

INDICATION REQUEST FOR INTELLECTUAL PROPERTY INSURANCE

Date: _____
 Prospect Name: _____; Website: _____
 Agent/broker Name: _____
 Approximate Requested binding date: _____
 Coverage Requested: Patent/Trademark/Copyright/ All: _____
 Number of Products: _____
 Number of IP: _____; Requested Policy Limits: _____
 Account Representative: _____

DEFENSE: Please identify the product(s) and/or processes that the insured wishes to insure in the space provided. (If necessary, please attach additional sheets). Please remember that the Defense policy may reimburse litigation expenses and damages when the insured has been accused of infringement pertaining to the scheduled products that they make, use, sell, or offer for sale in commerce. **Additional Coverage Requested (Please check all that may apply):** Additional Insureds _____; UCC _____; Foreign Coverage _____; Settlement Endorsement _____; Multi-Year Policy _____

ABATEMENT: Please identify the patent numbers, or number of, (applications), trademark numbers (applications) and/or copyright numbers that the insured wishes to insure in the spaces provided. (If necessary, please attach additional sheets). Please remember that the Abatement (Enforcement) policy may reimburse the legal expenses to the insured to enforce their patents, trademarks and/or copyrights against alleged infringers. **Additional Coverage Requested (Please check all that may apply):** Licensee Coverage _____; Foreign IP _____; Multi-Year Policy _____; Coverage for Applications only _____.

Disclaimer: The premium indications which will be provided to you are an estimation only of a policy premium based upon the above, limited underwriting information provided, and is not an actual quote for a policy premium. Actual quotes can be found only by an intense investigation resulting in an accurate risk assessment of the intellectual property. Therefore, the dollar amount resulting from the above information provided may not accurately reflect the cost of an actual policy.

INTERNAL USE ONLY:

Code: _____ Indication Date: _____ Underwriter: _____ Number of Units: _____
 Premium Indication (s):
 Abatement: _____ Defense: _____ Other: _____