

Dear Applicant,

Thank you for your interest in Intellectual Property (IP) Infringement Abatement (Enforcement) Insurance, we sincerely appreciate your time and effort. IPISC is here to assist you through the underwriting process by helping you understand the IP risk and making the process as straightforward as possible.

Enclosed please find the application for Abatement Insurance, as well as a checklist to assist you with completing the application. The first page requiring your attention is **Appendix I**, on which you are asked to list the specific IP you wish to insure. Please include the patents, patent applications (including provisional patent applications), registered or common law trademarks, trademark applications, copyrights, trade dress and/or trade secrets. Also, be sure to include applicable dates and countries. Once the application has been completed in its entirety, please email or fax to IPISC's attention.

Several questions may require answers to be submitted on a separate sheet. Please fax or email these and any other extended answers for which you may not have enough room to 502-491-8888 or info@patentinsurance.com.

If you need any assistance with the application or would like a copy of the specimen policy, please contact an IPISC Representative or your insurance agent/broker. IPISC encourages you to review the policy specimen with your professional advisor.

Best regards,

IPISC Underwriting Group

APPLICATION (ENFORCEMENT) CHECKLIST:

- 1) Please ensure that all questions on the application are answered, as we must have all questions completed. If the question does not apply, please answer "N/A" (not applicable); however, "N/A" cannot apply to any of the questions on pages 10 thru 14. If coverage is not being sought for all three types of intellectual property (IP), the applicant may disregard the inapplicable pages. For example, if insurance coverage is only being sought for "Patents," do not complete the pages for "Trademarks" or "Copyrights".
- 2) Are full details given for the "yes" answers to Questions?

 Do we have copies of all warning letters; and, do we have names of all "Suspects"?
- 3) Is Appendix I completed with respect to the Intellectual Property (IP) to be insured?
- 4) If there are more than 10 U.S. IP to be insured, are the top 10 "SIGNIFICANT" IP indicated on Appendix I?
- 5) Do we have copies of all U.S. and Foreign IP listed that are not available online?
- 6) If U.S. PATENT applications are listed, have copies been provided (if they are not available online)?
 Need: Filing receipt (showing serial number; filing date; & preliminary class);
 Specification; Abstract; claims; and drawings
 All amendments that have been filed since the original filing of the PATENT application.
- 7) If U.S. Provisional Patents are to be insured, make certain the provisional(s) is not over a year old. If so, we need the formally filed patent application as listed in "6." above.
- 8) If foreign PATENTS are listed, are they equivalents to the U.S. PATENT/PATENT applications on the Appendix I?
- 9) If PCTs are listed and are over 30 months old, we need the national phase countries & their respective serial numbers.
- 10) Is a working copy of all software to be insured included with the application? If it is not possible to include the software, are the first and last 10 pages of the source code and all relevant promotional material regarding the software included?
- 11) Do we have a copy of the applicant's current financial statements (audited, if available)?

APPENDIX I:

Identify below all PATENTS, PATENT applications, TRADEMARKS, TRADEMARK applications, and COPYRIGHTS, including foreign equivalents, which Applicant wishes to insure. (Attach additional sheets if necessary). If you wish to insure your entire Intellectual Property (IP) portfolio, please list them below. We must have the IP numbers, filing/issue/registration dates and countries in order to list them on the Intellectual Property Schedule in your quotation.

Please complete the last column if the IP listed is considered to be a "SIGNIFICANT IP." "SIGNIFICANT IP" is defined as a PATENT or PATENT application, TRADEMARK or TRADEMARK application, or COPYRIGHT covering a product(s) or process or works (or components thereof), the use and/or sale of which: (1) currently generates 5% or more of the company's gross revenues; or (2) currently generates a greater percentage of the company's gross revenue (in combination with other IP or standing alone) than a majority of the other IP to be insured; or (3) is expected to generate revenue in the future which will fall within Categories 1 or 2 above; or (4) currently generates little or no revenue but has been the result of an extensive research and development effort over the last 5-10 years.

	IP Number:	Issue/Filing/Regis. Date:	Country:	Check here if IP qualifies as a SIGNIFICANT IP & give estimate of Percentage (%) of Sales the IP contributes:
1.				%
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

NOTE: Please attach to this application a copy of the above IP (U.S. only) (if they are not available on line). If there are more than 10 U.S. IP, then attach copies (if not available on line) of the applicant's top 10 most "SIGNIFICANT" IP as defined above. If copies of PATENT applications are submitted, we will need copies of (1) the filing receipt from the USPTO (if available), (2) specification, (3) abstract, (4) claims, (5) drawings and (6) any amendments that have been filed with the USPTO. If the applicant is seeking insurance coverage for more than 10 IP, please be aware that we may require copies (U.S. version), and will advise later.

