

**JAMISONPRO APPLICATION
INTELLECTUAL PROPERTY LAWYERS PROFESSIONAL LIABILITY INSURANCE
NOTICE: THIS IS AN APPLICATION FOR A CLAIMS MADE 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 space is required.

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

G. Date Commenced Business: _____ / _____ / _____

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

3. **Staffing**

A. Total number of Lawyers: This Year _____ Last Year _____

B. Total number of staff this year by category:
Principals: _____ Employed Lawyers: _____ Patent Agents: _____ Paralegals: _____
Of Counsel: _____ Indep. Contractor Lawyers: _____ Docket Clerks: _____ All Other: _____

C. **Please complete SUPPLEMENT 1 attached.**

4. 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.

5. List all predecessors of the Applicant (predecessor means an attorney, firm or professional legal corporation engaged in the practice of law to whose financial assets and liabilities the Applicant is the majority successor in interest), for which coverage is being applied.
NOTE: Coverage for predecessors is not automatically provided, and is subject to Underwriters' approval.

IF THIS QUESTION IS LEFT BLANK, COVERAGE WILL NOT BE PROVIDED FOR ANY PREDECESSOR FIRM(S):

6. 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 lawyer(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

7. Billings

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

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

- 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, Trademark Secret Counseling | _____ % |
| 14) Please provide percentage of Total Gross Billings derived from all practice areas other than Intellectual Property Law, and complete SUPPLEMENT 2 attached. | _____ % |

TOTAL: 100.00 %

8. **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 service the Applicant provides, areas of law involved and the Applicant's relationship other than as independent legal advisor.

9. **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

10. **Technical Areas of Specialization**

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

Chemical	_____ %
Electronics / Computers / Semiconductors / Software	_____ %
Pharmaceuticals / Biotechnology	_____ %
Mechanical / Industrial	_____ %

- 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.

11. **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 so, how frequently 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

12. **Office Procedures**

- A. Is it the Applicant's standard practice to use:

1) Engagement Letters? Yes No

2) Non-Engagement Letters? Yes No

If "yes" to Question 1 and 2, please attach an example of each. If "no" to Question 1 or 2, please explain why Engagement and / or Non-Engagement Letters are not used in a separate addendum.

B. Is it the Applicant's standard practice to outline in writing the Applicant's billing policy and procedure when agreeing to accept an engagement? Yes No

C. Must a partner and at least one other attorney review and sign off on each opinion letter? Yes No

D. Do letters to auditors have to be approved by at least two partners or officers of the Applicant? Yes No

13. Maintenance Fee Payments

A. Is the firm's responsibility for payment of maintenance fees, taxes or annuities clearly stated in the engagement letter? Yes No

If "no", please explain why not on a separate addendum.

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

If "no", please explain why not in a separate addendum.

14. 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 lawyers 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 lawyers or if the Applicant is divided into formal departments, to all lawyers in the appropriate department? Yes No

15. Foreign Patent Filings

- A. Does the Applicant have a separate foreign patent, trademark and copyright department? Yes No
- B. If "yes" to Question #15A above, does the department have a separate docket control system? Yes No
- C. To what extent is foreign patent work performed by:

(1) The Applicant?

(2) Associate counsel?

16. Patent Agents

- A. Describe the services performed by Patent Agents on behalf of the Applicant. Attach an addendum, if additional space is required:

- B. Provide the name of each Patent Agent responsible for performing the services described in Question 16A above, and the number of hours worked per-week. Attach an addendum, if additional space is required.

Name of Patent Agent	Hours	Name of Patent Agent	Hours
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

- C. Describe Applicant's procedures for supervising Patent Agents. Attach an addendum, if additional space is required:

17. Paralegals

- A. Describe the relevant functions of Paralegals with respect to preparing trademark or copyright applications, or maintaining trademark registrations or patents. Attach an addendum, if additional space is required:

18. Independent Contractors

- A. Does the Applicant retain lawyers on an Independent Contractor basis to provide legal services to the Applicant's clients? Yes No
- B. If "yes" to Question 18A 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 18A above, explain the circumstances under which a decision might be made to retain an Independent Contractor to provide legal services to a client of the Applicant. Attach an addendum, if additional space is required:

- D. If "yes" to Question 18A above, provide the following information for each Independent Contractor retained by the Applicant during the last two (2) years. Attach an addendum if additional space is required:

Name of Independent Contractor	Description of Services Provided to Clients	Has Insurance
1.		Yes <input type="checkbox"/> No <input type="checkbox"/>
2.		Yes <input type="checkbox"/> No <input type="checkbox"/>
3.		Yes <input type="checkbox"/> No <input type="checkbox"/>
4.		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.		Yes <input type="checkbox"/> No <input type="checkbox"/>
6.		Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTE: The policy for which you are completing this application does not provide coverage for Independent Contractors. However, this coverage may be available by special endorsement, subject to Underwriters' approval.

