge you.

How to complete this form

The individual who completes this application form should be a senior member of staff at the company and should ensure that they have checked with other senior managers and colleagues responsible for arranging the insurance that the questions are answered accurately and as completely as possible. Once completed, please return this form to your insurance broker.

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:

Company name:

Is the name of the company different to its trading name? ☐ Yes ☐ No

If "yes", please provide the trading name of the company:

Primary Address (Address, State, ZIP, Country):

Website Address:

Number of employees:

1.2 Date the company was established (MM/DD/YYYY):

1.3 Please state who owns the company to be insured:

1.4 Date of company financial year end (MM/DD/YYYY):

1.5 Please state your gross revenue in respect of the following years:

	Last complete FY	Estimate for current FY	Estimate for next FY
Domestic:	$	$	$
Canada:	$	$	$
Europe:	$	$	$
Asia:	$	$	$
Africa and Latin/South America:	$	$	$
Australia and New Zealand:	$	$	$
Total:	$	$	$

1.6 Please state what percentage of your total revenue relates to the sale of products (%):

1.7 Please provide the following details of any funding you have procured:

Funding round	Date of round (DD/MM/YYYY)	Amount raised
		$
		$
		$

1.8 Please state whether there has been, or it is anticipated there will be, any merger, acquisition or joint venture: ☐ Yes ☐ No

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1.9 Please provide details for the primary contact for this insurance policy:

Contact Name:		Position:	
Email address:		Telephone number:	

Section 2: Products

2.1 Please describe below the products and services supplied by your business, including how your products and services differ from your competitors:

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

Product/ product line	Description of product/product line	Revenue for this product/ product line

2.3 Please provide details of your top 3 competitors:

Name	Country of Domicile	Revenue

2.4 Please state whether 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 Are any products sold under a third party's name or brand name? ☐ Yes ☐ No

If 'yes', please provide details, including the amount of revenue generated from each product sold under a third party's name or brand name:

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Section 3: Intellectual Property

3.1 Please provide details of all intellectual property that you hold by completing the tables below or by attaching a copy of all relevant documentation which contains the information in the tables below:

Patents:

Identifying title name or brand name	Territory	Application/ Grant No	Application/ Grant date (MM/DD/YYYY)	Status

Registered designs:

Identifying title name or brand name	Territory	Application/ Grant No	Application/ Grant date (MM/DD/YYYY)	Status

Registered trade or service marks:

Mark	Territory	Application/ Grant No	Application/ Grant date (MM/DD/YYYY)	Class(es)	Status

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Any other intellectual property, such as unregistered trademarks, copyrights, trade secrets or domain names:

3.2 Do you own or are you the exclusive licensee of the intellectual property? ☐ Yes ☐ No

If no, please detail any joint ownership or provide further information about the third party owners of the intellectual property.

Section 4: Contracts & Risk Management Information

Please complete this section if you have any contracts that govern intellectual property

4.1 Please complete the following in respect of your current three largest contracts

Name of client	Annual contract income	Duration	Does this contract impose any obligation on you to indemnify or hold harmless this client in the defence of any infringement proceedings?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

4.2 Do you have any other contract that requires you to indemnify or hold harmless any other third party? ☐ Yes ☐ No

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Section 5: Intellectual Property Rights Risk Management

5.1 Please describe below your procedure for:

a) preventing infringing on third party intellectual property rights; and
b) obtaining licenses to use and the monitoring of third party intellectual property rights:

5.2 Please describe your procedures for managing intellectual property right issues, including responding to an allegation of infringement and how the individual responsible for intellectual property rights issues is qualified for the role:

Section 6: Defensive Actions

6.1 In respect of intellectual property, please state whether you have ever:

a) defended or faced an action brought by a third party in respect of actual or alleged intellectual property infringement, or other allegations in respect of misuse of intellectual property including trade secrets: ☐ Yes ☐ No

b) received cease and desist correspondence, or other correspondence warning you in respect of actual or alleged infringement of intellectual property: ☐ Yes ☐ No

c) received any opposition, challenge objection or observation concerning the validity of intellectual property rights: ☐ Yes ☐ No

d) received any correspondence or action concerning the ownership of intellectual property rights: ☐ Yes ☐ No

e) received correspondence in respect of an actual or alleged breach of a confidentiality undertaking, license agreement or other contractual obligation in respect of intellectual property: ☐ Yes ☐ No

f) received an intellectual property rights license fee request: ☐ Yes ☐ No

If you have answered "yes" to any of the above questions, please provide full details comprising: (i) the opposing legal entity; (ii) the date the matter commenced; (iii) the date the matter was resolved or latest circumstances; (iv) the total legal costs incurred by you in the matter; (v) the total compensation paid to the opposing legal entity in the form of settlement payment or damages, if relevant; (vi) the intellectual property alleged to have been infringed or disputed:

