



## LICENSING & TRADEMARKS

### Dear Licensing Applicant

Thank you for your interest in the Indiana University Licensing program. Below you will find the requirements for all Licensees of Indiana University, our submission guidelines, a summary of the review process, an introduction to the IU Licensing Portal, and a summary of fees associated with IU Licensing.

If you have questions, please feel free to contact the Office of Licensing and Trademarks at (812) 855-8830 or email Shelly Doehla, [sdoehla@iu.edu](mailto:sdoehla@iu.edu) or Misty Carl, [mistcarr@iu.edu](mailto:mistcarr@iu.edu).

### Licensee Requirements

- **Application fee (see page 3, Summary of Fees)**
- **Completed application and sample submissions**
- **Insurance**
  - Minimum of \$1,000,000.00 in comprehensive insurance
  - Certain products require \$3,000,000.00 in comprehensive insurance and are determined by the Office of Licensing and Trademarks
  - Crafters require \$100,000.00 in comprehensive insurance (see page 3, Application Fees for definition of *Crafter*)
  - All insurance carriers selected by contractor must be rated “A-” or above in the most recent edition of the “A.M. Best’s Key Rating Guide.”
  - List of guidelines and sample certificate of insurance are provided on pages 4 and 5
- **Advance**
  - An annual advance will be included in the contract
  - The amount will be determined by the Office of Licensing and Trademarks and will be dependent upon the number and types of products produced
- **Code of Conduct**

Indiana University is a member of the Worker Rights Consortium. As such, we require all licensees to adhere to our Code of Conduct as well as disclose all manufacturers, contractors and sub-contractors. This information, along with the IU Code of Conduct, is posted on our website for public viewing:

<https://licensing.iu.edu/licensing/code-of-conduct.html>

## Submission Guidelines

Your application submission should include

- **Application**

Carefully complete and sign the application that follows

- **Letter From Your Financial Institution**

- Financial institution's company letterhead must be used
- Acknowledgment and verification that you are a client in good standing
- Account numbers and balances should be omitted

- **Application Fee**

Non-refundable check made payable to Indiana University (see page 3, Summary of Fees)

- **Samples**

- Include a sample of each and every product you wish to produce
- Use PMS 201c – this is verification that you can match our primary color

***Note:** as you are not currently licensed to use Indiana University trademarks, samples should either be blank or display another entity's trademarks for which you are already licensed to produce*

- **Attachments, if any**

Additional information from the application or any relevant information you would like to have considered by the Licensing Committee during review

- **Please mail your entire submission to the following address:**

The Office of Licensing and Trademarks  
Indiana University  
711 E. St. Rd. 45/46 Bypass  
Bloomington, IN 47408

## Summary of Application Process

The Licensing Committee meets on the first Tuesday of each month to evaluate all applications submitted to the Office of Licensing and Trademarks

- If your application is approved by the Committee, all business references listed on your application will be contacted by email
- A Licensee agreement offer will be sent if the application is approved and references are satisfactory
- You will be required to provide a Certificate of Insurance for the relevant amount when you return your signed agreement
- Once we receive a signed copy of your license agreement you will receive an executed copy along with instructions to access IU's licensing portal as well as instructions on how to pay the non-refundable advance
- All contracts are issued at the beginning of each quarter of the calendar year (01/01, 04/01, 07/01, 10/01)

## Licensing Portal

IU uses a licensing portal for all licensee transactions which includes but is not limited to:

- **Royalty processing**
- **High resolution art**
- **IU's style guide**
- **Submission of artwork designs**

*Note: You will not be authorized to produce products displaying IU's marks until the licensing agreement is signed by both parties, liability insurance is in place, non-refundable advance royalty has been paid, and the graphics have been approved*

## Summary of Fees Associated with IU Licensing

- **Application fee**
  - \$100.00 for standard, promotional, or internal application
  - \$25.00 for *crafter* application

