

Intellectual Property Infringement Insurance Request Form

Applicant Information

Company Name	<input type="text"/>	Contact Person	<input type="text"/>	Email Address	<input type="text"/>
<input type="text"/>	Phone Number	<input type="text"/>			

Company Details

Business Address	<input type="text"/>	Type of Business	<input type="text"/>	Year Established	<input type="text"/>
<input type="text"/>	Number of Employees	<input type="text"/>			

Intellectual Property Details

Type(s) of Intellectual Property (select all that apply)

☐ Patent ☐ Trademark ☐ Copyright ☐ Design ☐ Other

Brief Description of Intellectual Property

Insurance Coverage

Requested Coverage Amount	<input type="text"/>	Coverage Start Date	<input type="text"/>
Coverage End Date	<input type="text"/>		

Claims & History

Have you previously filed any intellectual property infringement insurance claims?

☐ Yes ☐ No

If yes, please provide details

Additional Information

Any additional notes or relevant information