

LAWYERS PROFESSIONAL LIABILITY INSURANCE

Intellectual Property (IP) Supplemental Application

For each lawyer in your firm who renders intellectual property professional services, please provide information requested in this supplemental application.

Name of lawyer _____

1. Education/training

	Major/Degree	Institution
• Undergraduate	_____	_____
• Graduate	_____	_____

2. IP Fields

	Years of Experience
Patent	_____
Copyright	_____
Trademark	_____

3. Categories

	Percent of IP Work
Domestic Patent Prosecution/Counseling	_____ %
Infringement Searches/Opinions	_____ %
Intellectual Property Litigation	_____ %
Foreign Patent Portfolio Counseling	_____ %
Trademark	_____ %
Copyright	_____ %
Other	_____ %

4. For each lawyer in your firm engaged in patent work, please provide the following information:

Type	Percent of IP Work
Mechanical	_____ %
Chemical	_____ %
Electrical	_____ %
Computer systems/software	_____ %
Biotechnology	_____ %
Business methods	_____ %
Other (please explain)	_____ %

5. **Do you outsource for:**
- Searches? Yes No
 - Payment of maintenance/annuity fees? Yes No
6. **Do you disclose in writing to clients post issuance or registration actions which must be taken to maintain patents or trademarks in-force?** Yes No (Please explain)
7. **Do you ever take a case on a contingent fee basis or acquire an ownership interest in your client's invention?**
 Yes (Please explain) No
8. **Do you assist clients in foreign patent matters?**
- Yes (Please explain, including a percent of your intellectual property work and your number of years experience)
 No
9. **Do you have an associate in the foreign country to assist you?** Yes No (Please explain)
10. **Do you engage in intellectual property assignments or licensing agreements?**
 Yes (Please explain, including a percent of your intellectual property work and your number of years experience)
 No
11. **If you do engage in intellectual property assignments or licensing agreements, please complete the following:**
- IP Fields**
- | | | |
|-----------|------------------------------|-----------------------------|
| Patent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Copyright | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trademark | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I understand that the information submitted herein becomes a part of the application for professional liability insurance and is subject to the same representation and conditions.

 (signature of partner or officer of the firm)

 (date)