*Note: Crafter is defined as an unincorporated, one-person operation, producing handcrafted items as a hobby- with crafter status determined by Licensing Committee*
- **Guaranteed Annual Minimum Advance Royalty: \$250.00 - \$1,000.00**
  - Determined by the Office of Licensing and Trademarks
  - Dependent upon the number and types of products produced
  - Crafter Guaranteed Annual Minimum: \$40.00 (see Application Fee for definition)
- **Royalty Rates**
  - Please contact our office for current royalty rates

## Hologram Labeling Requirements – The CLPA Authentication Program

Helps to protect university brands from the production and sale of counterfeit merchandise

- CLPA labels and hangtags combine several optical imaging techniques to create high level security which can not be printed or produced by licensees, they must be ordered through Octane5.
- Labels must be ordered once you have an executed agreement
- For more information on the CLPA Authentication Program please see the CLPA page of our [website](#).

We look forward to working with you during the application process. If you have any questions, please feel free to contact us.

Best regards,

Indiana University Licensing and Trademarks  
711 E. St. Rd. 45/46 Bypass  
Bloomington, IN 47408  
Office: (812) 855-8830  
Email: [sdoehla@iu.edu](mailto:sdoehla@iu.edu), [mistcarr@iu.edu](mailto:mistcarr@iu.edu)

## Insurance Requirements

While your application is in review, we encourage you to begin researching the insurance options that are available and confirm that your insurance agent is able to meet the list of requirements.

The following guidelines and sample certificate of insurance can be forwarded to your insurance agent and used as reference.

### The certificate of insurance must indicate:

- The policy provides **Occurrence Coverage**. We cannot accept Claims Made Coverage. Unless there is a specific response section to show what type of coverage you have, the agent must add to the certificate that “occurrence coverage is afforded.”
- **All insurance carriers selected by contractor must be rated “A-” or above in the most recent edition of the “A.M. Best’s Key Rating Guide.”**
- **The Trustees of Indiana University are listed as additional insured** on the insurance certificate.
- **A signature by the authorized representative** of the insurance agency.
- We are a Licensor, not a vendor. **No Broad Form Vendors should be listed on the policy.** Acceptable endorsements include CG 2026 & CG 2036.
- The insurer will **provide no less that a 30 day cancellation notice**, or as required by law.
- The mailing address for the certificate of insurance:

**Indiana University Licensing & Trademarks  
711 E. St. Rd. 45/46 Bypass  
Bloomington, IN 47408**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**Required**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Your Insurance Agency</b> <b>Address</b> <b>City, State, Zip</b>	CONTACT NAME:	<b>Required</b>		
	PHONE (A/C, No, Ext):	<b>Required</b>	FAX (A/C, No):	
	E-MAIL ADDRESS:	<b>Required</b>		
	INSURER(S) AFFORDING COVERAGE			NAIC #
	<b>INSURER A :</b>			<b>Insurance Company</b>
	<b>INSURER B :</b>			<b>Insurance Company, if applicable</b>
<b>INSURED</b> <b>Your Company Name</b> <b>Address</b> <b>City, State, Zip</b>	<b>INSURER C :</b>			
	<b>INSURER D :</b>			
	<b>INSURER E :</b>			
	<b>INSURER F :</b>			

**COVERAGES**    **CERTIFICATE NUMBER:**    **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
<b>A</b>	<b>COMMERCIAL GENERAL LIABILITY</b>	<b>X</b>		<b>Required</b>			<b>EACH OCCURRENCE</b>	\$ <b>Required</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b>	\$ <b>Required</b>
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						<b>MED EXP (Any one person)</b>	\$ <b>Required</b>
	<b>AUTOMOBILE LIABILITY</b>						<b>PERSONAL &amp; ADV INJURY</b>	\$ <b>Required</b>
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						<b>GENERAL AGGREGATE</b>	\$ <b>Required</b>
	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE			<b>If Applicable</b>			<b>PRODUCTS - COMP/OP AGG</b>	\$ <b>Required</b>
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<b>COMBINED SINGLE LIMIT (Ea accident)</b>	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A <small>(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below</small>						<b>BODILY INJURY (Per person)</b>	\$
							<b>BODILY INJURY (Per accident)</b>	\$
							<b>PROPERTY DAMAGE (Per accident)</b>	\$
								\$
							<b>EACH OCCURRENCE</b>	\$ <b>If Applicable</b>
							<b>AGGREGATE</b>	\$
								\$
							<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							<b>E.L. EACH ACCIDENT</b>	\$
							<b>E.L. DISEASE - EA EMPLOYEE</b>	\$
							<b>E.L. DISEASE - POLICY LIMIT</b>	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

