

Patent Litigation Insurance Application Form

RPX Insurance Services, LLC
One Market Street, Steuart Tower, Suite 800
San Francisco, CA 94105

NOTICE

THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES, SUBJECT TO ITS TERMS, ONLY TO CLAIMS FIRST MADE AND REPORTED TO INSURER DURING THE POLICY PERIOD OR THE EXTENDED REPORTING WINDOW, IF APPLICABLE. THE POLICY WILL BE ISSUED BY LLOYDS OF LONDON SYNDICATE #5151 ("INSURER"). THE POLICY DOES NOT PROVIDE FOR ANY DUTY BY INSURER TO DEFEND THE INSURED. RECEIPT OF THE PREMIUM BY INSURER IS A CONDITION PRECEDENT TO ITS DUTY TO MAKE PAYMENTS TO THE INSURED UNDER THE TERMS OF THE POLICY.

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.

READ THE ENTIRE APPLICATION BEFORE SIGNING.

Instructions to Applicant(s):

1. This Application must be typed or printed in ink and signed by an authorized Officer, Partner, Principal or Director of Applicant.
2. All questions must be answered before a quotation is provided. If there is insufficient space to answer any question fully, please continue on a separate sheet and attach it to this form. Each separate page must be signed and dated. Any such supplemental information is considered an integral part of this Application.
3. Answer all questions to the best of your knowledge and belief after conducting a reasonable investigation to verify the accuracy of your response. Information provided in response to questions in the Application is presumptively material to any underwriting decision made by Insurer. Do not withhold or misstate any material information. All material facts must be disclosed, as failure to do so may void any coverage or render it voidable, or may severely prejudice your rights in the event of a claim. A material fact is one likely to influence acceptance or assessment of the Application by Insurer. If you are in any doubt as to what constitutes a material fact, you should err on the side of full disclosure.
4. All information you provide to Insurer during the underwriting process, whether volunteered by Applicant or provided in response to a request from Insurer will be treated as part of your Application.
5. The insurance applied for under this Application provides litigation expense reimbursement and qualified settlement coverage for patent litigation brought against Applicant.
6. **The completion and signing of this Application does not bind the Applicant or Insurer to insurance coverage.**

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A. Company Information

| | |
|---|--|
| Applicant Name (Legal Entity Name, the "Applicant") | Parent Company, if applicable (the "Parent") |
| Street Address | Street Address (Apt or Suite No) |
| City, State, Zip | Country of Domicile |
| List other names under which Applicant operates | Principal company website(s) |
| Business Contact Name | Business Contact Phone Number and E-mail Address |
| Broker Company Name | Broker Business Contact Name |

B. Business Details

| | | |
|-------------------------------|---|---|
| Applicant Entity Type (check) | <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other | Applicant founding year |
| Is Applicant Publicly Traded? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what is the Ticker symbol and listing exchange? |
| Is Parent Publicly Traded? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what is the Ticker symbol and listing exchange? |

| |
|---|
| List Applicant's top competitors |
| List Applicant's top suppliers. For e-commerce companies, list the companies providing the e-commerce platform/capabilities |

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 (\$K) | | | | |
| US Revenue (\$K) | | | | |
| E-Commerce Revenue (\$K) | | | | |
| Operating Income (\$K) | | | | |
| Cash (\$K) | | | | |
| Headcount | | | | |

Continued on next page

C. Financial Information (continued)

| | | | | | | | | |
|--|-----|--|-----|--|-----|--|--|--|
| Does the Applicant have any <u>product lines</u> accounting for more than 10% of revenue? If yes, please populate the table below with all <u>product lines</u> accounting for more than 10% of revenue (\$K) for last three fiscal years and current (projected). | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Product Name | FY: | | FY: | | FY: | | FY: | |
| | | | | | | | | |
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| | | | | | | | | |
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|--|-----|--|-----|--|-----|--|--|--|
| Does Applicant have any <u>customers</u> accounting for more than 10% of revenue? If yes, please populate the table below with all <u>customers</u> accounting for more than 10% of revenue (\$K) for last three fiscal years and current (projected). | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Customer | FY: | | FY: | | FY: | | FY: | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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D. Mergers, Acquisitions and Divestitures

| | | | |
|--|------|---------------------|--|
| Please list all mergers, acquisitions and divestitures completed in the past three years | | | |
| Entity Acquired, Merged or Divested | Date | Value of Deal (\$K) | Brief Description (including whether acquired/merged/divested) |
| | | | |
| | | | |
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| | | | |

