

PATENT SUPPLEMENTAL APPLICATION

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. TO BE COVERED, A CLAIM MUST BE FIRST MADE AGAINST AN INSURED AND REPORTED TO THE COMPANY IN WRITING DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF ANY, AND IS SUBJECT TO THE POLICY PROVISIONS.

INSTRUCTIONS

This Supplemental Application is to be completed by the Applicant Firm ("Firm") on behalf of itself, its Predecessor Firm, and all persons proposed for this insurance. Answer all questions completely. **If space is insufficient to fully answer any question, complete the answer on Firm letterhead, sign and date that letter, and attach it to this Application.**

Full Legal Name of the Firm:

Policy Number (if ISBA Mutual Insured):

PATENT LAWYERS AND PATENT AGENTS

Please provide the following information for each Lawyer and Patent Agent providing Patent services on behalf of the Firm in the past 24 months:

Lawyer/Patent Agent Name	Represent Clients before the Patent and Trademark Office	Number of Years Patent Experience	IP CLE credits in the past 24 months
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

PATENT PRACTICE

Please provide a breakdown of the Firm's Patent practice based on percentage of time spent performing Patent services in the past 24 months:

Practice	Percentage of Time	Practice	Percentage of Time
Domestic Patent Prosecution	%	Patentability Searches/Opinions	%
Foreign Patent Prosecution	%	Patent Infringement Searches/Opinions	%

PATENT INDUSTRY AREA

Please provide a breakdown of the Firm's Patent practice based on percentage of time spent performing Patent services within the following industries in the past 24 months:

Practice	Percentage of Time	Practice	Percentage of Time
Biotechnical	%	Industrial	%
Chemical	%	Mechanical	%
Computer	%	Pharmaceutical	%
Electric	%	Other (describe):	%

PATENT CLIENTS

Please indicate the percentage of the Firm's Patent clients in the past 24 months that are:

Clients	Percentage of Time	Clients	Percentage of Time
Individuals	%	University Affiliated Entities	%
Partnerships/Corporations/LLPs	%	Publicly Traded Companies	%
Universities	%	Other (describe):	%

Additional Information

1. How many Patent Applications have been filed by the Firm and Lawyers of the Firm in the past twenty-four (24) months?	
2. Does the Firm prohibit the acceptance of an equity interest or other financial interest in the client?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No , provide complete details:	
3. Please describe the Firm's use of engagement letters when undertaking IP matters, including the extent used and the nature, scope and limitations set forth in the letters:	
4. Please describe the procedures followed to ensure that the Firm's clients are notified of all Patent filing deadlines (whether domestic or foreign) and all other time limitations and requirements to complete the filing:	
5. Please describe the Firm's procedures followed to ensure due dates for payment of annuities, maintenance fees or taxes are not missed when the Firm assumes responsibility for such services:	
6. Please describe the procedures followed to notify the Firm's clients of required payments in advance of the due date when the clients are responsible for payment of annuities, maintenance fees or taxes:	
7. Please list the third parties used by the Firm to carry out Patent searches and indicate how frequently, under what circumstances and whether the third parties have their own insurance or hold harmless agreement in place:	
8. Is it the Firm's policy to memorialize the results of searches in a written opinion letter?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If No , please explain:	
9. What is the range of sales of the companies for which the Firm prosecutes applications?	
10. What percentage of the Firm's Patent clients are start-ups?	%
11. Please describe other types of independent contractors used (i.e., service agencies, other Law Firms) and the functions of the contractors with respect to Patent matters handled by the Firm:	

REPRESENTATIONS AND WARRANTIES

The Firm understands and agrees that the following representations and warranties are material and that the Company is relying on the truthfulness of these representations and warranties, which are made the basis of and a condition for the Company's acceptance of the risks covered by this insurance. The Firm further understands and agrees that if any of the following material representations and warranties are false, or if Firm fails to comply with any of the following representations and warranties at any time during the policy period, the Firm shall be deemed to have breached the insurance policy issued by the Company.

The Firm hereby represents and warrants that the following is true and correct as of the inception date of the policy:

The information contained in this Application, all material and information submitted to the Company in connection with this Application, and all material that is created and submitted to the Company by the Firm in connection with this insurance is a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured.

ACKNOWLEDGEMENTS

The undersigned declares that to the best of his or her knowledge, the statements set forth herein are true and accurate and that reasonable efforts have been made to obtain sufficient information from all persons proposed for this insurance to facilitate the proper and accurate completion of this Application. The signing of the Application does not bind the Company to complete the insurance, but it is agreed that this Application, all material and information submitted to the Company in connection with this Application, and all material that is created by the Firm and submitted to the Company in connection with this insurance are the representations of the Firm and are material and shall be the basis of the contract should a policy be issued.

The undersigned further agrees that if any significant adverse change in the condition of the Firm is discovered between the date of completion of this Application and the date that coverage was bound with the Company, and such change renders this Application inaccurate or incomplete, notice of such change will be reported in writing to the Company immediately.

This Application shall be considered attached to and part of the Policy. Any material submitted with the Application shall be maintained on file with the Company and shall be deemed to be attached hereto as if physically attached.

SIGNATURE

Signature of Owner, Officer, Partner, Shareholder, or Member

Name:	Title:	Email Address:
SIGNATURE ▶		DATE ▶