

INTELLECTUAL PROPERTY CLAIM FORM

Intellectual Property Insurance Claim Form

Before completing this claim form, please remember that this is a "claims made" policy, meaning that only claims made during the period of insurance. If you should have any doubts about this, or any aspect of the claims process, please consult the booklet "A Guide to Intellectual Property Insurance" or contact IPI Services.

In addition, please be aware of the following points:

- * Answer all questions to the best of your knowledge and belief.
- * Please give us all the information you can, particularly where the information may be regarded as a "material fact". A "material fact" is information that may influence the way we deal with the claim. If you are in any doubt as to what constitutes a material fact, you should consult the booklet or contact us at IPI Services.
- * If you think that any question requires expert knowledge, which you are unable to provide, please consult the appropriate expert and indicate this in your answer.
- * We recommend that you keep a copy of this form and any other documents you send to us in support of your claim. If you are unable to do this, we would be happy to supply you with a copy. However, we make a small charge for this service, details of which are contained in the booklet "A Guide to Intellectual Property Insurance".

General Information

| | | |
|---|----------------------------------|------------|
| 1 | First Name(s): | |
| 2 | Surname: | |
| 3 | Owner (if different from above): | |
| 4 | Address: | |
| | | |
| | | |
| | | |
| | | Post Code: |
| 5 | Telephone: | |
| 6 | Fax: | |
| 7 | Email: | |

About the Dispute

| | | |
|---|---------------------------------------------------|---|
| 8 | Who is the other party? | |
| 9 | Tick the statement that best applies: | |
| | I suspect my rights have been infringed. | A |
| | I am accused of infringing the rights of another. | B |

If you ticked box **B** under question 9, please go straight to number 13

| | | |
|----|-------------------------------------------------------------------------------|----------|
| 10 | When did you first become aware of the circumstances leading to this dispute? | DD/MM/YY |
|----|-------------------------------------------------------------------------------|----------|

11 How did you first become aware?

Continue on another sheet if necessary

12 What do you anticipate your total losses will be as a result of this dispute?

£

Please now go straight to question 19 on page 3

13 When did you first become aware of the third party product in this dispute?

DD/MM/YY

14 How did you first become aware?

Continue on another sheet if necessary

15 What losses are being claimed against you?

£

16 Please provide a description of the rights (product) you are accused of infringing:

Continue on another sheet if necessary

17 In respect of the third party rights or products:

Where are they sold?

| | | |
|----|-----------------------------|--|
| | Who is the supplier? | |
| 18 | Where is your product sold? | |

19 Using the reference numbers and descriptions stated on your insurance schedule, please indicate those intellectual property rights that are the subject of the dispute

| Reference | Description |
|-----------|----------------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | Continue on another sheet if necessary |

Ancillary Information

20 For each of the following, please indicate whether they apply, and if copies are attached:

| | Apply | Attached |
|----------------------------------------------------------------------------------|-------|----------|
| Correspondence sent to or received from the third party or their representatives | | |
| Correspondence between you and your representatives | | |
| Your solicitors litigation plan and budget | | |

21 Do you anticipate any other disputes, whether arising from this dispute or not?

| | |
|---|---|
| Y | N |
|---|---|

22 If "Yes", please provide details:

23 Is there any other information relating to this dispute that has not been declared on this form?

| | |
|---|---|
| Y | N |
|---|---|

Declaration

Please remember that failure to tell us now about anything that may affect the outcome of this claim may result in the claim being rejected. In this event, your policy may be declared void with all premiums being forfeited and any monies paid to date may be repayable on demand.

Before signing this declaration and sending it to us, please be sure you have disclosed everything that may be of importance. If you are in any doubt, please do not hesitate to contact us at IPI Services and we will happy to discuss it with you.

I/We warrant that the above statements made in this form are true to the best of my/our knowledge and belief and the Insurers will be informed of any material alterations. If such statements and particulars are made or provided by any other person, such person shall be deemed to have been my/our agent for that purpose.

I/We hereby agree and declare that I/We will abide by the terms of the policy as issued.

Signed: _____ Date:

Name: Position:

HEAD OFFICE:

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