

PROPOSAL FORM

INTELLECTUAL PROPERTY LITIGATION INSURANCE

IMPORTANT NOTICE:

1. This proposal must be completed in ink by a partner, principal or director of the firm or company. All questions must be answered to enable a quotation to be given. Answer questions to the best of your knowledge and belief. The form must be signed and dated. If space is insufficient to answer any question fully, attach a separate sheet.
2. **All material facts must be disclosed, as failure to do so may render any policy voidable, or may severely prejudice your rights in the event of a claim. A material fact is one likely to influence acceptance or assessment of the proposal by Underwriters / Insurers. If you are in any doubt as to what constitutes a material fact, you should consult your broker.**
3. This proposal is for a **CLAIMS MADE** policy. This means the policy covers:
 - a) claims first made by or against you during the policy period; and
 - b) claims made by or against you in the future arising out of circumstances of which you first become aware during the policy period and which you notify to Underwriters / Insurers during the policy period.

After the policy has expired, no claims can be made on the policy even though the circumstances giving rise to the claim may have occurred during the policy period. It is therefore advisable to renew the insurance policy each year on a claims made basis with retro-active cover.
4. In the event that there is any material change in the answers given to the questions contained in this proposal form prior to the inception of the policy, the Proposer must notify Underwriters / Insurers and, at the sole discretion of Underwriters/Insurers, any outstanding quotations may be modified or withdrawn.
5. We recommended that you request a specimen copy of the insurance policy from your broker and that you consider carefully the terms, conditions, limitations and exclusions of the proposed insurance shown therein.
6. In this proposal:
 - a) "Proposer" or "you/your" means the individual, company, partnership trust or association proposing for this insurance.
 - b) text in grey denotes guidance notes to the Proposer and/or examples of how underwriters wish information to be presented.
7. You should retain a copy of the completed proposal form and details of any additional information provided for your records.
8. The completion and signature of this proposal does not bind the Proposer or Underwriters / Insurers to complete a Contract of Insurance.

BUSINESS INFORMATION

1. Full name of Proposer: (If there are joint Proposers, please provide an explanation of their relationship)

Registration No.:

2. Contact Information:

Principal address:	Contact:
	Position:
Telephone:	Website:
	E-mail:

3. Full description of Business Activities:

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4. Date Business Activities commenced:

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5. Gross Turnover or Investment Capital received in last 12 months (with regional breakdown):

Total Turnover / Income: _____	Country of Domicile: _____ %
Europe: _____ %	USA: _____ %
Far East: _____ %	Canada: _____ %
Australia / NZ: _____ %	Rest of World: _____ %

6. Gross Turnover or Investment Capital estimated in next 12 months (with regional breakdown):

Total Turnover / Income: _____	Country of Domicile: _____ %
Europe: _____ %	USA: _____ %
Far East: _____ %	Canada: _____ %
Australia / NZ: _____ %	Rest of World: _____ %

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

(If yes, please provide details below or on a separate sheet)

YES / NO

8. If the Proposer has been in business for less than three years underwriters will require a copy of the Business Plan. Is a copy attached with this proposal?

YES / NO

9. Have you been involved in any past, ongoing, planned or completed corporate merger in the last 3 years? (If yes, please provide details on a separate sheet)

YES / NO

10. Please state number of employees and researchers:

11. How many of your employees and researchers are involved in R&D?

12. Do your employment or research contracts contain any confidentiality or non-disclosure undertakings? (If yes, please provide a copy of the clauses)

YES / NO

13. Do your employment or research contracts contain any provisions to confirm your absolute ownership of any intellectual property rights created by the employee or researcher? (If yes, please provide a copy of the clauses)

YES / NO

14. Have any employees or researchers who would have had access to your confidential information or trade secrets left your employment during the last three years? (If yes, please provide details below or on a separate sheet)

YES / NO

15. Please provide the following details of your three main competitors. (If none, please state none)

Name:	Country of Domicile:	Turnover:

INTELLECTUAL PROPERTY RIGHTS

16. Please identify the intellectual property rights you wish to declare to underwriters under each of the headings below. (If you wish The Miller Insurance Group to obtain this information directly from your Patent / Trade Mark attorneys or other advisors please tick box and sign the authorisation at the end of this form)

PATENTS

Please provide details of each patent family (as per example) and attach a full patent for each family:

Identifying Title:	Applicable Territory:	Application / Grant Number:	Application / Grant Date:	Status:
Method of making XXX	International, per PCT	PCT/GB98/654321	12 Dec 1998	Pending
	South Africa	654789	09 Sep 1999	Granted

TRADE / SERVICE MARKS

Please provide details for each Trade Mark family (as per example) and attach a example of each mark:

Mark:	Applicable Territory:	Appl. / Reg. Number:	Appl. / Reg. Date:	Class(es):	Status:
Abc brand name	United Kingdom	445879	12 Dec 1998	3,11,15	Registered
	South Africa	654789	09 Sep 1999	3,11	Pending

UNREGISTERED TRADE / SERVICE MARKS

Please provide the following details for Mark:

Mark:	Territories used in:

REGISTERED DESIGNS

Please provide details of each design family (as per example) and attach an example of each design:

Identifying Title:	Applicable Territory:	Application / Grant Number:	Application / Grant Date:	Status:
Xyz device	United Kingdom	99/789125	12 Dec 1998	Registered
	South Africa	654789	09 Sep 1999	Pending

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.

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. **We strongly advise that disclosure of your trade secrets is made under a written confidentiality agreement and that disclosure is made directly to The Miller Insurance Group Limited.** Please identify the documents to be disclosed:

a) List of Operating Instructions for DDBX module.