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Pursuit Actions

6.2 In respect of intellectual property, please state whether you have ever:

a) commenced proceedings against a third party in respect of actual or alleged infringement of intellectual property, or other allegations in respect of misuse of intellectual property including trade secrets: ☐ Yes ☐ No

b) sent a cease and desist correspondence, or other correspondence warning a third party in respect of actual or alleged infringement of intellectual property: ☐ Yes ☐ No

c) sent any opposition, challenge, objection or observation concerning the validity of intellectual property rights: ☐ Yes ☐ No

d) sent any correspondence or action concerning the ownership of intellectual property rights: ☐ Yes ☐ No

e) sent correspondence in respect of an actual or alleged breach of a confidentiality undertaking, license agreement or other contractual obligation in respect of intellectual property: ☐ Yes ☐ No

f) sent an intellectual property rights license fee request: ☐ Yes ☐ No

If you have answered 'yes' to any of the above questions, please provide full details comprising: (i) the opposing legal entity; (ii) the date the matter commenced (iii) the date the matter was resolved or latest circumstances; (iv) the total legal costs incurred by you in the matter (v) the total compensation paid to the opposing legal entity in the form of settlement payment or damages, if relevant (vi) the intellectual property alleged to have been infringed or disputed:

Section 7: Insurance History

7.1 In respect of any intellectual property, please state whether you have 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:

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Section 8: Insurance Requirements

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

☐ Patent defense	☐ All other intellectual property defense
☐ Patent pursuit	☐ All other IP Pursuit

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

☐ $250k	☐ $500k
☐ $1m	☐ $2m
☐ $5m	☐ Other

Section 9: Claims Experience

9.1 Please state whether you are aware of any incident:

a) which may result in a claim under any of the insurance for which you are applying to purchase in this application form: ☐ Yes ☐ No

b) which resulted in legal action being made against any of the companies to be insured within the last 5 years: ☐ Yes ☐ No

c) which resulted in a partner or director being found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body: ☐ Yes ☐ No

If you have answered "yes" to any of the above then please describe the incident, including the monetary amount of the potential claim or the monetary amount of any claim paid or reserved for payment by you or by an insurer. Please include all relevant dates, including a description of the status of any current claim which has been made but has not been settled or otherwise resolved.

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Important Notice

By signing this form you agree that the information provided is both accurate and complete and that you have made all reasonable attempts to ensure this is the case by asking the appropriate people within your business. CFC Underwriting will use this information solely for the purposes of providing insurance services and may share your data with third parties in order to do this. We may also use anonymised elements of your data for the analysis of industry trends and to provide benchmarking data. For full details on our privacy policy please visit ***www.cfcunderwriting.com/privacy***

Contact name: Position:

Signature: Date (MM/DD/YYYY):

Additional Information

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ALABAMA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines or confinement in prison, or any combination thereof.

ARKANSAS FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA FRAUD WARNING: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO FRAUD WARNING: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA FRAUD WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA FRAUD WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KANSAS FRAUD WARNING: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

KENTUCKY FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

LOUISIANA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE FRAUD WARNING: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

MARYLAND FRAUD WARNING: Any person who knowingly or willfully presents a false or fraudulent claim for payment for a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEVADA FRAUD WARNING: Any person who includes any materially false or materially misleading information on an application for an insurance policy may be guilty of a crime and subject to penalties that include imprisonment, fines and denial of insurance benefits.

NEW JERSEY FRAUD WARNING: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OHIO FRAUD WARNING: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD WARNING: Any person who, with an intent to knowingly defraud or knowingly facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement or a material fact, may be guilty of insurance fraud.

PENNSYLVANIA FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

PUERTO RICO FRAUD WARNING: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than $5,000 and not more than $10,000, or a fixed term of imprisonment for 3 years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of 5 years, if extenuating circumstances are present, it may be reduced to a minimum of 2 years.

RHODE ISLAND FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

VERMONT FRAUD WARNING: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WASHINGTON FRAUD WARNING: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

WEST VIRGINIA FRAUD WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.