UK SME PROPOSAL FORM FOR INTELLECTUAL PROPERTY SOLUTIONS



Please provide a full answer to every question. This form must be signed by a Principal/Member/Director of the practice.

Business Details

1.	Name of business se	eking insurance						
2.	Website							
3.	Address:							
	Post Code:			Telephone No:				
	Contact Email:							
	Contact person:							
4.	Please select the sect best describes your c	or description that core business.						
If "Other" is selected, please provide a short description of the sector that best describes your core business.				5.				
4.1	Please provide the Sta	andard Industrial Classificat	on (SIC) code a	pplicable to your busin	ess			
5.	Have you received any investments, raised funding, (full question language tba) in the past 24 months? Yes N					No		
	If yes, how much was	s the investment?						
6.	Provide your TOTAL annual turnover by territory. Please state the currency used.							
	TERRITORY	SUM		TERRITORY		SUM		
	UK			Germany				
	Rest of EEA			USA				
	Australia, New Zealar	nd		Canada				
	Asia			Middle-east, Africa	1			
	TOTAL							

7. Coverage Requirements

a.	Claims against you for Intellectual Property (IP) infringement - this cover is automatically included in this policy.		Yes	No
b.	Claims against you for trade secret misappropriation			No
C.	Contractual obligations to indemnify customers or licensees		Yes	No
d.	Defence of contractual disputes regarding intellectual property			No
e.	Enforcement of own intellectual property against infringers		Yes	No
f.	Limit (Maximum GBP 3,000,000)			

8. Claims Information and Statement of Fact

Tick yes and provide details if you have ever:

a.	Had an allegation of IP infringement against you, or made an allegation of IP infringement against a third party;	Yes	No
b.	Had a registered IP right challenged in court or in an administrative body for its validity, revocation or ownership.	Yes	No
С.	Been asked by a contract party to defend or hold them harmless as a result of a claim against them for infringement.	Yes	No

If you have answered "yes" to any of the above questions, please provide details including the names of the involved parties, when the claim(s) happened, current status and outcome, including costs incurred. If you require more space then please provide information under Section 10. Additional Information, or by separate attachment.

9. Are you aware of any circumstance that may result in a claim being made under this insurance policy? Yes No

10. Additional Information

Please provide any additional details that you believe may be relevant for the assessment of your request for intellectual property insurance, or which you believe would be relevant for us to consider your requirements.

Confirmation

Pen Underwriting Ltd is the controller of any personal data you provide to us. We collect and process personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop our products and services and to comply with our legal and regulatory obligations. This may involve sharing information with, and obtaining information from, our group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.

We may record telephone calls to help us to monitor and improve the service we provide as well as for regulatory purposes.

Please see our Privacy Notice for further information on how your personal data is used, shared, disclosed and retained, your rights in relation to your personal data and how to contact our Data Protection Officer. Our Privacy Notice can be found at <u>www.penunderwriting.co.uk/privacy-policy</u>. From time to time we may make important updates to our Privacy Notice and these may in turn affect the way we use and handle your data. Please ensure you review our Privacy Notice periodically to ensure you are aware of any changes.

If you are entering into this agreement in the course of your business, or as a charity, for charitable purposes and providing information on other individuals to us, for example your employees and/or any other party that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that individuals whose personal data you are providing to us have been provided with fair processing notices that are sufficient in scope and purpose, and that you have obtained all appropriate consents, where required, or are otherwise authorised, to transfer the personal data to us and enable us to use the personal data and process the personal data for the purposes of this agreement and as set forth in our Privacy Notice. You must not share personal data with us that is not necessary for us to offer, provide or administer services to you.

When you answer questions or agree with assumptions during the quotation process, you must disclose material facts or circumstances about the risk(s) you want to insure. A material fact or circumstance is something that would influence the judgement of an insurer in deciding whether or not to insure the risk.

This is known as a 'duty of fair presentation' and includes disclosing the following:

Information that you, your firm's senior management, or anyone responsible for arranging your insurance knows, or should know in relation to your business; and

Information that would be revealed by a reasonable search of information available to you or by making enquiries, and could include information held within your business or by someone else (such as your insurance broker).

Remember that if you fail to meet this duty, it could mean that the policy is void, or that the insurer is not liable to pay all or part of your claim(s).

Please be aware that if any of your details, material facts or circumstances change during the policy period, you must always notify us immediately.

Signature:	
Date:	
Print Name:	

PLEASE RETURN THIS FORM TO YOUR INSURANCE REPRESENTATIVE.

For more information, please contact Pen Underwriting, Fourth Floor, 67 Lombard Street, London EC3V 9LJ

Tel: 020 7264 1260 Email: UK.IntellectualProperty.Insurance@penunderwriting.com

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For full legal and regulatory information go to; https://www.penunderwriting.co.uk/legal-and-regulatory-information