F. Anticipated Financing, Product Launches, or Market Entries

| | | |
|--|-----------------------------|--|
| In the next 12 months, does Applicant intend to raise capital? | | If yes, list the target capital amount |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| What will be the source of the capital? | If "Other", please describe | If "IPO", what is the anticipated S-1 filing date? |
| <input type="checkbox"/> Private <input type="checkbox"/> IPO <input type="checkbox"/> Other | | |
| During the one year period of any Policy issued in reliance on this Application, does Applicant anticipate launching any new products or services and/or launching existing products into new geographic locations or market sectors? If yes, please describe in general terms | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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G. Patent Infringement Litigation History

| | | | | | |
|--|--|--|--|--|--|
| Please complete table below with details of Applicant's patent litigations. Include all open and resolved matters. Please provide copies of relevant communications with your application. Items pre-filled by RPXIS (if any) are not exhaustive; please also provide details for activities not listed. | | | | | |
| Case Name | | | | | |
| File Date | | | | | |
| Date of Most Recent Contact | | | | | |
| Resolve Date | | | | | |
| Plaintiff | | | | | |
| Applicant Law Firm | | | | | |
| Status (Active/Resolved) | | | | | |
| Litigation Expenses (\$K) | | | | | |
| Settlement Amount (\$K) | | | | | |
| Cost / Offer to License (\$K) | | | | | |
| Damage Award (\$K) | | | | | |
| Did you request indemnification? | | | | | |
| Did you receive indemnification? | | | | | |
| If so, from whom and what was the amount (\$K)? | | | | | |
| Did you receive any requests to license prior to litigation? | | | | | |
| If so, when was it received? | | | | | |
| Legal costs prior to litigation (\$K) | | | | | |
| Notes (Legal and settlement cost related to indemnification of customers, costs reimbursed by others, other rights/patents granted, etc.)? | | | | | |

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G. Patent Infringement Litigation History (continued)

| | | | | | |
|--|--|--|--|--|--|
| Please complete table below with details of Applicant's patent litigations. Include all open and resolved matters. Please provide copies of relevant communications with your application. Items pre-filled by RPXIS (if any) are not exhaustive; please also provide details for activities not listed. | | | | | |
| Case Name | | | | | |
| File Date | | | | | |
| Date of Most Recent Contact | | | | | |
| Resolve Date | | | | | |
| Plaintiff | | | | | |
| Applicant Law Firm | | | | | |
| Status (Active/Resolved) | | | | | |
| Litigation Expenses (\$K) | | | | | |
| Settlement Amount (\$K) | | | | | |
| Cost / Offer to License (\$K) | | | | | |
| Damage Award (\$K) | | | | | |
| Did you request indemnification? | | | | | |
| Did you receive indemnification? | | | | | |
| If so, from whom and what was the amount (\$K)? | | | | | |
| Did you receive any requests to license prior to litigation? | | | | | |
| If so, when was it received? | | | | | |
| Legal costs prior to litigation (\$K) | | | | | |
| Notes (Legal and settlement cost related to indemnification of customers, costs reimbursed by others, other rights/patents granted, etc.)? | | | | | |

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G. Patent Infringement Litigation History (continued)

| | | | | | |
|--|--|--|--|--|--|
| Please complete table below with details of Applicant's patent litigations. Include all open and resolved matters. Please provide copies of relevant communications with your application. Items pre-filled by RPXIS (if any) are not exhaustive; please also provide details for activities not listed. | | | | | |
| Case Name | | | | | |
| File Date | | | | | |
| Date of Most Recent Contact | | | | | |
| Resolve Date | | | | | |
| Plaintiff | | | | | |
| Applicant Law Firm | | | | | |
| Status (Active/Resolved) | | | | | |
| Litigation Expenses (\$K) | | | | | |
| Settlement Amount (\$K) | | | | | |
| Cost / Offer to License (\$K) | | | | | |
| Damage Award (\$K) | | | | | |
| Did you request indemnification? | | | | | |
| Did you receive indemnification? | | | | | |
| If so, from whom and what was the amount (\$K)? | | | | | |
| Did you receive any requests to license prior to litigation? | | | | | |
| If so, when was it received? | | | | | |
| Legal costs prior to litigation (\$K) | | | | | |
| Notes (Legal and settlement cost related to indemnification of customers, costs reimbursed by others, other rights/patents granted, etc.)? | | | | | |

