

**JAMISONPRO APPLICATION
PATENT PRACTITIONERS AND PATENT ATTORNEYS PROFESSIONAL LIABILITY INSURANCE
NOTICE: THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY**

Insurer:
CNA Insurance Companies
CNA Plaza
Chicago, IL 60685

Administrator:
Herbert L. Jamison & Co., L. L. C.
20 Commerce Drive, 2nd Floor
Cranford, New Jersey 07016
(800) 526-4766 or (973) 731-0806

NOTICE

THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE SHALL BE APPLIED AGAINST THE DEDUCTIBLE AMOUNT.

1. A. Name of Applicant: _____

Individual _____ Partnership _____ Limited Liability Partnership _____
Professional Corporation _____ Other (Specify) _____

B. Street / Mailing Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

C. Telephone Number: _____ Federal Tax I.D. Number: _____

D. E-Mail Address: _____ Website Address: _____

E. Branch Office Address(es): State "Not Applicable". if none. Attach a separate addendum if additional is required.

F. Is this location a work-at-home or Virtual Office Arrangement (i.e. mailing address only, reserved office space on a shared basis)? _____

G. Attach copies of all letterheads used by the Applicant.

H. Date Commenced Business: _____ / _____ / _____

2. Expiration date of Applicant's current Professional Liability policy: _____ / _____ / _____

3. Prior Acts Exclusion/Retroactive Date, if applicable: _____ / _____ / _____

4. For how many years has the firm been continuously insured for malpractice claims? _____

5. **Staffing**

A. Total number of Patent Practitioners: This Year _____ Last Year _____

B. Total number of Attorneys: This Year _____ Last Year _____

C. Total number of staff this year by category:

Principals: _____ Employed Attorneys: _____ Employed Patent Practitioners: _____ Paralegals: _____

Of Counsel: _____ Indep. Contractor Attorneys: _____ Indep. Contractor Patent Practitioners: _____

All Other: _____

D. **Please complete SUPPLEMENT 1 attached.**

6. Has the name of the Applicant changed or has any other firm or organization amalgamated with or been merged into the Applicant? Is there any pending change in the name of the Applicant or pending or contemplated amalgamation or merger? Yes No

If "yes", please give full particulars on a separate addendum

7. List all predecessors of the Applicant (predecessor means a patent practitioner, attorney, firm or professional entity engaged in the practice of law or as a patent practitioner to whose financial assets and liabilities the Applicant is the majority successor in interest), for which coverage is being applied.

8. Does the Applicant or any member thereof, or any of the Branch Office(s) disclosed in Question #1E above (if applicable) have any office sharing and / or expense sharing arrangement with any other patent practitioner(s), attorney(s) and or law firm(s)? Yes No

If "yes", provide complete details below, and attach a copy of the firm's letterhead to this application.

ACTIVITIES

9. **Billings**

- A. Total Gross Billings (whether collected or not, including estimate of contingent fee) for:

Current Fiscal Year: \$ _____ for 12 months ending: ____/_____/____

Prior Fiscal Year: \$ _____ 2 Years Prior: \$ _____

- B. Indicate Percentage of Total Gross Billings derived from each of the following Areas of Practice:

- 1) Intellectual Property Litigation _____ %
- 2) Patent Infringement Counseling _____ %
- 3) Domestic Intellectual Property Licensing _____ %
- 4) Foreign Intellectual Property Licensing _____ %
- 5) Domestic Patent Prosecution _____ %
- 6) Foreign Patent Prosecution _____ %
- 7) Domestic Trademark Registration and Prosecution _____ %
- 8) Foreign Trademark Registration and Prosecution _____ %
- 9) Copyright Registration _____ %
- 10) Validity and Infringement / Non-Infringement Opinions / Counseling _____ %
- 11) Expert Testimony in IP Litigation _____ %
- 12) Patent Searches _____ %
- 13) Other IP-related work including but not limited to Trade Secret Counseling _____ %
- 14) **Please provide percentage of Total Gross Billings derived from all practice areas other than Intellectual Property and complete SUPPLEMENT 2 attached.** _____ %

TOTAL: 100.00 %

10. **Large Clients / Accounts**

- A. Does the Applicant currently have, or has the Applicant at any time in the last five (5) years had, any one client or group of related accounts which produce more than 10.0 % of Total Gross Billings? Yes No

If "yes", please attach a separate addendum explaining in detail, the name and business activities of the client, the professional services the Applicant provides and the Applicant's relationship other than as independent legal advisor or patent practitioner.