APPLICATION FOR INTELLECTUAL PROPERTY INFRINGEMENT ABATEMENT (ENFORCEMENT) POLICY

The Infringement Abatement (Enforcement) Insurance Policy reimburses you for your LITIGATION EXPENSES should you elect to enforce your PATENT, TRADEMARK OR COPYRIGHT rights (depending upon the coverage taken) against an alleged infringer. The Policy responds to infringement enforcement of your Insured Intellectual Property which are listed and/or described on the Declarations Page of your Policy.

INTELLECTUAL PROPERTY (hereinafter referred to throughout this application as "IP") shall mean:

PATENT(S), TRADEMARK(S), and COPYRIGHT(S), and existing applications therefor all of which the Applicant represents to the best of its knowledge and belief were legally and/or are being legally procured and as to which the Applicant warrants it has no knowledge of any facts or circumstances adversely affecting their validity.

Except for amendments of PATENT applications during prosecution (and continuations whereunder the parent application is abandoned), no revisions, modifications, continuations, continuations-in-part, divisions, extensions, renewals, reissues or the like of any PATENT, TRADEMARK, COPYRIGHT, and/or application therefor is included in the INSURED INTELLECTUAL PROPERTY unless specifically enumerated in Item 3 of the Declarations Page of the Policy.

In completing this application, Applicant understands that the information provided in the answers to the questions is not privileged. This document and/or its contents may be required to be disclosed during litigation or as a result of statutory or regulatory action.

The Company agrees to use all information provided hereon and herewith solely for evaluating the feasibility of issuing an insurance policy on the IP described herein. **NOTE:** PLEASE ANSWER ALL QUESTIONS IN DETAIL AND ATTACH ADDITIONAL SHEETS AS NECESSARY.

1.	Applicant Name	:		Telephone No.:								
	Please note: Applicant name(s) will be the Policyholder(s).											
	Street:		Website Address:									
	City, State, Zip:											
	Please state below the name of the person we may contact to discuss this application:											
	Contact Name:		Contact Phone No.:									
				Contact Fax No:								
	Contact Address (if different from above):											
	Street:			E-Mail:								
	City, State, Zip:											
2a.	Are you a(n):	Corporation:	Individual:	Partnership:	Other:							
2b.	Date of incorpor	ration (formation):										
2c.	Continuously operating since:											

3a.	List names of all con	npanies and	individuals	under which IP owned or controlled by you can be found:			
3b.	Please describe the nature of your business (e.g. manufacturer, inventor, licensor, etc.)						
3c.	Is your business prin	narily:					
	Retail			Mostly retail/some wholesale			
	Mostly who	lesale/some	retail	Exclusively wholesale			
3d.	Are there any addition	onal parties l	naving right	nts in any of the IP to be insured?			
	(Check One) Ye	s No		If "yes", please list them.			
3e.	Who are the princip	al customers	served by y	your business?			
3f.	Does your business ink replacement, lor			pply" or re-seller market (e.g., automotive replacement parts, printer e-seller).			
	(Check one)	Yes	No	If "yes", please give details.			
3g.	related company be	en involved	in, any mer	years have you or anyone representing you, your Company or any rger, acquisition, joint venture or purchase of business assets, including ns which did not lead to a transaction?			
	(Check one) Yes		No				
	If "yes", please provi	de details:					
4.	Please indicate your	future Requ	ested Effect	tive Date should coverage be offered:			
5.	Requested Policy Lir Please indicate your		n/Aggregat	te). Aggregate Limits available are the same as per Claim Limits or higher.			
	Per Claim Limits:		Aggregat	ate Limits:			
	Multi Year:	2 Year	policy	3 Year policy			
ба.	Have you had IP Aba	atement insu	rance befor	ore?			
	(Check One) If "yes", please provi	Yes No de name of o		ts, premium, and expiration date.			

