

## Patent Litigation Insurance Application Form

### A. Company Information

Applicant Name (Legal Entity Name)	Applicant Address	Contact Name	Broker Name and Company

### B. Business and Intellectual Property (IP) Activities

Please indicate Y or N for each question below. Please provide details in sections D or E for each affirmative answer.	Y	N
Have you ever been a plaintiff or defendant in a patent infringement lawsuit?		
Have you received or sent any external communication regarding patents not owned by you?		
Have you sent any communication asserting or inviting anyone to take a license to patents owned by you?		
Do you have any existing patent licenses set to expire within the next 12 months?		
Have you been indemnified or received indemnification requests for patent-related matters?		
Have you experienced any capital raising events (IPO, S-1, private) in the past 12 months or are you planning any?		
Have you experienced any M&A or divestiture activities in the past 12 months or are you planning any?		
Have you launched any new products in the past 12 months or are you planning to launch any?		
Have you established any significant new distribution partners or channels in the past 12 months or are you planning to establish any?		

List Applicant's top competitors	
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### C. Financial Information

Please complete table below with Applicant's financial results for last 3 years (actual) and current year (projected).				
Fiscal Year Ending	Total Revenue (\$M)	US Revenue (\$M)	Operating Income (\$M)	Headcount

### D. IP Activity Details

Please complete table below with details of Applicant's patent litigations, external patent-related communications, and indemnification received/requested, for open or resolved matters. Please add additional information in section E and provide copies of communications with your application. Items pre-filled by RPXIS are not exhaustive; please also provide details for activities not listed.						
Plaintiff/Patent Holder	Date Filed or Received	Date of Most Recent Contact	Date Resolved (If Resolved)	Legal Cost to Date (\$)	Settlement/License Cost or Latest Demand (\$)	Indemnification Received/Provided (\$)

(Additional space available in section E)

[Continued on Page 2](#)

### E. Additional Information

Historical Business Activities
Please provide additional information about any questions answered Y in section B, including M&A, divestitures, capital raising events, product launches, new distribution channels/partnerships, and any other activities that may lead to material changes to your business.
Planned/Expected Business Activities
Please provide additional information about any questions answered Y in section B, including M&A, divestitures, capital raising events, product launches, new distribution channels/partnerships, and any other activities that may lead to material changes to your business.
IP Activities
Please provide additional information about your reported IP activities entered in section D, including the status/resolution of licensing discussions, indemnitors/indemnitees if indemnification was involved, and any other information about your IP activities.

I certify that this Application is true to the best of my knowledge after I made reasonable inquiries and conducted a reasonable investigation, and I confirm I am a duly authorized signatory of Applicant.

Signature \_\_\_\_\_

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Title

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Printed Name \_\_\_\_\_

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Date

#### F. Important Notices and Confidentiality

If Insurer issues a Policy, then the Insurer will have relied upon this Application and all materials submitted in support of this Application in issuing the Policy. If the information in this Application materially changes prior to the effective date of a Policy, if issued, the Applicant agrees to notify Insurer who retains the right to modify or withdraw any quotation.

All information submitted by Applicant in this Application will be treated as confidential and not disclosed by Insurer, RPX Insurance Services, LLC, or RPX Corporation (collectively, "RPX") except to the extent the information (1) is publicly known and made generally available in the public domain prior to the time of submission or becomes publicly available through no action of RPX; (2) is already in the possession of RPX from a non-confidential source when submitted by Applicant; (3) is obtained by RPX from a third party without a breach of such third party's obligations of confidentiality; or (4) is independently developed without use of or reference to Applicant's information. RPX shall take reasonable measures to protect the secrecy of and avoid disclosure and unauthorized use of the confidential information of Applicant. RPX may use submitted information for internal research and development, and any data generated from such information will not be shared or otherwise disclosed to third parties in any manner except in an anonymized form.

The Applicant declares that the entity(ies) proposed for this insurance understand that the Policy applies only to claims first made and reported to Insurer during the Policy Period or Extended Reporting Window, if applicable.

The Applicant further declares that he/she understands the insurance being applied for would be provided by an insurer that is not licensed. These companies are called "non-admitted" or "surplus line" insurers. The insurer does not participate in any insurance guarantee funds. These funds will not pay claims or protect assets if the insurer becomes insolvent and is unable to make payments as promised.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Notice to District of Columbia Applicants: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Notice to Pennsylvania Applicants: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Notice to Texas Applicants: Any person who knowingly presents false information in an application for insurance or a life settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

For other state-specific fraud warnings and information about RPXIS Insurance Services, LLC's agent/broker licenses, please visit <http://www.rpxcorp.com/rpx-terms-of-service/>.