11. **Litigation**

A. Are there attorneys within the firm that devote the "majority" of their billable hours to litigation? Yes No

If "yes", please specify which attorneys and estimate the percentage of their billable hours attributable to litigation, in a separate addendum.

B. Does the Applicant work with outside counsel to assist on litigation matters? Yes No

12. **Technical Areas of Specialization**

A. Please indicate the estimated percentage of the Applicant's clients with intellectual property in the following specializations:

- 1. Chemical _____ %
- 2. Biotechnical _____ %
- 3. Pharmaceutical _____ %
- 4. Industrial _____ %
- 5. Mechanical _____ %
- 6. Electric _____ %
- 7. Computer (including hardware, software, semiconductors) _____ %
- 8. Other (specify) _____ %

B. Does the Applicant represent any corporate clients having annual sales in excess of \$100,000,000? Yes No

If "yes", please provide the name of each such client, and the length of time represented (in years), in a separate addendum.

13. **Patent Searches**

A. Is it the policy and practice of the firm to memorialize an agreement with a client to conduct a patent search? Yes No

B. 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

C. Does the firm engage the services of third parties to carry out patent searches? Yes No

If yes, advise what percentage of the firm's patent practice and under what circumstances: _____ %

D. Is it the policy and practice of the firm to memorialize the results of a patent search in a written opinion letter? Yes No

E. 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

14. **Foreign Patents**

A. For foreign patent filings, is the client made aware of the limited time frame for these filings and the additional requirements necessary to complete the filing? Yes No

B. Are foreign patents handled by a separate unit? Yes No

C. Does the firm engage associate counsel in its foreign patent work? Yes No

D. If yes, what percentage of the firm's patent practice: _____ %

E. If greater than 10%, please explain steps taken to monitor work of the associate counsel:

15. Office Procedures

- A. Does the firm regularly confirm representations in writing via use of formal engagement letters? Yes No
Please attach a sample engagement letter on firm letterhead
- B. Does the engagement letter include the following:
- Identity of the Client? Yes No
 - Scope of Representation that includes key terms of legal representation? Yes No
 - Fee structures and billing agreements? Yes No
 - Termination agreement that includes file retention and destruction terms? Yes No
- C. Does the firm ensure that a countersigned engagement letter is received from the client before work begins on a new matter? Yes No
- D. Does the firm regularly acknowledge in writing the declination or termination of representations? Yes No
- E. Does the firm provide written confirmation of changes in the scope of an engagement? Yes No

If no to A., B., C., D. or E. above, please explain via attachment.

16. Payment Procedures

- A. Is the firm's responsibility for payment of maintenance fees, taxes or annuities clearly stated in the engagement letter? Yes No
- B. If the client is responsible, or authorization is necessary, are notices of required payments sent well in advance of the due date? Yes No
- C. Is the system for sending such notices computerized? Yes No
- D. 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 patents?
- E. What policy and practice does the firm follow to ensure that clients are notified of all such deadlines and time limitations?

17. Docket and Calendar

IF "NO" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN IN A SEPARATE ADDENDUM.

- A. Does the Applicant maintain a planned docket control system and procedure with at least two independent date controls? Yes No
- B. Is the docket control system and procedure computerized? Yes No
- C. Describe briefly the items entered into the Applicant's docket system (e.g. court dates, filing deadlines, maintenance fee due dates, etc.)
- D. Describe the system the Applicant uses to ensure that timely notices are sent to clients regarding all deadlines, including disclosure of limited time frames and additional requirements necessary to complete foreign filings:
- E. Does the planned docket control system and procedure produce a weekly calendar? Yes No
- F. Does the planned docket control system and procedure cover all aspects of the Applicant's practice? Yes No
- G. Does the planned docket control system and procedure require patent practitioners and attorneys to both calendar and remove from the calendar all filing dates? Yes No
- H. Are open calendar entries on the planned docket control system and procedure circulated to all patent practitioners and attorneys or if the Applicant is divided into formal departments, to all patent practitioners and attorneys in the appropriate department? Yes No

