



Camberford  
Underwriting

Intellectual  
Property

Claim Form

## INTELLECTUAL PROPERTY INSURANCE CLAIM FORM

PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND AS FULLY AS POSSIBLE, USING ADDITIONAL SHEETS IF NECESSARY. COPIES OF RELEVANT DOCUMENTATION SHOULD BE ATTACHED.  
If you do not understand any terms in this form, please contact us for further information or visit [www.camberford.com/glossary](http://www.camberford.com/glossary)

### THE INSURED

Policyholder Name:			
Policy Number:			
Occupation:			
Policyholder Address:			Post Code
Daytime Telephone Number:			
Email Address:			
Are You VAT Registered?			YES/NO

### THE DISPUTE

Who is the other party?			
Tick the statement that best applies:	I suspect my rights have been infringed:	<b>A</b>	
	I am accused of infringing the rights of another:	<b>B</b>	

If you ticked box <b>A</b> , please answer the following:	
When did you first become aware of the circumstances leading to this dispute?	DD / MM / YY
How did you first become aware? <i>(If necessary, please continue on a separate sheet)</i>	
What do you anticipate your total losses will be as a result of this dispute?	£

If you ticked box <b>B</b> , please answer the following:	
When did you first become aware of the third party product in this dispute?	DD / MM / YY
How did you first become aware? <i>(If necessary, please continue on a separate sheet)</i>	
What losses are being claimed against you?	£
Please provide a description of the rights (product) you are accused of infringing: <i>(If necessary, please continue on a separate sheet)</i>	
In respect of the third party rights or products:	
Where are they sold?	
Who is the supplier?	
Where are their products sold?	

Please complete whether you ticked box <b>A</b> or <b>B</b>	
Using the reference numbers and descriptions stated on your insurance schedule, please indicate those Intellectual Property Rights that are the subject of the dispute. <i>( If necessary, please continue on a separate sheet)</i>	
Reference	Description

## ANCILLARY INFORMATION

For each of the following, please indicate whether they apply and if copies are attached:

	Apply	Attached
Correspondence sent to, or received from, the third party or their representatives:		
Correspondence between you and your representatives:		
Your solicitor's litigation plan and budget:		
Do you anticipate any other disputes, whether arising from this dispute or not?		YES/NO
If YES, please provide details:		
Is there any other information relating to this dispute that has not been declared on this form?		YES/NO

## DATA PROTECTION

### HOW WE WILL USE YOUR DATA

#### The Basics:

Camberford Underwriting, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

#### Other people's details you provide to us:

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

**Your rights:**

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

**Want more details?**

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

[www.camberford.com/privacy](http://www.camberford.com/privacy)

**Contact Details:**

Camberford Underwriting  
Data Protection Officer  
7<sup>th</sup> Floor  
Corn Exchange  
55 Mark Lane  
London  
EC3R 7NE

**DECLARATION**

**The submission of a fraudulent or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a Claim, may invalidate the whole claim and lead to your Policy being declared void.**

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this Claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that the Insurer does not admit liability by the issue of this form.

NAME (PRINTED):	
POSITION:	
SIGNATURE:	
DATE:	