

**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**

	<b>Major/Degree</b>	<b>Institution</b>
• Undergraduate	_____	_____
• Graduate	_____	_____

**2. IP Fields**

	<b>Years of Experience</b>
Patent	_____
Copyright	_____
Trademark	_____

**3. Categories**

	<b>Percent of IP Work</b>
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:**

<b>Type</b>	<b>Percent of IP Work</b>
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)