



Kiln 4Thought  
First Party Intellectual Property Insurance  
Application Form

## Important information & applicant's instructions

This application form is for Intellectual Property Insurance under a 4Thought 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)  
Legal claims against the Assured       Actions by Governments & States

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 whose sales are to be insured

7. Please state the age of those products

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

8. Please list the key patents supporting those products, stating the territories in which they are applicable, the expiry dates and the patent numbers (use Supplement Sheet 'A' where required)

Patent Description	Territories (& Expiry)	Patent Numbers
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Please give details of any trademarks associated with the products if these are also to be insured. The territories in which each trademark is used should be provided

10. Please indicate any other forms of IP associated with these products that you might wish to insure

11. Please give the last available sales figures for each of the products (broken down geographically if appropriate) & specifying the amount of their profit or gross margin for each. If any of the income from these products is earned under licensing (out) agreements this should be shown separately with details of the license

12. 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)

13. In the last 10 years has the applicant been involved in any legal action or proceeding regarding their asserted intellectual property rights? Please use Supplemental Sheet A if necessary.

14. 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 Intellectual Property Insurance



Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name & Title \_\_\_\_\_