



Intellectual Property
Legal Expenses Insurance
Proposal form



NOTICE

The purpose of this statement is to clarify certain conditions under which this insurance is offered. All answers must be given to the best of your knowledge and belief. All material facts must be disclosed and failure to do so may lead to the policy becoming null and void or claims being declined. A material fact is one that is likely to influence acceptance or assessment of your insurance risk by our underwriters. If you are in any doubt as to what constitutes a material fact you should consult your insurance broker or contact us directly.

Only complete this form if you wish to insure registered intellectual property, i.e. patents, trademarks, registered designs or the licence agreements to use such intellectual property. We are unable to offer cover for any other type of intellectual property.

INSURANCE AND LOSS HISTORY

- 1 Has any insurer ever refused commercial legal expenses insurance, imposed special terms or declined to renew a commercial or intellectual property legal expenses insurance policy? Yes No
- 2 Has there been any dispute or legal proceedings to which this insurance would apply during the last 10 years? Yes No
- 3 Are you aware of any cause, event or circumstance which may give rise to a claim being made under this insurance? Yes No

If yes to any of the above, please provide full details (continue on separate sheet if necessary):

PROPOSER INFORMATION

- 4 Full name of Proposer (Please include all business names and subsidiaries to be covered – any business not included here will not be covered):

Full address of Proposer:

Telephone number:

Email:

- 5 Business Description (please include all business activities):

- 6 Declared Turnover in last 12 months (in New Zealand Dollars for all businesses and subsidiaries named above):

- 7 Declared Turnover arising from the Intellectual Property to be insured in last 12 months (in New Zealand Dollars for all businesses and subsidiaries named above):

8 Estimated Turnover Split:

Region	%	Region	%
New Zealand and Australia	%	Asia	%
Europe	%	USA/Canada	%
Other (Please specify):	%	Total (should equal 100%)	%

9 Please provide details of all third parties, including former employees and business partners, to which confidential information regarding the intellectual property to be insured has been disclosed:

COVER REQUIRED (please tick all options desired)

- 10 Territorial Limits:
- New Zealand and Australia only
 - New Zealand, Australia and Europe
 - New Zealand, Australia, Europe and Asia excluding China and India
 - New Zealand, Australia, Europe and Asia including China and India
 - Worldwide excluding USA and Canada
 - Worldwide including USA and Canada
- 11 Limit of Indemnity:
- NZD100,000 Any One Claim and in the Aggregate
 - NZD250,000 Any One Claim and in the Aggregate
 - NZD500,000 Any One Claim and in the Aggregate
 - Other (please specify): NZD

LICENCE INFORMATION

12 Please list all licences that you wish to be covered under this insurance. Please also provide a copy of the licence agreements.

Name of Licensee	Grant Number of related intellectual property	Date of commencement of licence	Length of licence agreement	Territory

INTELLECTUAL PROPERTY INFORMATION

13 Please list all grant and application numbers and details in the space provided. For items in application please also attach full information including all application papers and any search reports. Please continue on separate sheet if necessary.

Type of intellectual property	Name/description and grant/application number	Status (granted or in application)	Date granted or application filed	Territory
Patents				
Trademarks				
Registered designs				

DECLARATION

On behalf of all proposed Applicants I/We declare and agree that all information provided in this proposal or attachments is true and correct in every respect and that all information that may be material in considering this proposal form has been fully and accurately disclosed to Delta Insurance New Zealand Ltd in writing in a manner which would not mislead a prudent insurer.

I/We agree that this declaration shall be the basis of and incorporated in the insurance contract and that the insurance contract may be avoided (amongst other things) if any statement in this proposal is "substantially incorrect" or "material" as both terms are defined in the Insurance Law Reform Act 1977.

I/We undertake to inform Delta Insurance New Zealand Ltd of any material alteration to the above information whether occurring before or after the completion of this insurance contract.

I/We understand that:

- (a) I/We am/are obliged to advise Delta Insurance New Zealand Ltd of any information which may be material to its consideration of this application. This information includes all information I/We know (or could reasonably be expected to know) which could influence the judgement of Delta Insurance New Zealand Ltd whether or not to accept this application and (if accepted) on what terms, including cost and otherwise.
- (b) Failure to provide this information may result in Delta Insurance New Zealand Ltd refusing to provide the insurance.
- (c) I/We have certain rights of access to and correction of this information.

Full name & title of individual:

Signature of Policyholder:

Date:



We are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code which provides you with assurance that we have the highest standards of service for our customers.