6b.	Indicate if Appli	cant has l	oeen involve	ed in any of the following:		Yes	No			
	a. International Trade commission actions?									
	b. Declaratory judgment actions?									
	c. Patent, trade	c. Patent, trademark, or copyright related CIVIL PROCEEDINGS or settlements?								
	d. Other post g	rant proc	edures (opp	oositions, reissue, re-exams, etc	.)?					
	e. Other litigati state actions		kind filed b	y or against you in the past 3 y	ears, including					
	If your answer to	o any of t	he above is '	"yes," briefly give details and o	utcome on separa	te shee	t.			
6с.	What are your a	verage Al	oatement/E	nforcement costs for the last th	ree years?					
	Year:		Costs:							
	Year:		Costs:							
	Year:		Costs:							
7.	Are any IP to be	insured I	icensed by y	ou to others (i.e. you are the lie	censor)?					
	(Check One)	Yes	No	If "yes" to whom?						
8.	Are any IP to be	insured I	icensed by v	you <u>from</u> others (i.e. you are the	e licensee)?					
	(Check One)	Yes	No	If "yes" from whom?	,					
9a.	Are you current	ly in busir	ness selling _l	product(s) falling within the sco	ope of the IP for w	hich in:	surance is sought?			
	(Check One)	Yes	No							
9b.	What SIC codes	apply to	your IP?							
9c.	If 9a. is "yes" doe	es anyone	e manufactu	re, print or publish these produ	ucts for you?					
	(Check One)	Yes	No							
10.	or works of auth	orship co	vered by th	ingement from anyone concer le PATENTS, TRADEMARKS, or C s or copyrights of others?	-		-			
	(Check One)	Yes	No							
	If "yes", please p	orovide de	etails.							
11.	Do the products	s/process	es covered k	oy your IP:	Yes	No				
	A. Involve	the use o	of relatively	scarce raw materials?						
	B. Require	e special r	nanufacturi	ng equipment?						
	C. Involve	the use o	of extraordir	nary or scarce labor skills?						
			power, fue equirement	l, energy, water or ?						
	E. Genera	te toxic w	astes or inv	olve hazardous conditions?						

12.	Estimate the average which the IP to be in			and taxes) expe	rienced by comp	anies on the produ	ct/processes to
	Less than 5%	5% - 10%		More than 40°	%		
		10% - 20%		20% - 40%			
13a.	Estimate the number Please check one:	r of companies tha	at directly co	ompete with you	ur IP in the marke	etplace.	
	None Less tha	n 5 5-10	10-20	More tha	n 20		
13b.	Indicate the names o	of your top five (5)	closest con	npetitors and the	eir geographic m	arket.	
	Company Name:		U.S.	Foreign:	(13C) Estima	ated Total Annual	Sales
	1.						
	2.						
	3.						
	4.						
	5.						
	6. Applicants Com	pany					
13c.	Your Sales:	<u>U.S.</u>	. Sales	<u>Forei</u>	<u>ign Sales</u>	<u>Total Sales</u>	
	a. Previou	s Year					
	b. Current	Year					
	c. Next Ye	ar					
13d.	Please attach a curre	nt financial statem	nent, audite	ed if available and	d/or Form 10K, if	publicly traded.	
14.	Indicate number of U	J.S. and Foreign IP	owned or o	controlled by Ap	plicant which ar	e either issued/regi	stered or pending.
	US PATENTS issued o	or pending:		Foreign PATE	NTS issued or pe	nding:	
	US TRADEMARKS reg	gistered or pending	g:	Foreign TRAD	EMARKS register	ed or pending:	
	US COPYRIGHTS regi	stered or non-regi	istered:	Foreign COPY	RIGHTS registere	ed or non-registere	d:
15.	Do you have an oblig	gation to a third pa	arty to enfo	rce the IP to be i	nsured?		
	(Check One) Y	es No	If "yes"	", please provide	details.		