18. Paralegals

- A. Describe the relevant functions of Paralegals with respect to preparing trademark or copyright applications, or maintaining trademark registration or patents:

19. Independent Contractors

- A. Does the Applicant retain patent practitioners or attorneys on an Independent Contractor basis to provide professional services to the Applicant's clients? Yes No
- B. If "yes" to Question 19A above:
 - (1) Does the Applicant require that all Independent Contractor services be performed on the Applicant's letterhead? Yes No
 - (2) Is the Applicant exclusively responsible for billing the Applicant's clients for services performed by Independent Contractors? Yes No
 - (3) Does the Applicant require that Independent Contractors carry their own professional liability insurance, and that they furnish written proof of insurance prior to their being retained to perform services? Yes No
- C. If "yes" to Question 19A above, explain the circumstances under which a decision might be made to retain an Independent Contractor to provide professional services to a client of the Applicant. Attach an addendum if additional space is required:

20. Billings

- A. Does the Applicant or partners, shareholders or employees of the Applicant accept royalties or shares of client's corporation as payment or partial payment for services? Yes No
- B. If "yes" to Question #20A above, what is your estimate of the proportion of the firm's billings in which such payments apply. _____ %

INTERNAL CONTROLS

21. Management

- A. Is the Applicant managed by a management committee? Yes No
- B. If "yes" to Question #21A above, how many partners or officers comprise the management committee? _____
- C. Does the Applicant employ an administrator? Yes No
- D. If "yes" to Question #21C above, what percentage of the administrator's time is devoted to the practice of law or as a patent practitioner? _____ %
- E. Does the Applicant use a peer review system to evaluate the performance of partners or officers? Yes No

22. New Business

- A. Are new clients subject to approval by the Applicant's management committee, or by at least two partners or officers of the Applicant? Yes No
- B. If "yes" to Question #22A above, does the approval include credit checks? Yes No
- C. Is information concerning all new clients made available on at least a weekly basis to all partners or officers of the Applicant? Yes No
- D. Does the Applicant have procedures for identifying and resolving potential or actual conflicts of interest including cross-checking of former, existing or potential clients? Yes No
- E. If "yes" to Question #22D above, is the conflicts system computerized? Yes No
- F. Are patent practitioners and attorneys generating new business required to associate with a partner or officer with specific expertise in the matter? Yes No

23. Training and Supervision

- A. Does the Applicant maintain a formal training program for new patent practitioners and attorneys as to office and court procedures? Yes No
- B. How many patent practitioners and attorneys have participated in formal continuing education programs of at least seven hours during the last year? _____
- C. Are all employed patent practitioners and employed attorneys of the Applicant under the direct supervision of a partner or officer? Yes No
- D. Are all employed patent practitioners and employed attorneys of the Applicant subject to periodic formalized review? Yes No
- E. Can the Applicant confirm that no patent practitioner or attorney listed in Supplement 1 has been disciplined, censored, suspended or put on probation by any state bar, judicial body or regulatory agency?
If "no", please provide complete details in separate addendum. Yes No
- F. Does the Applicant have a system requiring that complaints by a client, other counsel or other patent practitioner be reviewed by a partner other than the professional about whom the complaint has been made? Yes No

24. Outside Interests / Conflicts of Interests

- A. Where the Applicant provides professional services, is there a policy forbidding patent practitioners or attorneys from participating as a partner, officer or director in any entity other than the Applicant?
If "no", please provide a detailed explanation in a separate addendum. Yes No
- B. Does any patent practitioner or attorney serve as a director, officer, trustee, consultant, employee or partner of, or exercise any **fiduciary*** management control over any business or organization other than the Applicant? Yes No
- C. Does any patent practitioner or attorney (and / or their spouse or an immediate family member) serve as a director or officer, in a **fiduciary*** capacity, or have any ownership interest in the business of a client? Yes No

***Fiduciary** means administrator, conservator, executor, guardian, trustee receiver, escrow agent or any similar capacity.

If "yes", to either Question 24B or 24C above, complete SUPPLEMENT 3 attached. All patent practitioners or attorneys to whom the "yes" response applies must be included.