***"The Trustees of Indiana University are included as additional insured"***

**CERTIFICATE HOLDER**

**Indiana University Licensing & Trademarks**  
**711 E. St. Rd. 45/46 Bypass**  
**Bloomington, IN 47408**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**Agent's Name, Written****Agent's Signature**

# Indiana University Application for License

## Company Information

### Section 1

Legal Company Name

Physical Address 1

Physical Address 2

City State Zip Country

Phone Toll Free Fax

Website

Social Media Account Names, if applicable

### Section 2

#### Locations of other offices

Name

Physical Address 1

Physical Address 2

City State Zip Country

Name

Physical Address 1

Physical Address 2

City State Zip Country

Name

Physical Address 1

Physical Address 2

City State Zip Country

### Section 3

Do you have a Parent Company?  Yes - Please provide parent company information  No

Company Name

Physical Address 1

Physical Address 2

City State Zip Country

Phone Toll Free

**Section 4**

List all names your business operates under

DBA's

Brand Names/Labels

Year company began operations

Is your company privately or publicly held?       Private       Public

Has your company been acquired in the last 3 years in which more than 25% of controlling interest has changed hands?

Yes       No

If yes, please provide company information

Company Name      DBA

Physical Address 1

Physical Address 2

City      State      Zip      Country

Phone      Fax

Website

General Information

**Section 5**

Type of organization

Corporation      State      Year Incorporated

Partnership      Year Formed

Sole Proprietorship      Year Initiated

Other, please explain

Do you retain any of these certifications?

- None
- Service Disabled Veteran-Owned Small Business (SDVOSB)
- Minority Owned Small Business (MBE, DBE)
- Women-Owned Small Business (WBE)
- HubZone Small Business
- Disadvantaged Business Enterprise (DBE)
- Veteran-Owned Small Business (VOSB)
- 8(a) Small Business

# Company Contact Information

This list should include all people needing access to the IU Licensing Portal

Section 6		
<b>Primary</b>	<b>Title</b>	
<b>Physical Address 1</b>		
<b>Physical Address 2</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone</b>	<b>Email</b>	
<b>Executive</b>	<b>Title</b>	
<b>Physical Address 1</b>		
<b>Physical Address 2</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone</b>	<b>Email</b>	
<b>Contract</b>	<b>Title</b>	
<b>Physical Address 1</b>		
<b>Physical Address 2</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone</b>	<b>Email</b>	
<b>Artwork 1</b>	<b>Title</b>	
<b>Physical Address 1</b>		
<b>Physical Address 2</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone</b>	<b>Email</b>	
<b>Artwork 2</b>	<b>Title</b>	
<b>Physical Address 1</b>		
<b>Physical Address 2</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone</b>	<b>Email</b>	
<b>Artwork 3</b>	<b>Title</b>	
<b>Physical Address 1</b>		
<b>Physical Address 2</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone</b>	<b>Email</b>	



**Section 6 continued**

<b>Artwork 4</b>	<b>Title</b>
Physical Address 1	
Physical Address 2	
City	State Zip
Phone	Email
<b>Royalty</b>	<b>Title</b>
Physical Address 1	
Physical Address 2	
City	State Zip
Phone	Email
<b>Internal Insurance</b>	<b>Title</b>
Physical Address 1	
Physical Address 2	
City	State Zip
Phone	Email
<b>IU Sales Rep</b>	<b>Title</b>
Physical Address 1	
Physical Address 2	
City	State Zip
Phone	Email
<b>IU Sales Rep</b>	<b>Title</b>
Physical Address 1	
Physical Address 2	
City	State Zip
Phone	Email
<b>Product Development</b>	<b>Title</b>
Physical Address 1	
Physical Address 2	
City	State Zip
Phone	Email

