



Kiln 4Front
First Party Adverse Reputation Insurance
Application Form

Important information & applicant's instructions

This application form is for Adverse Reputation Insurance under a 4Front policy with Kiln Syndicate 510 at Lloyd's.

This application is for a CLAIMS MADE insurance policy.

Application's Instructions

1. All questions must be answered completely. Please type or print clearly. If any questions are considered "Not Applicable", please state why.
2. If you need more space, continue on Supplement Sheet "A" & indicate question number.
3. This application, which includes supplement sheets, must be signed and dated by a Principal or Director of the firm.

1. Applicant Information

Name _____
Address _____
City _____ County _____
State _____ Zip/Post Code _____
Telephone _____ Fax _____
NAIC/SIC code(s) _____ Website _____

2. Please state the name of a person that we name contact in order to discuss this application

Name _____
Position _____
Telephone _____ Email _____

3.

a. Limits of cover requested _____
b. Retention requested _____
c. Coverage requested (tick as applicable)
Adverse Media Reports

4. Please indicate type of company the Applicant is & date established

Partnership Corporation Privately Held Other
Date established _____

5. Please describe the nature & types of business the Applicant is engaged in generally, and indicate the percentage of revenues derived from each area

6. Please list the particular products brands/trademarks whose sales are to be insured

7. Please state the age of those products

0 – 1 year old _____
3 – 5 years old _____

1 – 3 years old _____
More than 5 years old _____

8. Please provide a breakdown of those product brands, stating the territories in which they are distributed & the approximate associated revenues for that region (use Supplement Sheet 'A' where required)

Product Brand Description	Territories	Revenue
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Please enclose estimated sales/profit/gross margin figures for up to four future years if a 36 month indemnity period is required (or shorter period for corresponding cover)

10. Please provide details of any circumstances of which you are aware that may give rise to an adverse media report or any current accusations/comments in the public domain that may lead to further impact upon your brand value & reputation

11. Please list all specific threats to the product brand value against which you would like to insure as blanket coverage is typically not issued. (What are the worst media report threats to the brand value, e.g. i) a product has caused or is likely to cause accidental bodily injury or death, ii) any employee has committed a criminal act, iii) specific accusations of business operations incompatible with the corporate image. Use Supplement Sheet 'A' where required).

12. Why is the Applicant seeking Intellectual property insurance at this time?

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE PART HEREOF.

THIS APPLICATION DOES NOT BIND THE APPLICANT TO BUY, OR THE INSURER TO ISSUE, THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE MADE A PART OF THE POLICY.

THE APPLICATION FURTHER DECLARES THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME WHEN THE POLICY IS ISSUED, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORISATION OR AGREEMENT TO BIND THE INSURANCE.

I HAVE READ THE FOREGOING APPLICATION OF INSURANCE INCLUDING SUPPLEMENT SHEET 'A' AND WARRANT THAT THE RESPONSES PROVIDED ON BEHALF OF THE APPLICANT ARE TRUE AND CORRECT.

Signature _____ Date _____

Printed Name & Title _____

SUPPLEMENT SHEET 'A'
First Party Adverse Reputation Insurance



Signature _____ Date _____

Printed Name & Title _____