16.	Would you cons	sider licens	ing any o	f the IP to be insured in an effort to resolve a dispute?
	(Check One)	Yes	No	
17.	Are confidentia	l trade secr	ets or kno	ow-how used in any process/invention/device to be insured?
	(Check One)	Yes	No	If "yes", please provide details.
18a.	Do you routinel	y apply "P <i>l</i>	\TENT," "1	FRADEMARK," or "COPYRIGHT" markings to your products, as applicable?
	(Check One)	Yes	No	
18b.	•			y attorney on staff with full time responsibilities for filing PATENTS, TRADEMARKS, or otential infringements and other intellectual property legal advice?
	(Check one)	Yes	No	If "yes", please provide the name of the attorney(s).
18c.	Do you have an	outside, in	depende	nt law firm that regularly provides you intellectual property legal advice?
	(Check one)	Yes	No	
	If "yes", please p	provide the	name of	the law firm, its address, and the attorney who is your contact.
19.	Do you use con	fidentiality	/non-com	npete agreements in all your IP negotiations?
	(Check One)	Yes	No	, , ,
20.	Is the insurance	being app	lied for re	equired by License Agreement or other contract?
	(Check One)	Yes	No	If "yes", please provide details.
21a.				th the Applicant is aware (including existing or threatened lawsuits) that could to IP litigation against the Applicant?
	(Check one)	Yes	No	If "yes", please provide details.
21b.				any "IP to be insured" loss costs or expenses vis-à-vis filing an abbreviated or new th the FDA under the Hatch Waxman Act?
	(Check one)	Yes	No	If "yes", please provide details.
21c.		been includ	ded in any	y Hatch Waxman proceedings?
	(Check one)	Yes	No	If "yes", please provide details
22.	•			nstances not otherwise disclosed on this application which could reasonably the accuse another party of infringing upon your intellectual property?
	Yes	No	li	f yes, please provide details

The questions on the following pages pertain to the specific IP you wish to insure. Plea apply (e.g. if you are insuring PATENTS only, then answer ALL of the questions which re sections that are for TRADEMARK and COPYRIGHTS).	
apply (e.g. if you are insuring PATENTS only, then answer ALL of the questions which re	
apply (e.g. if you are insuring PATENTS only, then answer ALL of the questions which re	
apply (e.g. if you are insuring PATENTS only, then answer ALL of the questions which re	
apply (e.g. if you are insuring PATENTS only, then answer ALL of the questions which re	
apply (e.g. if you are insuring PATENTS only, then answer ALL of the questions which re	
apply (e.g. if you are insuring PATENTS only, then answer ALL of the questions which re	

QUESTIONS FOR INSURING PATENTS OR PATENT APPLICATIONS:

The questions below may use the term "PATENT(S)." When this term is used, you should answer the question with respect to any PATENTS and PATENT applications you are wishing to insure and which are listed on the attached Addendum.

With	respect t	to the use of the g, selling or offer	word "In	fringing Party(ie	s)", in apı	plying this te	rm, it mean	parties who	se activities	of	
P1.		With respect to the PATENTS to be insured, specify in detail your knowledge of: (Attach additional sheets as									
	neces A.	Existing INFRIN	ry). Existing INFRINGING PARTY(IES) either in the United States, in foreign countries or on the internet. For example is someone currently "knocking off" your PATENTED or PATENT pending products/processes?								
		(Check one)	Yes	No							
		If "yes", please PARTY(IES).	provide n	name(s) and detai Date:	ls. Also in	dicate date ap	oplicant first	earned of the	e INFRINGING		
	В.	•	-	d INFRINGING PAI Ir PATENTED or P.		•	•		s that someor	ne is	
		(Check one)	Yes	No							
			•	ame(s) and detai		•	oplicant first	earned of			
	C.	C. Activities outside the U.S. which if conducted by a third party in the U.S. would make that party an INFRING PARTY(IES). For example, is anyone overseas "knocking off" your PATENTED or PATENT pending products/processes?								NGING	
		(Check one)	Yes	No							
		If "yes", please the U.S.	provide r Date:	ame(s) and detai	ls. Also in	dicate date ap	oplicant first	earned of the	ese activities	outside	
P2.	If this	you ever sent any is a RENEWAL, ha	ave you s		Letter(s)	or suggested	to anyone th	nat they INFR		TENTS in the	
	(Chec	k One) Yes	No	Date of Wa	arning Le	tter(s)					
P3.		nte if you have rec ned. (Check One)						nave refused	or		
P4.		you previously or ufacturers)? (Chec	•	5 5	ny dispute		•	es or product	• •		
P5.	Give t	he numbers of yo	ur 10 mos	st important PATE	ENTS.						
	1. 2. 3. 4.		5. 6. 7. 8.		9. 10.						

QUESTIONS FOR INSURING TRADEMARKS OR TRADEMARK APPLICATIONS:

PARTY(IES).

B.

The questions below may use the term "TRADEMARK(S)." When this term is used, you should answer the question with respect to any TRADEMARKS and TRADEMARK applications you are wishing to insure and which are listed on the attached Addendum. With respect to the use of the word "INFRINGING PARTY(IES)" please refer to the Definitions section of the Policy. This term will also apply to TRADEMARK applications.

