

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 section D 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? | | |

C. Financial Information

| 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) | Headcount |
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D. Additional Information

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| <p>Please provide additional information about any questions answered Y in section B. Please also provide information about upcoming capital events or product launches that may lead to material changes to your business.</p> |
| |

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 | Title |
| _____ | _____ |
| Printed Name | Date |

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 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/>.