

Title

Date

Signature

Printed Name

| Patent Litigati | on insuranc | se App | nication Form | | | | | | |
|---|------------------------------|--------------|--------------------------------|------------------------------|---------------|-------------------------|--------|----------|----|
| A. Company Informa | ation | | | | | | | | |
| Applicant Name (Lega | (Legal Entity Name) Applicar | | nt Address | Contact Name | | Broker Name and Company | | | |
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| B. Business and Inte | ellectual Propert | y (IP) Act | ivities | | | | | | |
| Please indicate Y or N for each question below. Please provide details in section D for each affirmative answer. | | | | | | | | | Ν |
| 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? | | | | | | | | | |
| C Financial Informa | 4: | | | | | | | | |
| C. Financial Informa | | icant's fine | ancial regults for last two ye | ears (actual) and current vo | ar (projector | 4/ | | | |
| Please complete table below with Applicant's financial results for last two years (actual) and current year (projected). Fiscal Year Ending Total Revenue (\$M) US Revenue (\$M) Operating Income (\$M) Total Funding to Date (\$M) Headcounty | | | | | | | | | |
| riscal feat Eliging | Total Nevertue (\$101) | | US Reveilue (\$IVI) | Operating income (\$ivi) | TOLAI FUI | iding to Date (\$W) | Пес | Tieadcoc | |
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| D. Additional Inform | ation | | | | | | | | |
| | | | questions answered Y in se | ection B. Please also provid | e informatio | on about upcoming ca | apital | even | ts |
| or product launches th | nat may lead to m | naterial cha | anges to your business. | | | | | | |
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| | | | my knowledge after I made | reasonable inquiries and o | conducted a | reasonable investiga | ation, | | |
| and I confirm I am a d | uly authorized sig | gnatory of | Applicant. | | | | | | |
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E. 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 nonconfidential 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.

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