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G. Patent Infringement Litigation History (continued)

| | | | | | |
|--|--|--|--|--|--|
| Please complete table below with details of Applicant's patent litigations. Include all open and resolved matters. Please provide copies of relevant communications with your application. Items pre-filled by RPXIS (if any) are not exhaustive; please also provide details for activities not listed. | | | | | |
| Case Name | | | | | |
| File Date | | | | | |
| Date of Most Recent Contact | | | | | |
| Resolve Date | | | | | |
| Plaintiff | | | | | |
| Applicant Law Firm | | | | | |
| Status (Active/Resolved) | | | | | |
| Litigation Expenses (\$K) | | | | | |
| Settlement Amount (\$K) | | | | | |
| Cost / Offer to License (\$K) | | | | | |
| Damage Award (\$K) | | | | | |
| Did you request indemnification? | | | | | |
| Did you receive indemnification? | | | | | |
| If so, from whom and what was the amount (\$K)? | | | | | |
| Did you receive any requests to license prior to litigation? | | | | | |
| If so, when was it received? | | | | | |
| Legal costs prior to litigation (\$K) | | | | | |
| Notes (Legal and settlement cost related to indemnification of customers, costs reimbursed by others, other rights/patents granted, etc.)? | | | | | |

If you require more space to report litigation history, please copy this page

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H. Patent Infringement Assertions and Offers to License History

| | | | | | | |
|--|--|--|--|--|--|--|
| Has Applicant received or sent any external communications and/or offers to license within the last 48 months? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Please complete tables below with details of Applicant's external patent-related communications, and indemnification received/requested, for open or resolved matters. Please provide copies of communications with your application. Items pre-filled by RPXIS are not exhaustive; please also provide details for activities not listed. | | | | | | |
| Asserting Entity | | | | | | |
| Invitation Date | | | | | | |
| Date of Most Recent Contact | | | | | | |
| Resolution Date | | | | | | |
| Status (Active / Resolved) | | | | | | |
| Patents Asserted (optional) | | | | | | |
| Technology Asserted | | | | | | |
| Legal Expenses (\$K) | | | | | | |
| Resolution / Settlement Amount (\$K) | | | | | | |
| Est. % of costs related to indemnification of others | | | | | | |
| Est. % of costs eventually reimbursed by others | | | | | | |
| Additional Comments | | | | | | |

Additional Incidents

| | | | | | | |
|--|--|--|--|--|--|--|
| Asserting Entity | | | | | | |
| Invitation Date | | | | | | |
| Date of Most Recent Contact | | | | | | |
| Resolution Date | | | | | | |
| Status (Active / Resolved) | | | | | | |
| Patents Asserted (optional) | | | | | | |
| Technology Asserted | | | | | | |
| Legal Expenses (\$K) | | | | | | |
| Resolution / Settlement Amount (\$K) | | | | | | |
| Est. % of costs related to indemnification of others | | | | | | |
| Est. % of costs eventually reimbursed by others | | | | | | |
| Additional Comments | | | | | | |

If you require more space to report assertion/licensing offer history, please copy this page

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I. Insurance Overview

| | |
|---|---|
| List the name and title of the professionals at Applicant responsible for insurance decisions | |
| Name and Title | Contact Phone Number/E-mail |
| | |
| Do you currently have any insurance covering patent litigation? | If yes, please list the insurer and expiration date of policy |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever obtained any patent related insurance in the past? | If yes, please list the insurer and expiration date of coverage |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

J. Risk Management

| | |
|--|---|
| How many patent re-examinations, including inter partes reviews, CBMs, and post grant reviews, has Applicant initiated in the past five years? | |
| | |
| Are you a member of any defensive buying organization(s) such as AST, OIN, or RPX? | If yes, please indicate which organization(s) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Please briefly describe any other actions Applicant has taken to mitigate patent infringement risk (including any inbound patent licenses) | |
| | |

K. Signature

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 |

L. 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/>.