

# Application for Intellectual Property Lawyers' Professional Liability Insurance



- Protective Specialty Insurance Company  
 Sagamore Insurance Company

**NOTICE: THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE BASIS. FURTHER NOTE THAT AMOUNTS INCURRED FOR DEFENSE COSTS WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IF A POLICY IS ISSUED, THE APPLICATION WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.**

**NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS WILL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS SUBJECT TO ALL APPLICABLE STATE INSURANCE DEPARTMENT REGULATIONS**

## General Firm Information

1. Name of Applicant: \_\_\_\_\_  
 Individual    Partnership    P.A.    P.C.    L.L.C.    L.L.P.    Other  
*Please attach sample letterhead. If you have multiple offices, please attach a sample letterhead for each office.*
  
2. Address of Principal Office:  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 Web Site Address: \_\_\_\_\_
  
3. Contact Person:  
 Name: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Facsimile: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_
  
4. Branch office address (es) and dates of establishment (use separate addendum if necessary). *Please also complete the Branch Office and Affiliate Supplement.*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Date Firm was founded: \_\_\_\_\_

6. List the names of all predecessor firms of Applicant.  
 Name only those firms where the Applicant is a majority successor to the former firm's assets and liabilities. *Please use separate addendum if necessary.*

Name of Predecessor Firm	Dates of Existence From/To	Number of Lawyers Acquired
	/	
	/	

7. Is there any material pending changes in the organization of the Applicant including but not limited to merger, acquisition combination or other restructuring? Yes  No   
*If yes, please provide full particulars in a separate addendum.*

## Attorneys & Staff

8. Total number of attorneys in the principal office and branch(es), if any, (excluding attorneys engaged as independent contractors or on a per diem basis):

This year: \_\_\_\_\_ (as of \_\_\_\_\_)      Last year: \_\_\_\_\_

*Please complete the Supplemental Lawyers Information form listing each attorney to be insured.*

9. Current Number of:

Partners/shareholders/owners: \_\_\_\_\_  
 Associates/employed lawyers: \_\_\_\_\_  
 Of Counsel/counsel who are expected to bill more than 1200 hours: \_\_\_\_\_  
 Independent Contractors who are expected to bill more than 1200 hours: \_\_\_\_\_  
 Patent Agents: \_\_\_\_\_

10. Current Number of:

Paralegals: \_\_\_\_\_  
 Clerical staff: \_\_\_\_\_  
 Other (please describe): \_\_\_\_\_

## Insurance History

11. Current policy expiration date: \_\_\_\_\_

12. What is the inception date of your earliest "claims made" policy maintained without interruption? \_\_\_\_\_

13. Please list all primary and excess (if applicable) lawyers professional liability insurance policies carried by the Applicant for the past five (5) years:

POLICY PERIOD	Insurance Company	Limits of Liability PerClaim/Agg	Deductible	Annual Premium	No. of Attorneys Covered
From: To: Mo/Day/Yr Mo/Day/Yr					
to					
to					
to					
to					
to					

14. Does your current policy have a prior acts exclusion (retroactive) date? Yes  \_\_\_\_/\_\_\_\_/\_\_\_\_ No

15. Has any of the Applicant's professional liability insurance been canceled or nonrenewed during the last 5 years? (not applicable to Missouri Applicants) Yes  No  *If yes, please provide details in a separate addendum.*

16. Does your current policy have any other type of endorsements that exclude or modify coverage? ) Yes  No  *If yes, please attach a copy of each endorsement.*

17. Please provide limits of liability and deductible options requested:

**LIMITS OF LIABILITY:**

- Per Claim/Aggregate
- \$250,000/\$500,000
- \$500,000/\$500,000
- \$500,000/\$1 Million
- \$1 Million/\$1 Million

**DEDUCTIBLE:**

- \$5,000
- \$10,000
- \$15,000
- \$25,000

\*Minimum deductible will apply based upon size of firm, areas of practice, and prior loss history