Γ1.	With respect to the TRADEMARKS for which you have applied to be insured, specify in detail your knowledge of: (Attach additional sheets as necessary).

A.	Existing INFRIN	IGING PAI	RTY(IES) either in the United States, in foreign countries or on the internet. For example
	is someone cui	rently usi	ng your TRADEMARK(S) or a confusingly similar mark without your permission?
	(Check one)	Yes	No
	If "yes", please	provide n	ame(s) and details. Also indicate date applicant first learned of this INFRINGING

Suspected or anticipated INFRINGING PARTY(IES). For example, do you have any suspicions that someone is about to use your TRADEMARK or a confusingly similar mark without your permission?

(Check one) Yes No

If "yes", please provide name(s) and details. Also indicate date applicant first learned of suspected/anticipated INFRINGING PARTY(IES). **Date:**

C. Activities outside the U.S. which if conducted in the U.S. by a third party would make that party an INFRINGING PARTY(IES). For example, is anyone overseas using your TRADEMARKS or a confusingly similar mark without your permission?

(Check one) Yes No

Date:

If "yes", please provide name(s) and details. Also indicate date applicant first learned of activities outside the U.S. Date:

T2. Have you sent any warning letters or otherwise suggested to anyone that they INFRINGE your TRADEMARKS? (Check One) Yes No

If "yes", please provide copies of letters or notices.

T3. Indicate if you have received any requests for license under any of your TRADEMARKS which you have refused or declined.

(Check One) Yes No

If "yes", please provide details, including name of party(ies).

T4. Have you previously or are you now engaged in any disputes with any of your licensees or product suppliers?

(Check One) Yes No

If "yes", please attach/submit details on separate sheet, including name of party(ies).

T5.	Has anyone else	registered the s	same or a similar m	ark in a diffe	erent class?			
	(Check One) Ye	s No	If "yes", list class	es and Trad	emark Owner((s):		
T6.	Is any part of the PATENT(S)?	Product/Mater	ial to which the TR.	ADEMARKS	to be insured	are applied cov	ered by COPYRIG	HT(S) or
	COPYRIC	GHTS?	(Check One)	Yes	No			
	PATENT	S?	(Check One)	Yes	No			
T7.	Are any of your T	RADEMARKS fa	imous?					
	(Check One)	Yes No)					
	If "yes", please lis	t the TRADEMA	RKS and describe t	heir fame.				
T8.	Are you aware of of commerce?	any famous tra	ndemarks that are s	imilar to an	y of your TRAE	DEMARKS, even	if they are in a dif	fferent area
	(Check One) You commerce.	es No	If "yes", please li	st and desc	ribe those trad	emarks and the	ir relationship to	your area of

QUESTIONS FOR INSURING COPYRIGHTS:

The questions below may use the term "COPYRIGHTS(S)." When this term is used, you should answer the question with respect to any registered or unregistered COPYRIGHTS you are wishing to insure and which are listed on the attached Addendum. With respect to the use of the words "INFRINGING PARTY(IES)" please refer to the Definitions section of the Policy.

Addei Policy		Nith respe	ect to the	use of th	ne words "INFRINGING PARTY(IES)" please refer to the Definitions section of the
C1.		espect to t cessary).	he COPYF	RIGHT(S) 1	to be insured, specify in detail your knowledge of: (Attach additional sheets
	A.	_			Y(IES) either in the United States, in foreign countries or on the internet. For example, ring/"knocking off" your COPYRIGHTED works?
		(Check	One)	Yes	No
		If "yes", PARTY(I		ovide nar	me(s) and details. Also indicate date applicant first learned of this INFRINGING Date:
	В.	•		-	NFRINGING PARTY(IES). For example, do you have any suspicions that someone is your COPYRIGHTED works?
		(Check	One)	Yes	No
					me(s) and details. Also indicate date applicant first learned of FRINGING PARTY(IES). Date:
	C.				which if conducted by a third party in the U.S. would make that third party an or example, is anyone overseas copying/"knocking off" your COPYRIGHTED works?
		(Check	One)	Yes	No
		If "yes", the U.S.		ovide nar	me(s) and details. Also indicate date applicant first learned of activities outside
C2.	Have y	ou sent ar	ny warnin	g letters (or suggested to anyone that they infringe your COPYRIGHTS?
	(Checl	k One)	Yes	No	If "yes", please submit copies of letters or notices.
C3.	Indica declin	•	ave receiv	ed any re	equests for license under any of your COPYRIGHTS which you have refused or
	(Checl	k One)	Yes	No	If "yes", please provide details.
C4.	-	ou previo Ifacturers,	-		v engaged in any disputes with any of your licensees or works suppliers ers)?
	(Checl	k One)	Yes	No	If "yes", please submit details on separate sheet.