# Size, Sales, Forecast

## Section 7

Total number of employees

List your wholesale sales for the previous fiscal year

List your wholesale sales of *licensed* goods for the previous fiscal year

List all products you wish to produce and their respective wholesale prices (attach additional pages if applicable)

Please provide your forecasted sales for licensed goods for the next 2 years. Show both quantities and dollar volume

What are the minimums for your products?

Are you an approved vendor for Barnes & Noble?  Yes  No

## Manufacturing

## Section 8

For Blank Products, you are the  Distributor  Manufacturer  Retailer  Other (Please explain)

If you manufacture blanks, do you also sell them undecorated?  Yes (please explain)  No

## Section 9

Do you design your own graphics?  Yes  No

If you design your own graphics, do you apply the graphics to the products yourself?  Yes  No

Please list all companies that apply graphics to the product(s)

Method of applying marks to the product(s): select all that apply

- |                                   |                                       |  |
|-----------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Applique | <input type="checkbox"/> Embroidery   | <input type="checkbox"/> Print           |
| <input type="checkbox"/> Burnout  | <input type="checkbox"/> Fabrication  | <input type="checkbox"/> Screen Printing |
| <input type="checkbox"/> Deboss   | <input type="checkbox"/> Hand-painted | <input type="checkbox"/> Silk Screening  |
| <input type="checkbox"/> Digital  | <input type="checkbox"/> Laser        | <input type="checkbox"/> Sublimation     |
| <input type="checkbox"/> Emboss   | <input type="checkbox"/> Mold         | <input type="checkbox"/> Other           |

**Section 10**

What date do you wish to begin producing products displaying IU Marks?

Have you produced any items bearing IU Marks prior to this application?  Yes - Please explain  No

Are you licensed with other universities and/or entities  Yes - Please list  No

Have you been terminated for cause by a licensor in the past 5 years?  Yes - Please explain  No

Have any products you produced ever been involved in a product liability claim?  Yes (please explain)  No

Has your company filed for Bankruptcy in the previous five years?  Yes - Please explain  No

**Corporate Responsibility**

**Section 11**

Does your company have a corporate social responsibility or labor compliance program?  Yes  No

If yes, please explain your program

Does your company have a direct or indirect relationship with its factories? Please explain

Have you visited your factories?  Yes - how often and what were your findings?  No

Does your company have a code of conduct?  Yes - Please provide  No

How and with whom is the code of conduct shared?

Do you audit your factories?  Yes - Please answer the following 4 questions  No

Who initiates audits?

Who performs the audits?

How frequently are they completed?

How do you rectify any identified issues?

# Distribution Channels

## Section 12

Sales Channels Check all that apply	Top Accounts/Retailers in Channel
<input type="checkbox"/> Airport Gift Shops	
<input type="checkbox"/> Amusement Park Store - Retail	
<input type="checkbox"/> Automotive	
<input type="checkbox"/> Bakery	
<input type="checkbox"/> Better Department Stores / Boutiques	
<input type="checkbox"/> Campus / Local	
<input type="checkbox"/> Department Stores	
<input type="checkbox"/> Direct to Consumer	
<input type="checkbox"/> Ecommerce	
<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Golf Specialty	
<input type="checkbox"/> Grocery / Drug / Convenience Stores	
<input type="checkbox"/> Hardware Stores	
<input type="checkbox"/> Home Improvement Stores	
<input type="checkbox"/> Internal - Sold to IU	
<input type="checkbox"/> Mass	
<input type="checkbox"/> Mid-Tier Stores	
<input type="checkbox"/> Nursery / Garden	
<input type="checkbox"/> Off-Price / Closeout	
<input type="checkbox"/> Restricted - Internal Use	
<input type="checkbox"/> Sporting Goods / Sports Specialty / Fan Shop	
<input type="checkbox"/> Super Center / Wholesale Club	
<input type="checkbox"/> Team Dealer	
<input type="checkbox"/> Other - please specify	
<input type="checkbox"/> Other - please specify	