18. Does the Applicant request title agent coverage? *If yes, please complete the title agent supplement.* Yes  No

**Breakdown Of Intellectual Property Practice**

19. Indicate the percentage of gross income for the past fiscal year derived from the following areas of practice.

Area of Practice	Percent	Area of Practice	Percent
Intellectual Property Litigation:	%	Domestic Trademark Registration and Prosecution:	%
Patent Infringement Consultation:	%	Copyright Registration:	%
Domestic Intellectual Property Licensing:	%	Validity & Infringement/Non-Infringement Opinions:	%
Foreign Intellectual Property Licensing:	%	Expert Testimony in Intellectual Property Litigation:	%
Domestic Patent Prosecution:	%	Patent Searches:	%
Foreign Patent Prosecution:	%	*Other Intellectual Property Services:	%
		<b>Total as a percentage of all legal services:</b>	<b>%</b>

\*Describe: \_\_\_\_\_

Please complete BRAKDOWN OF NON-INTELLECTUAL PROPERTY PRACTICE below to provide percentage of Total Gross Billings derived from all areas of practice other than Intellectual Property related legal services.

**Industry Areas of Specialization**

20. Indicate the percentage of clients with Intellectual Property in the following industries:

Specialization	Percent
Aerospace/Aviation:	%
Chemical:	%
Electronics/Computers/Semiconductors/Software:	%
Mechanical/Engineering/Other Heavy Industry:	%
Pharmaceuticals/Medical/Biotechnology:	%

Does the Applicant represent any client with annual sale in excess of \$100 million? Yes  No   
*If yes, please provide details of such clients and years represented.*

## Breakdown Of Non-Intellectual Property Practice

21. Indicate the percentage of gross income for the past fiscal year derived from the following areas of practice.

Area of Practice	Percent	Area of Practice	Percent
Admiralty/Maritime	%	Litigation:	
Antitrust/Trade Regulation	%	Commercial	%
Arbitration/Mediation	%	Insurance Defense	%
*Banking/Financial Institutions	%	*Personal Injury Plaintiff	%
Bankruptcy	%	Personal Injury Defense	%
Collections/Repossessions	%	*Oil & Gas	%
Commercial Transactions	%	Pension and Employee Benefits	%
Corporate Law:		*Real Estate:	
Formation/Alteration	%	Commercial	%
Mergers/Acquisitions	%	Residential	%
Criminal Law	%	Land Use/Zoning	%
Domestic Relations	%	Title Examinations	%
*Entertainment/Sports	%	*Securities	%
*Environmental Law	%	Tax:	
Estate/Trust/Probate	%	Opinions	%
Government/Municipal (other than bond work)	%	Preparation of Tax Returns	%
**International Law	%	Workers' Compensation:	
Labor Relations:		Plaintiff	%
Labor Representation	%	Defense	%
Management Representation	%	**Other legal services:	%
Intellectual Property Services (from Q.#19)	%	<b>Total (Must Equal 100%)</b>	<b>100%</b>

\*Supplemental application must be completed.

\*\*Describe: \_\_\_\_\_

22. Approximately what percentage of total practice in Question 1. above consists of defense work? \_\_\_\_\_%

23. According to gross billings, please list the 5 largest clients of the Applicant. If confidentiality is required, please describe only the nature of business and legal services provided.

Name of Client	Nature of client's business	Legal services provided

24. Has your firm, or anyone in your firm, in the past five years, ever represented issuers, underwriters, or affiliates thereof with respect to the issuance, offering or sale of securities or bonds? *If yes, please complete the Securities supplement.*      Yes     No

25. Has your firm, or anyone ever affiliated with your firm, provided legal services for any Financial Institution during the last 5 years? *If yes, please complete the Financial Institution Supplement.*      Yes     No

## Patent Searches

26. Is it the policy and practice of the Applicant that all patent searches are subject to an engagement letter? Yes  No
27. Does the patent search engagement letter set out the nature, scope of limitations of the patent search? Yes  No
28. Does the Applicant engage the services of a third party to undertake patent searches\*\*? Yes  No

\*\*Describe: \_\_\_\_\_

\_\_\_\_\_

29. Is it the policy and practice of the Applicant that the results of all patent searches are detailed in a formal written opinion letter? Yes  No
30. Does the formal written opinion letter sets out the nature, scope of limitations of the patent search? Yes  No