If you wish to apply for coverage for any lawyers retained by the Applicant on an Independent Contractor basis, you must include their name(s) in SUPPLEMENT #1 attached.

19. 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 #19A above, what is your estimate of the proportion of the firm's billings in which such payments apply.

_____ %

INTERNAL CONTROLS

20. **Management**

- A. Is the Applicant managed by a management committee? Yes No
- B. If "yes" to Question #20A above, how many partners or officers comprise the management committee? _____
- C. Does the Applicant employ an administrator? Yes No
- D. If "yes" to Question #20C above, what percentage of the administrator's time is devoted to the practice of law? Yes No
- E. Does the Applicant use a peer review system to evaluate the performance of partners or officers? Yes No

21. **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 #21A 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 maintain a system to avoid conflicts of interest? Yes No
- E. If "yes" to Question #21D above, is the conflicts system computerized? Yes No
- F. Is a lawyer generating new business required to associate with a partner or officer with specific expertise in the matter? Yes No

22. **Training and Supervision**

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

23. **Outside Interests / Conflicts of Interests**

- A. Where the Applicant provides legal services, is there a policy forbidding lawyers participating as a partner, officer or director in any entity other than the Applicant? Yes No
- If "no", please provide a detailed explanation in a separate addendum.

- B. Does any lawyer 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 lawyer (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 23B or 23C above, complete SUPPLEMENT 3 attached. All lawyers to whom the "yes" response applies must be included.

24. **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 for the collection of fees have been filed by the Applicant during the past two years? _____
- C. What percentage of the Applicant's billings are more than 90 days overdue? _____ %

CLAIMS HISTORY

25. 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 present owners, 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 25B or Question 25C above, a separate SUPPLEMENT 4, must be completed for each claim or incident in order for your application to be considered.

PRIOR INSURANCE HISTORY

26. 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 5 of this application).

NOTE: INFORMATION BELOW MUST INCLUDE POLICY NUMBER

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

27. 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

28. Does the Applicant have at least one "back-up" lawyer that will respond on his / her behalf if he / she is absent, or is otherwise unable to practice law for an extended period of time? Yes No

A. If "yes" to Question 28 above, please provide the following information for each "back-up":

Name of Lawyer / Firm: _____

Full Address: _____

Telephone Number: () _____

Name of Lawyer / Firm: _____

Full Address: _____

Telephone Number: () _____

B. Underwriting requirements mandate that Individual Practitioners have at least one "back-up" lawyer. If "no" to Question 28 above, and in the event that Underwriters issue a policy, Applicant hereby agrees to retain at least one "back-up" lawyer within sixty (60) days of the policy's inception.

LIMITS OF LIABILITY / DEDUCTIBLE OPTIONS

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

<input type="checkbox"/> \$250,000 / \$500,000	<input type="checkbox"/> \$1,000,000 /	<input type="checkbox"/> \$2,000,000
<input type="checkbox"/> \$500,000 / \$1,000,000	<input type="checkbox"/> \$2,000,000 /	<input type="checkbox"/> \$2,000,000
<input type="checkbox"/> \$1,000,000 / \$1,000,000		

Other (Please specify)

30. Requested Deductible (Each Claim)

<input type="checkbox"/> \$ 5,000	<input type="checkbox"/> \$ 50,000
<input type="checkbox"/> \$ 10,000	<input type="checkbox"/> \$100,000
	<input type="checkbox"/> \$ 25,000

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 THERETO, 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 JamisonPro lawyers 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.

**INTELLECTUAL PROPERTY LAWYERS
APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
LAWYERS FOR WHOM COVERAGE IS BEING APPLIED**

SUPPLEMENT I

NAME OF THE APPLICANT:

IN ACCORDANCE WITH **QUESTION 3C** OF THE **JAMISONPRO APPLICATION**, PROVIDE THE NAMES OF ALL LAWYERS 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
 - A** = Associate
 - PT** = Part-Time Associate - Must work less than 15 hours per week to be considered part-time
 - OC*** = Of Counsel - Specify number of hours worked per week
 - IC*** = Independent Contractor - Specify number of hours worked per week

Name of Lawyer for Whom Coverage is Being Applied	Status	Hours Worked" (OC / IC)	Month / Year of Employment by Applicant	Month / Year Admitted to Bar	Name of Lawyer's Prior Employer (i.e. law firm). If not previously engaged in private practice, please state "Not in Private Practice".
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.	/	/	
15.		hr.	/	/	
16.		hr.	/	/	
17.		hr.	/	/	
18.		hr.	/	/	
19.		hr.	/	/	
20.		hr.	/	/	
21.		hr.	/	/	
22.		hr.	/	/	
23.		hr.	/	/	
24.		hr.	/	/	

