



PROFESSIONAL
INSURANCE AGENTS

Intellectual Property Proposal Form

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Intellectual Property Proposal Form

Section 1 Business Details

1.1) *Including all previous trading names / styles.*

Name of Business:

Registered Business Address:

Tel: Fax:

Contact Name:

Mobile: Email:

Website Address: Business Establishment Date(s):

Do you require cover for any subsidiary companies and/or former companies? ☐ Yes ☐ No

1.2) Please describe below the specific nature of your business activities, the products/concepts that you have created to date and those that you plan to develop going forward:

1.3) Please state the gross turnover in respect of the following years:

	Last completed financial year	Estimate - current financial year	Estimate - next financial year
Domestic turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
USA / Canada turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Other territory turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Total turnover:	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Date of financial year end:	<input type="text"/>		
Currency:	<input type="text"/>		

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

1.5)

Total number of: a) Employees:
b) Employees specifically involved in research and development:

1.6) 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? ☐ Yes ☐ No

If yes, please provide copies of clauses.

1.7) 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

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

	Name:	Country of origin:	Turnover:
1.			
2.			
3.			

Section 2 Intellectual Property Rights

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

a) 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

b) 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

c) UNREGISTERED TRADE / SERVICE MARKS

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

Mark:	Territories used in:

d) 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:

e) REGISTERED DESIGNS

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

Identifying Title:	Applicable Territory:	Appl. / Reg. Number:	Appl. / Reg. Date:	Status

f) 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.

g) DOMAIN NAMES

2.2) Name and contact details of any Patent or Trade Mark agent / attorney that has advised you in the last five years.

Firm:		Contact:	
Address:		Position:	
		E-mail:	
Phone:		Fax:	

If more than one, please show details on a separate sheet and explain why you have used other firms

2.2) Name and contact details of any Lawyers that have advised you in the last five years.

Firm:		Contact:	
Address:		Position:	
		E-mail:	
Phone:		Fax:	

If more than one, please show details on a separate sheet and explain why you have used other firms

2.3) What procedures do you have to identify and record or identify your own copyright or trade secret material?**2.2) 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?****2.6) Are you the absolute owner or exclusive licensee of the Intellectual Property Rights declared above?**
☐ Yes

☐ No

If NO, please identify the rights concerned and their owner

2.7) Are all of your Intellectual Property Rights listed above or on any attached lists?

☐ Yes

☐ No

If NO, please advise the reasons for this

Section 3 Products

3.1) 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:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.2) Are the Products to be insured currently being manufactured, stored, sold, marketed, imported or exported?

☐ Yes

☐ No

3.3) Do you intend to introduce the Products into new business sectors or Territories within the next 12 months?

☐ Yes

☐ No

If yes, please provide details

Section 4 Agreements

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

Name of other party(ies):	Location of other Party(ies):	Effective Date:	Applicable Jurisdiction:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4.2) 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

Section 5 Claims

5.1) 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.

5.2)

a) 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? ☐ Yes ☐ No

b) 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? ☐ Yes ☐ No

Section 6 Cover required

6.1) 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?

6.2)

Type of intellectual property	Defence only cover	Pursuit only cover	Defence and pursuit cover
Limit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All other intellectual property, including copyright, trademark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.3) Please identify the Limits of Indemnity required:

250,000 ☐ 500,000 ☐ 1,000,000 ☐ 5,000,000 ☐ Other:

6.4) Please indicate the level of Excess that you would be prepared to pay for each and every claim:

250,000 ☐ 500,000 ☐ 1,000,000 ☐ 5,000,000 ☐ Other:

Please note that underwriters may impose a higher excess than that requested

6.5) Please identify the Territorial Limits required:

Country of Domicile only ☐ Please Specify:
Europe only ☐
Worldwide excluding USA/Canada ☐
Worldwide ☐

6.6) 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 / Directors' & Officers' Liability) ☐ Yes ☐ No

If Yes, please attach a copy of each policy wording

Section 7 Declaration

I / We declare that the statements and particulars in this proposal and submission are true and I / We have made a fair presentation of the risk, by disclosing all material matters which I / We know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent Insurer on notice that it needs to make further enquiries in order to reveal material circumstances. Furthermore, I / We will agree to inform Insurers of any material alterations to my / our circumstances that may occur before or after the completion of any contract of insurance offered to me / us by the Insurer

Signature of Principal / Partner / Director:

Full Name:

Date:

****By signing this declaration, on behalf of our company and any applicable employees, we are also consenting to PIA sending relevant insurance information to us as part of their services. This consent can be withdrawn at any time by giving written notice to PIA.**

Please note that returning this proposal does not bind the Proposer or Underwriter to complete this insurance but does authorise 'Professional Insurance Agents' to seek terms on my/our behalf from Insurers; including current Insurers