## Section 13

Describe your salesforce     In-house sales force     Independent Reps     Agent

**Describe Your Distribution Capability**

- Local Only (within 100 miles of primary location)
- Regional
  - Northwest (AK, WA, OR, ID, MT, WY)
  - West (HI, CA, NV, UT, AZ, CO, NM, TX)
  - South (KY, TN, NC, SC, GA, FL, AL, MS, AR, LA)
  - North Central (ND, SD, NE, KS, MN, IA, MO, OK, TX)
  - Greak Lakes (WI, IL, IN, MI, OH)
  - Mid-Atlantic (VA, WV, MD, DE, PA, DC)
  - Northeast (ME, NH, VT, RI, CT, NY, NJ)
- National
- International - List countries covered

# Intellectual Properties

## Campus Logos / Marks

### Section 14

Indiana University has two main campuses and six regional campuses. Select the campuses for which you would like to produce IU products

Main Campuses

IU Bloomington

IUPUI

Regional Campuses

IU Southeast

IU Kokomo

IU East

IU South Bend

IU Northwest

IU Fort Wayne

Select Premium Marks ( additional % royalty rate is applicable, inquire with our office for current rates)

Vault

Plaid

Stripes

Include a business plan to add any Premium Marks to your license. You will need to speak to specific products, sales channels and retailers, as well as your advertising plan

## Advertising / Marketing Plan

### Section 15

Describe your promotional or advertising initiatives

Select all methods of advertising that is used to promote IU products

Direct Mail

Radio

TV

Email

Social Media

Other - please list

Print

Trade

Please list your short term objectives

Please list your long term objectives

# References

## Section 16

List 4 customer references (companies, stores, etc.) to which you sell, keeping in mind major retailers rarely release information

1. **Company Name**

---

**Contact Name**

---

**Email Address**

---

2. **Company Name**

---

**Contact Name**

---

**Email Address**

---

3. **Company Name**

---

**Contact Name**

---

**Email Address**

---

4. **Company Name**

---

**Contact Name**

---

**Email Address**

---

# Declaration

Section 17

## DECLARATION

I have read and understand the above application and hereby state that to the best of my knowledge all information provided is accurate. I also grant Indiana University permission to verify as well as exchange information on the company filing this application, including requesting reports from Dunn & Bradstreet. I am aware that this information may be used to evaluate this application. I understand that IU Licensing and Trademarks reserves the right to retain product samples permanently and to dispose of any samples at its discretion. I understand and agree that this application does not constitute permission to begin production and/or offer products for sale. I understand and agree that unauthorized use of the Indiana University trademarks is a violation of both state and federal law, subject to criminal and civil remedies.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

## IMPORTANT

### PLEASE READ AND VERIFY BEFORE SUBMITTING YOUR APPLICATION

- **Provide samples of products for which you are requesting to produce.**
  - If requesting a license for apparel, please attach a sample of the neck label that will be affixed to the garment(s).
  - Please ensure that the sample is an accurate representation of the products you wish to produce for IU, specifically, that it is of the same stock and the design is applied in the same manner.
  - Our red (crimson) is PMS 201c. If you intend to produce items in our crimson color, please provide samples or swatches to insure color match.  
*Example: If you wish to be licensed to produce and sell embroidered sweatshirts, send a sample from your stock that is embroidered on the same blank that you wish to use.*

- **Dunn & Bradstreet #** \_\_\_\_\_

- **Checklist**

- Completed, signed application form**
- Letter from Financial Institution**
- Samples**
- Attachments, if any**
- \$100.00 Application Processing Fee**  
*Checks payable to Indiana University*  
*Cash is not an accepted form of payment*

- **Return Application and supporting material to:**  
Indiana University  
Office of Licensing and Trademarks  
711 E. St. Rd. 45/46 Bypass  
Bloomington, IN 47408