Name of Lawyer for Whom Coverage is Being Applied	Status	Hours Worked* (00 / IC)	Month / Year of Employment by Applicant	Month /Year Admitted to Bar	Name of Lawyer's Prior Employer (i.e. law firm). If not previously engaged in private practice, please state "Not in Private Practice".
25.		hr.	/	/	
26.		hr.	/	/	
27.		hr.	/	/	
28.		hr.	/	/	
29.		hr.	/	/	
30.		hr.	/	/	
31.		hr.	/	/	
32.		hr.	/	/	
33.		hr.	/	/	
34.		hr.	/	/	
35.		hr.	/	/	
36.		hr.	/	/	
37.		hr.	/	/	
38.		hr.	/	/	
39.		hr.	/	/	
40.		hr.	/	/	
41.		hr.	/	/	
42.		hr.	/	/	
43.		hr.	/	/	
44.		hr.	/	/	
45.		hr.	/	/	
46.		hr.	/	/	
47.		hr.	/	/	
48.		hr.	/	/	

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

 AUTHORIZED SIGNATURE OF APPLICANT

 TITLE

 DATE

INTELLECTUAL PROPERTY LAWYERS

APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE

NON-INTELLECTUAL PROPERTY AREAS OF PRACTICE SUPPLEMENTAL APPLICATION

NAME OF THE APPLICANT _____

1. Indicate Percentage of Total Gross Billings derived from the following Areas of Practice, where applicable:

- Admiralty _____%
- Banking _____% **Complete Financial Institutions Question #3 below**
- Bankruptcy _____%
- B.I. / P.D. Defense _____%
- B.I. / P.D. Plaintiff _____%
- Corporate - Formation / Alteration _____%
- Corporate - General _____%
- Criminal _____%
- Domestic Relations _____%
- Entertainment _____%
- Estate / Probate / Trust _____%
- Labor Relations _____%
- Money Management _____%
- Municipal Law _____%
- Oil & Gas _____%
- Real Estate _____%
- Securities Practice including:
 - a. Syndications
 - b. Tax Shelters
 - c. Limited Partnerships _____% **Complete SEC / Securities Question #2 below.**
- Taxation _____%
- Other - Please describe

2. **SEC / SECURITIES PRACTICE**

A. What percentage of the Applicant's Total Gross Billings involved the following areas of practice during its most recent fiscal year?

- 1. Securities registered under the Securities Act of 1933 _____%
- 2. Municipal Bonds _____%
- 3. Private Placements and State Registrations _____%

4. Representations of clients as to compliance with proxy and reporting requirements under the Securities Exchange Act of 1934 other than takeovers or mergers of publicly held companies. _____%

5. Representations of clients as to compliance with proxy and reporting requirements under the Securities Exchange Act of 1934 in relation to takeovers or mergers of publicly held companies. _____%

6. Syndications / Tax Shelters / Limited Partnerships _____%

7. Other Securities Services - Please describe and enter total percentage below:

B. 1. Does the Applicant conduct what is commonly referred to as a "Due Diligence" investigation when representing clients as to the offering or sale of securities? _____%
 Yes No

2. If "yes", does the Applicant make routine use of checklists in its investigations? Yes No

C. During the past five (5) years, has the Applicant been involved in, or had knowledge of any facts which would indicate that Applicant may be included in an investigation of administrative action by the SEC or any state agency regulating securities? Yes No

If "yes" please give details on a separate addendum.

D. During the past two (2) years, has the Applicant represented any client(s) in a hostile or contested takeover or merger? Yes No

If "yes", please provide the following information in relation to each such representation and indicate whether Applicant represented the "Acquiring Company" the "Target Company".

<u>Name of Acquiring Company</u>	<u>Client</u>	<u>Name of Target Company</u>	<u>Client</u>	<u>Value of Transaction</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

3. FINANCIAL INSTITUTIONS PRACTICE

A. Indicate the type(s) of legal services rendered to Applicant's Financial Institution clients:

- | | | | |
|-----------------------|--------------------------|-------------------------|--------------------------------|
| a. General Counsel | <input type="checkbox"/> | e. Stock Offering | <input type="checkbox"/> |
| b. Regulatory Counsel | <input type="checkbox"/> | f. SEC Counsel | <input type="checkbox"/> |
| c. Loan Documentation | <input type="checkbox"/> | g. Fidelity Bond Claims | <input type="checkbox"/> |
| d. Loan Closing | <input type="checkbox"/> | h. Other (Specify) | <input type="checkbox"/> _____ |

- B. During the past five (5) years, have any of the Applicant's Financial Institution clients:
- a. Failed Yes No
 - b. Been merged or sold at regulatory direction Yes No
 - c. Been placed under conservator ship control Yes No
 - d. Begun operating under any form of regulatory agreement Yes No

If "yes" to any of the above, please describe below, including the full name and address of the Financial Institution(s). Attach a separate addendum if additional space is required:

- C. During the past five (5) years, has the FDIC or FSLIC or their successors filed any lawsuit, or is any litigation pending against any director or officer of the Financial Institution(s) identified in Part B above? Yes No

If "yes", please describe below including the name of the Financial Institution(s). Attach a separate addendum if additional space is required:

- D. During the past five (5) years, has the firm been contacted by the FSLIC or FDIC or their successors with regard to any of the legal services performed by the firm for the Financial Institution(s) identified in Part B above? Yes No

If "yes", please describe below including the name of the Financial Institution(s). Attach a separate addendum if additional space is required:

I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

AUTHORIZED SIGNATURE OF APPLICANT

TITLE

DATE

**INTELLECTUAL PROPERTY LAWYERS
APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
OUTSIDE INTERESTS / CONFLICTS OF INTEREST**

SUPPLEMENT 3

NAME OF APPLICANT: _____

IN ACCORDANCE WITH **QUESTIONS 23B** AND / OR 23C OF THE **JAMISONPRO APPLICATION**, THIS SUPPLEMENT MUST BE COMPLETED IF:

- A. ANY LAWYER SERVES 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.
- B. ANY LAWYER (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.

* Position Held	D	=	Director		C	=	Label		FM	=	Label
	O	=	Officer		E	=	Employee		F	=	Fiduciary
	T	=	Trustee		P	=	Partner		OI	=	Ownership Interest

Name of Lawyer, Spouse or Family Member	Name / Nature of Business	Position Held (see above) and date of Affiliation	Client of Lawyer or Applicant	Description of Professional Services Performed	Total % Equity Interest Held	% of Lawyer's Annual Income	D & O Insurance Or Indemnity Agreement
			Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
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I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

 AUTHORIZED SIGNATURE OF APPLICANT

 TITLE

 DATE

INTELLECTUAL PROPERTY LAWYERS
APPLICATION FOR LAWYERS PROFESSIONAL LIABILITY INSURANCE
SUPPLEMENTAL CLAIM FORM

NAME OF THE APPLICANT: _____

APPLICANT'S INSTRUCTIONS

1. THIS FORM IS TO BE COMPLETED IF THE APPLICANT OR ANY LAWYERS NAMED IN SUPPLEMENT 1 IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM OR SUIT DURING THE LAST FIVE (5) YEARS AS INDICATED BY A "YES" ANSWER TO QUESTIONS 24.B OR 24.C. PLEASE COMPLETE ONE FORM FOR EACH CLAIM.
2. IF SPACE IS INSUFFICIENT TO ANSWER A QUESTION, PLEASE ATTACH AN ADDENDUM.
3. PLEASE FULLY ANSWER ALL QUESTIONS. DO NOT ATTACH COPIES OF A SUMMONS & COMPLAINT OR OTHER LEGAL DOCUMENTS. IF A QUESTION DOES NOT APPLY, ENTER "NOT APPLICABLE".

1. Full name of individual(s) and name of firm involved in this claim:
a. _____
b. _____
c. _____

2. Additional Defendants:
a. _____
b. _____
c. _____

3. Full name(s) of claimant(s): _____

4. Date(s) of alleged error(s): _____

5. Insurer / Insurance Information:
a. To what insurance company did you report this claim: _____
b. On what date did you report this claim to the insurance company: ____ / ____ / ____
c. What is the amount of your Deductible applicable to claim: \$ _____

6. Present status of this claim:

a. Open Closed

b. Potential Claim Non-Suited Claim Suited Claim Disciplinary Action

7. If this is an **Open Non-Suited Claim** or **Suited Claim**, please indicate:

- a. Amount demanded for relief in Complaint: \$ _____
- b. Claimant's settlement demand: \$ _____
- c. Defendant's offer for settlement: \$ _____
- d. Total damages paid or outstanding to date: \$ _____
- e. Total defense costs paid or outstanding to date: \$ _____

8. If this claim is closed, please indicate:

- a. Total amount of damages paid in settlement on your behalf, including your Deductible: \$ _____
- b. Total amount of defense costs paid on your behalf: \$ _____
- c. Manner of settlement:

Pre-Litigation Out Of Court Court Judgment Arbitration Award

9. Description of claim - including likelihood that a claim will be pursued if presently a potential claim (Please provide enough information to allow an evaluation. Do not attach Summons & Complaint or other legal documents.):

a. Allegation upon which Claimant bases claim:

b. Description of case and events:

10. Was this claim asserted as a cross-claim or counter-claim in a suit to collect fees? No Yes

11. Describe the policy or procedural changes that have been made to prevent the re-occurrence of a similar claim:

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AUTHORIZED SIGNATURE OF APPLICANT

TITLE

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