MISCELLANEOUS OTHER RIGHTS

Please provide details of any other form of rights not shown above, e.g. Plant Variety Rights:

17. Name and contact details of any Patent or Trade Mark agent/attorney 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:	Facsimile:

18. 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:	Facsimile:

19. Have you registered any item of copyright at any Patent Office or Copyright Registry? (If Yes, please provide details on a separate sheet)

YES / NO

20. What procedures do you have to identify and record or identify your own copyright or trade secret material?

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21. 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

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22. What procedures do you or your agents have in place to identify infringements of your Declared Intellectual Property rights?

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PRODUCTS

23. 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:	Countries in which sold:	Annual number of units sold:	Average unit sale price:
SRS 2000B / 3000A	Europe only	2000 / 800	£800 / £2,500
Ground Radar systems	E.U.; U.S.A.; Far East	200	£8,000-£30,000

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

YES / NO

25. Do you intend to introduce the Products into new business sectors or Territories within the next 12 months? (If yes, please provide details below)

YES / NO

26. What searches do you or your agents undertake to identify the existence of any third party intellectual property rights?

27. What procedures do you or your agents have in place to safeguard against your infringement of any third party intellectual property rights?

AGREEMENTS

28. 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:
Abc Corp AB	Stockholm, Sweden	15 Oct 1999	Swedish Law

29. Do any of the Agreements impose an obligation upon you to enforce the Intellectual Property Rights declared above? (If yes, please provide details)

YES / NO

30. 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? (If Yes, please provide identify the agreements below)

YES / NO

31. Do any of the Agreements impose an obligation upon another party to indemnify/hold-harmless you from costs incurred in defending infringement proceedings brought against you and/or resultant damages arising out of your use of the Intellectual Property Rights or Products declared above? (If Yes, please provide identify the agreements below)

YES / NO

GENERAL

32. In respect of the Intellectual Property Rights and Products 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? YES / NO
- b. ever commenced proceedings or issued warning letters to a third party in respect of an actual or alleged breach of a confidentiality undertaking? YES / NO
- c. ever commenced proceedings or issued warning letters to a third party in respect of an actual or alleged breach of an Agreement? YES / NO
- d. ever needed to defend an action by a third party in respect of your actual or alleged infringement of their intellectual property rights? YES / NO
- e. ever needed to defend an action by a third party in respect of your actual or alleged breach of an Agreement? YES / NO
- f. ever needed to defend an action threatening your ownership, rights in or validity of any of your granted or registered rights? YES / NO
- g. ever needed to defend an application for a declaration of non-infringement of your rights? YES / NO
- h. ever sought to amend your Products or Intellectual Property Rights to avoid infringement? 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).

33. Do you currently or have you ever been insured for Intellectual Property disputes? YES / NO
(If Yes, please provide the following details)

- a) Name of Insurers _____
- b) Limit of Indemnity (Aggregate or any one claim) _____
- c) Excess (each & every claim) _____
- d) Date of Expiry _____
- e) Premium _____
- f) Number of consecutive years of insurance _____

34. 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

35. 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 the each policy wording) YES / NO

COVER REQUIRED

36. Please identify the Sections and scope of cover required:

SECTION 1 - AGREEMENTS YES / NO
 Professional Fees & Expenses only
 Professional Fees & Expenses and Damages

SECTION 2 - DEFENCE YES / NO
 Professional Fees & Expenses only
 Professional Fees & Expenses and Damages

SECTION 3 - PURSUIT YES / NO
 Professional Fees & Expenses only

37. Please identify the Limits of Indemnity required:

In annual Aggregate for all claims under this policy.

£250,000 £500,000 £1,000,000 £5,000,000 Other _____

Per claim for Professional Fees and Expenses

£250,000 £500,000 £1,000,000 £5,000,000 Other _____

Per claim for Damages (If applicable)

£250,000 £500,000 £1,000,000 £5,000,000 Other _____

38. Please identify the Territorial Limits required:

Country of Domicile only (please Specify) _____
 Europe only
 Worldwide excluding USA/Canada
 Worldwide

39. 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 _____

40. 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 below or on a separate sheet) YES / NO

GOVERNING LAW

The parties to this proposed insurance are free to choose the law applicable to the insurance contract. This is the law that will apply to any dispute between you and underwriters over the interpretation of this policy in respect to a Claim. **Unless you specifically agree otherwise with Underwriters, your proposed contract will be governed by English Law.**

Which Law do you wish to be applied to this contract of insurance? _____

CONTACT AUTHORISATION

I / we hereby authorise The Miller Insurance Group Limited to contact any of the Patent / Trade Mark attorneys or Lawyers identified at questions 17 and 18 of this proposal form and for said Patent / Trade Mark attorneys or Lawyers to provide to The Miller Insurance Group Limited full details of my/our portfolio of Intellectual Property Rights and/or any written agreements controlling the exploitation of intellectual property rights to which I am / we are a party.

Signature: _____

DECLARATION TO UNDERWRITERS

I/we declare that, **AFTER FULL ENQUIRY** the contents of this proposal are true and that I/we have not misstated, omitted or suppressed any material fact or information. I/we agree that this proposal together with any other information supplied by me/us shall be considered as being incorporated into and constituting a part of any contract of insurance which may be concluded. If there is any material alteration to the facts and information which I/we have provided or any new material matter arises before the conclusion of a contract of insurance, I/we undertake to inform Underwriters immediately.

Signature:	Date:
Name:	Position: