

**Name of Applicant:** \_\_\_\_\_

**1. Areas of Practice**

Please provide a breakdown of the firm’s intellectual property practice according to the percentage listed under “Patents, Trademarks & Copyrights” in the area of practice section of the application.

- (A) Intellectual Property Litigation \_\_\_\_\_ %
- (B) Patent Infringement Counseling \_\_\_\_\_ %
- (C) Domestic Patent Prosecution \_\_\_\_\_ %
- (D) Foreign Patent Prosecution \_\_\_\_\_ %  
(Please provide a narrative)
- (E) Trademark & Copyright Registration & Licensing \_\_\_\_\_ %
- (F) Other (specify) \_\_\_\_\_ %  
\_\_\_\_\_ %  
\_\_\_\_\_ %

**2. Industry Areas**

Please provide a breakdown of the firm’s intellectual property practice by indicating the percentages of gross revenues derived from intellectual property matters within the following industries.

- (A) Chemical \_\_\_\_\_ %
- (B) Biotechnical \_\_\_\_\_ %
- (C) Pharmaceutical \_\_\_\_\_ %
- (D) Industrial \_\_\_\_\_ %
- (E) Mechanical \_\_\_\_\_ %
- (F) Computer (including hardware, software, semiconductors) \_\_\_\_\_ %
- (G) Electrical (other than computer) \_\_\_\_\_ %
- (H) Other (specify) \_\_\_\_\_ %  
\_\_\_\_\_ %  
\_\_\_\_\_ %

(Percentages listed must equal the total percentage listed under “Patent, Trademarks & Copyrights.”)

**3. Patent Searches**

- (A) When undertaking a patent search, is it the policy and practice of the firm to set forth in an engagement letter the nature, scope and limitations of a proposed patent search? .....  Yes  No  
If No, please explain.  
\_\_\_\_\_
- (B) Does the firm engage the services of third parties to carry out patent searches? .....  Yes  No  
If yes, please explain.  
\_\_\_\_\_
- (C) Is it the policy and practice of the firm to memorialize the results of a patent search in a written opinion letter? .....  Yes  No  
If No, please explain.  
\_\_\_\_\_
- (D) When rendering an opinion letter as to the results of a patent search, is it the policy and practice of the firm to qualify the opinion by reference to the nature, scope and limitations of the search conducted? .  Yes  No  
If No, please explain. \_\_\_\_\_

**4. Filings**

(A) (i) Is the firm's responsibility for payment of maintenance fees, taxes or annuities clearly stated in the engagement letters? .....  Yes  No  
If No, please explain.  
\_\_\_\_\_

(ii) If the client is responsible, or authorization is necessary, are notices of required payments sent well in advance of the due dates? .....  Yes  No  
If No, please explain.  
\_\_\_\_\_

(iii) Is the system for sending such notices computerized? .....  Yes  No

(B) What calendar or docketing system is employed by the firm to record, monitor and comply with filing deadlines and other time limitations in connection with securing Domestic and Foreign patents?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(C) What policy and practice does the firm follow to ensure that the client is notified of all such deadlines and other time limitations?  
\_\_\_\_\_  
\_\_\_\_\_

**5. Foreign Patent**

(A) To what extent is foreign patent work performed by:

(i) The firm? \_\_\_\_\_  
\_\_\_\_\_

(ii) Associate counsel? \_\_\_\_\_  
\_\_\_\_\_

(B) For foreign patent filings, is client made aware of the limited time frame for these filings and the additional requirements necessary to complete the filings? .....  Yes  No  
If No, please explain.  
\_\_\_\_\_

Is the client requested to sign a statement when declining to file a patent both domestically and internationally? .....  Yes  No  
If No, please explain.  
\_\_\_\_\_

(C) Are foreign patents handled by a separate unit? .....  Yes  No

I/We understand the information herein becomes a part of the Professional Liability Application and is subject to the same representations and conditions.

|   |       |      |
|---|-------|------|
| Signature of Owner, Officer or Partner<br>_____   | Title | Date |
| Producer Name: _____<br>Address: _____<br>City: _____ State: _____ Zip Code: _____<br>(Required in FLORIDA, IOWA, NEW HAMPSHIRE only) |       |      |
| Producer License Number: _____ Applicable State: _____<br>(Required in FLORIDA only)  |       |      |
| Producer Signature: _____<br>(Required in NEW HAMPSHIRE only)   |       |      |

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