C5.	In originating your Product/Material, did you copy or refer to any third party material?						
	(Check One)	Copy?	Yes	No			
	(Check One)	Refer to?	Yes	No			
C6.	Does anyone else have a right in the COPYRIGHT(S) to be insured?						
	(Check One)	Yes N	o I	If "yes", ple	ase identify party(ies).		
C7.	What revenues, if any, are being generated by the COPYRIGHT works? Please give an estimate:						
C8.	Is any part of the Product/Material covered by the copyrights to be insured also covered by TRADEMARK(S) or PATENT(S)?						
	TRADEMARKS?	(Check One)	Yes	No			
	PATENTS?	(Check One)	Yes	No			
C9.	Is the COPYRIGHTED material a derivative work? If so, please describe new material covered by the COPYRIGHT upon which registration has been obtained or is sought.						
	(Check One)	Yes	No	If "yes", pl	ease provide a description:		
	Applic	ant must sigi	n below if	applying f	or COPYRIGHT Defense insurance coverage		
		CERTIFICATION	ON TO INSU	JRANCE AP	PLICATION FOR COPYRIGHT COVERAGE		
Application Applic	cation I apply to i or. The work(s) of ighted material o e the work(s) of a	insure are my authorship to of another with authorship or	original, in be insured nout written aly in a ma	dependent d have not n permissio nner speci	Section 1001, that: The work(s) of authorship which by this creation, or are controlled or licensed by me from the original been copied in whole or in part from another existing work or n. If I am not the original author, I have used and will continue fically granted in the licenses(s) or written permission(s), and ag my use are attached hereto.		
Applic	cant's Signature:				Date:		
Printe	e d Name:						
	Company:						
	Title:						

In connection with this application for Intellectual Property Infringement Abatement (Enforcement) Insurance, applicant and/or its authorized representative hereby represents and warrants as follows:

- 1. That to the best of its information, knowledge and belief, the Intellectual Property(ies) identified in APPENDIX I for which this application for insurance is made, was legally procured and Applicant has no knowledge of any facts or circumstances adversely affecting their validity.
- 2. Applicant is the registered owner or exclusive licensee of the Intellectual Property(ies) identified in APPENDIX I.
- 3. Applicant understands that the statements and answers furnished to the Company are representations of Applicant and on behalf of all persons and entities related to Applicant's company and the person signing this application represents that he has the authority to make these representations and sign this application.
- 4. Applicant has requested and been provided with a specimen copy (or, if not, will request a copy) of the Infringement Abatement Insurance Policy, **understands that the INFRINGEMENT must begin during the Policy Period**, has read and understands the terms, conditions and exclusions of said policy, and has had the opportunity to discuss same with an intellectual property attorney.
- 5. The answers to the questions in this Application are true, accurate, and complete to the best of the Applicant's knowledge, information and belief. Applicant acknowledges and understands that any Intellectual Property Policy issued is issued in reliance on the information and statements contained herein, and that any material misrepresentation or inaccurate statement may result in voiding of coverage or recision of the Policy. After the exercise of due diligence, the Applicant is not aware of any current infringing act, nor has he awareness of any suspected or anticipated infringements of any Intellectual Property(ies) that are subject of this application except as noted in the answers above.
- 6. Applicant understands that while the insurer, its agents, servants, and employees will endeavor to keep this information confidential, this Application may not be a privileged document and its contents may be required to be disclosed during litigation, or as a result of statutory or regulatory action.
- 7. The Applicant understands that the Intellectual Property Infringement Abatement Insurance Policy only applies to those CLAIMS that are made during the POLICY PERIOD or any Extended Reporting Period.

WARNING

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presets 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.

NOTICE TO COLORADO APPLICANTS: 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 policy holder or claimant for the purpose of defrauding to attempting to defraud the policy holder 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.

NOTICE TO D.C. APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO LOUISIANA APPLICANTS: 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.

NOTICE TO MICHIGAN APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

NOTICE TO NEW MEXICO APPLICANTS: 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.

NOTICE TO NEW YORK APPLICANTS: 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, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicant's Signature:	Date:
Applicant's Name & Title:	