25. Suits for Fees / Overdue Accounts

- A. Do suits for the collection of fees have to be approved by the Applicant's management committee or by at least two partners or officers before they are filed? Yes No
- B. How many suits or arbitration procedures for the collection of unpaid fees have been initiated by the Applicant during the past two years? _____
- C. What percentage of the Applicant's accounts receivables are outstanding more than 90 days? _____ %

CLAIMS HISTORY

- 26. A. Has insurance of the type for which the Applicant is now applying ever been declined, canceled or had the renewal thereof refused to the proposed insured? Yes No
If "yes", please provide complete details in a separate addendum.
- B. After inquiry have any claims or suits been made against any member(s) of the Applicant or any past or present owners, partners, shareholders, corporate officers or employees or its predecessors in business in the last five (5) years? Yes No
IT IS AGREED THAT ANY SUCH CLAIM OR SUIT WILL BE EXCLUDED FROM THIS PROPOSED COVERAGE.
- C. After inquiry are any member(s) of the Applicant aware of any circumstances, allegations, or contentions as to any incident which may result in a claim being made against the Applicant or any of its past or owners, present partners, shareholders, corporate officers or employees or its predecessors in business? Yes No

IT IS AGREED THAT IF SUCH KNOWLEDGE OR INFORMATION EXISTS, ANY CLAIM OR ACTION ARISING THERE FROM WILL BE EXCLUDED FROM THIS PROPOSED COVERAGE.

If "yes" to Question 26B or Question 26C above, a separate SUPPLEMENT 4, must be completed for each claim or incident in order for your application to be considered.

PRIOR INSURANCE HISTORY

27. Please give details of prior Insurance for the last five (5) years including periods of no coverage (including any predecessor(s) to the Applicant that have been disclosed in response to Question 7 of this application).

NOTE: INFORMATION BELOW MUST INCLUDE POLICY NUMBER

Insurer Name In Reverse Chronological Order	Number of Attorneys	Limits of Liability Each Claim / Aggregate	Deductible	Premium	Inception & Expiration Dates
1.		\$ / \$	\$	\$	to
2.		\$ / \$	\$	\$	to
3.		\$ / \$	\$	\$	to
4.		\$ / \$	\$	\$	to
5.		\$ / \$	\$	\$	to

28. Has the applicant firm ever purchased an Extended Reporting Endorsement from a prior insurer? Yes No

If "yes", please provide a copy of the endorsement.

INDIVIDUAL PRACTITIONERS

29. Does the Applicant have at least one "back-up" patent practitioner or attorney that will respond on his / her behalf if he / she is absent, or is otherwise unable to perform professional services for an extended period of time? Yes No

A. If "yes" to Question 29 above, please provide the following information for the "back-up":

Name of Patent Practitioner or Attorney: _____

Full Address: _____

Telephone Number: (_____) _____

B. Underwriting requirements mandate that Individual Practitioners have at least one "back up". If "no" to Question 29 above, and in the event that Company issues a policy, Applicant hereby agrees to retain at least one "back-up" patent practitioner or attorney within sixty (60) days of the policy's inception.

LIMITS OF LIABILITY / DEDUCTIBLE OPTIONS

30. Requested Limits of Liability (Each Claim / Annual Aggregate)

- | | |
|---------------------------|------------------------------|
| \$100,000 / \$300,000 | \$2,000,000 / \$2,000,000 |
| \$250,000 / \$500,000 | \$3,000,000 / \$3,000,000 |
| \$500,000 / \$1,000,000 | \$4,000,000 / \$4,000,000 |
| \$1,000,000 / \$1,000,000 | \$5,000,000 / \$5,000,000 |
| \$1,000,000 / \$2,000,000 | _____ Other (Please specify) |

31. Requested Deductible (Each Claim)

- | | |
|-----------|------------------------|
| \$ 2,500 | \$ 25,000 |
| \$ 5,000 | \$ 50,000 |
| \$ 10,000 | \$100,000 |
| _____ | Other (Please specify) |

SIGNATURE AND REPRESENTATIONS

The undersigned partner or officer, acting on behalf of the Applicant and all proposed insureds, hereby declares after diligent inquiry that the above statements and particulars, including any statements and particulars in any supplemental applications or forms required hereby, are true, accurate and complete, and that no facts have been suppressed or misstated.