## Maintenance Fee Payments

30. Is the Applicant's responsibility for payment of maintenance fees, taxes or annuities detailed in an engagement letter? Yes  No

**If "No", please provide details in a separate addendum**

31. If a client is responsible for payment of maintenance fees, taxes or annuities, are written notices sent to the client at least 90 days in advance of the due date? Yes  No

**If "No", please provide details in a separate addendum**

## Foreign Patent Filings

32. Does the Applicant have a separate foreign patent, trademark and copyright department? Yes  No
33. If the response to Question 1. above is "Yes", does the department have an independent docket control system? Yes  No
34. Describe the extent of foreign patent work performed by: Yes  No

The Applicant: \_\_\_\_\_

\_\_\_\_\_

Associate Counsel: \_\_\_\_\_

\_\_\_\_\_

## Patents Agents

35. Describe the services performed by Patent Agents on behalf of the Applicant.
- \_\_\_\_\_
- \_\_\_\_\_

36. Provide details of Patent Agents, including hours worked:

Name of Patent Agent:	Hours:	Name of Patent Agent:	Hours:

37. Describe the Applicant's procedures for supervising Patent Agents: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

38. Described the services performed by Paralegals with respect to preparing trademark or copyright applications, or maintaining trademark registrations.

---



---



---

## Independent Contractors

39. Does the Applicant retain attorneys on an Independent Contractor basis to provide legal services to the Applicant clients? Yes  No

40. If the response to Question 1. above is "Yes":

a. Does the Applicant require that all Independent Contractor services be performed on the Applicant's letterhead? Yes  No

b. Is the Applicant exclusively responsible for billing the Applicant's client for services performed by Independent Contractor? Yes  No

c. Does the Applicant require that all Independent Contractors carry professional liability insurance and provides evidence of such coverage prior to being retained? Yes  No

41. If the response to Question 1. above is "Yes", explain the reasons for retaining an Independent Contractor to provide legal services to a client of the Applicant: Yes  No

---



---



---

42. If the response to Question 1. above is "Yes", provide details of each Independent Contractor retained by the Applicant during the past 24 months:

Name of Independent Contractor:	Hours:	Insurance Verified:
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Please note: Coverage for which the Applicant is applying does not extend to include Independent Contractors, unless specifically agreed by the insurer and evidence by the issue of an endorsement. A supplementary application must be completed for this additional coverage.**

## Billings

43. List the firm's gross receipts for the past 24 months – Last 12 \_\_\_\_\_ Prior 12 \_\_\_\_\_

44. Does the Applicant, or any partner, shareholder, member, associate or employee of the Applicant accept royalties or equity in a client's corporation as payment or partial payment for services? Yes  No

45. If the response to Question 1. above is "Yes", what is the estimate of the proportion of the Applicant's billing in respect to such non-fee payment for services? Yes  No

