

INTELLECTUAL PROPERTY SUPPLEMENT

(Complete this Supplement if any of the Firm attorneys handle Intellectual Property Matters)

INSTRUCTIONS:

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please provide details on the last page of the **Application**, or attach additional sheets as necessary.
3. Please sign this supplement to include this completed form as part of the **Application**.

Named Insured/ Applicant: _____

1. Identify all Firm attorneys admitted to or licensed by the U.S. Patent Office.

Name of Attorney	Date Admitted to Bar
_____	_____
_____	_____
_____	_____

2. (a) Indicate the percentage of gross Intellectual Property revenue derived from the following areas:

- | | |
|--|---|
| _____ Domestic patent prosecution | _____ Patent Maintenance |
| _____ Foreign patent prosecution | _____ Non-infringement Opinions |
| _____ Patent searches and filings | _____ Patent infringement litigation |
| _____ Trademark registration and licensing | _____ Trademark/Copyright infringement litigation |
| _____ Copyright registration and licensing | _____ Other (Please describe) |

(b) Indicate the percentage of gross Intellectual Property revenue derived from the following industries:

- | | |
|----------------------|-------------------------------|
| _____ Biotechnical | _____ Chemical |
| _____ Computer | _____ Electrical |
| _____ Industrial | _____ Mechanical |
| _____ Pharmaceutical | _____ Other (Describe): _____ |

3. State the percentage of your patent practice that is domestic: _____ foreign: _____

4. Is an engagement letter signed by the Client required:

- | | | |
|-------------------------|------------------------------|-----------------------------|
| for all new IP Clients? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| for all new IP matters? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

5. Does your IP engagement letter specify:

- | | | |
|---|------------------------------|-----------------------------|
| a. the nature and scope of proposed engagement? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b. the deadlines and requirements to complete foreign patent filings? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c. Client responsibility for payment of annuities, maintenance fees or taxes? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

6. Does the Firm's docket or calendar system record and monitor compliance with time limitations:

- | | | |
|---|------------------------------|-----------------------------|
| a. in connection with securing patents? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| b. in connection with patent renewal? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| c. in connection with foreign IP interests? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| d. in connection with patent maintenance? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

7. Are Clients informed in writing of all deadlines and time limitations in connection with their IP matters?

YES NO

8. When rendering an opinion as to the results of a patent search, does the Firm qualify the opinion in writing with reference to the nature, scope and limitations of the search?

YES NO

9. Does the Firm use outside vendors for patent searches?
If yes, does the Firm require proof of professional liability insurance or a hold-harmless agreement for all such vendors?

YES NO

YES NO

SIGNED: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

Fraud Prevention

Attention: Insureds in Maine

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Attention: All Other Insureds

Refer to PNAP 001 – Fraud Notice attached to your policy.