It is understood and agreed that the completion of this application and any supplemental applications or forms, does not bind the insurance company to issue, nor the Applicant to purchase, the insurance. However, this application and any supplemental applications or forms will be the basis of the contract if a policy is issued and they will be attached to and made part of the policy. All written statements and materials furnished in conjunction with this application are hereby incorporated by reference into this application and made part hereof.

The undersigned partner or officer agrees that if any of the information supplied on or attached to or incorporated by reference into this application changes between the date of the application and the effective date of the policy applied for. the undersigned partner or officer will immediately notify Herbert L. Jamison & Co., L. L. C. of such changes and the insurance company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

In the event that the insurance company issues a policy, the undersigned partner or officer, acting on behalf of the Applicant and all proposed insureds, acknowledges that the insurance company. in providing coverage, will have relied upon, as representations, the declarations and statements which are contained in or attached to or incorporated by reference into this application and which are incorporated into the policy.

NOTICE TO NEW JERSEY, NEW YORK AND PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL TIHERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES. UNDER NEW YORK LAW, SUCH PERSON SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signature of Owner, Partner or Officer

Date

Please Type Name and Title

The Jamison Pro patent practitioners and patent attorneys professional liability insurance program has been organized as a purchasing group located and domiciled in New Jersey, pursuant to legislation enacted by Congress known as the Federal Liability Risk Retention Act of 1986. You will automatically become a member of the Purchasing Group once your completed application has been approved and your premium payment has been received. Completion of application or tendering of premium does not bind coverage. Application is subject to Underwriters' underwriting guidelines.

THIS APPLICATION WILL NOT BE PROCESSED UNLESS ALL QUESTIONS ON THE APPLICATION AND APPLICABLE SUPPLEMENTS ARE ANSWERED.

PATENT PRACTITIONERS AND PATENT ATTORNEYS **SUPPLEMENT I**
APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE
PATENT PRACTITIONERS AND ATTORNEYS FOR WHOM COVERAGE IS BEING APPLIED

NAME OF THE APPLICANT:

IN ACCORDANCE WITH **QUESTION 5D** OF THE **JAMISONPRO APPLICATION**, PROVIDE THE NAMES OF ALL PATENT PRACTITIONERS AND PATENT ATTORNEYS FOR WHOM COVERAGE IS BEING APPLIED. USE THE DESIGNATION CODES BELOW TO INDICATE THE STATUS OF THEIR RELATIONSHIP TO THE APPLICANT.

PLEASE MAKE COPIES OF THIS FORM IF ADDITIONAL SPACE IS NEEDED.

COVERAGE APPLIES ONLY TO PROFESSIONAL SERVICES RENDERED BY OR ON BEHALF OF THE APPLICANT, SUBJECT TO POLICY TERMS AND CONDITION.

DESIGNATION CODES:

- P =** Partner, Member, Shareholder or Corporate Officer
- EP =** Employed Patent Practitioner
- EA =** Employed Attorney
- ICPP=** Independent Contractor Patent Practitioner- Specify number of hours worked per week
- ICA=** Independent Contractor Attorney- Specify number of hours worked per week
- PT PP=** Part-Time Patent Practitioner - Must work less than 20 hours per week to be considered part-time
- PT A=** Part-Time Patent Attorney - Must work less than 20 hours per week to be considered part-time
- OCPP =** Of Counsel Patent Practitioner - Specify number of hours worked per week
- OCA=** Of Counsel Attorney - Specify number of hours worked per week

Name of Patent Practitioner or Attorney for Whom Coverage is Being Applied	Status	Hours Worked	Month / Year of Employment by Applicant	Month / Year Admitted to USPTO	Month / Year Admitted to Bar	Are you a Current Member of NAPP
1.		hr.	/	/		
2.		hr.	/	/		
3.		hr.	/	/		
4.		hr.	/	/		
5.		hr.	/	/		
6.		hr.	/	/		
7.		hr.	/	/		
8.		hr.	/	/		
9.		hr.	/	/		
10.		hr.	/	/		
11.		hr.	/	/		
12.		hr.	/	/		
13.		hr.	/	/		
14.		hr.	/	/		

 AUTHORIZED SIGNATURE OF APPLICANT

 TITLE

 DATE

I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S PATENT PRACTITIONERS AND PATENT ATTORNEYS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATION AND CONDITIONS.