## Risk Management

46. Does the Applicant employ a firm administrator? Yes  No
47. Is the firm managed by a committee that meets on a regularly scheduled basis? Yes  No
48. Does the firm have *written* risk management procedures? Yes  No
49. Does the Applicant use a formal system to evaluate the performance of all practicing *lawyers*? Yes  No
50. Does the Applicant use a formal system to evaluate the performance of all *staff*? Yes  No
51. How many suits against your clients for recovery of attorney's fees have you filed in the last two years? \_\_\_\_\_
52. How many of these suits have been resolved? \_\_\_\_\_
52. What percentage of the Applicant's billings are ninety (90) days or more overdue? \_\_\_\_\_%
53. Are new clients and new matters approved by a committee or by a partner in the firm? If no, please explain on a separate addendum. Yes  No
54. Are engagement letters or retainer agreements, which establish the scope of the Applicant's representation, required to be sent on all new client engagements? If no, please explain. Yes  No
55. Are billing arrangements, if any, explained in writing to the client at the outset of Applicant's representation? If no, please explain. Yes  No
56. Are non-engagement letters required to be used when declining representation? If no, please explain. Yes  No
57. Are disengagement letters or termination letters required to be used upon terminating or completing the legal representation? Yes  No
58. Does the Applicant share any of the following with other attorneys or law firms? (*Use separate attachment if necessary.*)  
Office Space: Yes  No  If yes, name of office sharing attorney(s) or firm(s): \_\_\_\_\_  
Cases: Yes  No  If yes, please describe case sharing arrangement on separate addendum.  
Letterhead: Yes  No  If yes, please explain relationship on separate addendum and provide sample letterhead.
59. Which of the following are incorporated in the Applicant's docket control system? (check all that apply)  
Calendar  Master Listing  Tickler File  Pocket Diary  Computerized System   
Other  \_\_\_\_\_
60. Does the control system include? (check all that apply)  
Litigated items  Non-litigated items  Statute of limitations  Dates of long-term matters   
Other  \_\_\_\_\_
61. How frequently are deadlines cross-checked? (check all that apply)  
Daily  Weekly  Monthly  Other  \_\_\_\_\_
62. How does the Applicant maintain its conflict of interest system? (check all that apply)  
Oral/memory  Index File  Computer  Conflict Committee  Other  \_\_\_\_\_
63. Indicate the items captured by this system? (Check all that apply)  
Client Name  Client Principals  Client Subsidiaries  Opposing Party  Opposing Counsel
64. Are potential conflicts referred to an independent conflict committee? Yes  No
65. Describe how the Applicant resolves potential and actual conflicts (attach separate addendum if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

66. After matters have been opened, what steps does the Applicant take to supplement conflict of interest searches regarding new parties?

---

---

67. Are any of the Applicant's lawyers a director or officer of, a partner in, holding equity interests in, or an employee of a business entity other than the Applicant? *If yes, please complete the Outside Interest Supplement.* Yes  No

### Claims History

68. Has any attorney of the Applicant firm ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency, or regulatory body? *If yes, please provide details on a separate addendum.* Yes  No   
How Many? \_\_\_\_\_

69. Has any attorney of Applicant had a disciplinary complaint made to any court, administrative agency or regulatory body in the past 5 years? *If yes, please complete a Claim Supplement for each disciplinary complaint.* Yes  No   
How Many? \_\_\_\_\_

70. Has any professional liability claim or suit been made against any attorney of Applicant or any previous member of your current firm or predecessor firm within the last five (5) years? *If yes, please complete a Claim Supplement for each claim/incident.* Yes  No   
How Many? \_\_\_\_\_

71. Does any attorney of Applicant know of any incident, circumstances, acts, errors, omissions, or personal injuries that could result in a professional liability claim against any attorney of the firm or its predecessors irrespective of the actual validity of such claim? *If yes, please complete a Claim Supplement for each incident.* Yes  No   
How Many? \_\_\_\_\_

72. Have all of the matters indicated above been reported to the Applicant's appropriate professional liability carrier(s)? *If no, please explain on a separate addendum.* Yes  No

### Warranty and Signature

**In granting coverage to any of the Insureds, the Company has relied upon the declarations and statements in this application for coverage. All such declarations and statements are the basis of coverage and will be considered incorporated in and constituting part of the policy should one be issued.**

**The undersigned authorized representative of the firm hereby declares that the statements set forth herein are true. The undersigned agrees that if the information supplied on this application changes between the date of this application and the effective date of the insurance, the undersigned will, in order for the information to be accurate on the effective date of the insurance, immediately notify Gotham Insurance Company of such change(s) and Gotham Insurance Company may withdraw or modify any outstanding quotations and authorization or agreement to bind the insurance.**

**Signing of this application does not bind the firm or the company to complete the insurance, but it is agreed that this application will be the basis of the contract should a policy be issued, and it will become part of the policy as if physically attached.**

**All supplements, written statements and other materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof. Nothing contained herein or incorporated herein by reference will constitute notice of a claim or potential claim so as to trigger coverage under any contract of insurance.**

\_\_\_\_\_  
Authorized Representative of the Firm

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title (must be signed by managing partner or managing executive of Firm)