INTELLECTUAL PROPERTY SUPPLEMENT

If you indicated any percentage of Copyright/Trademark/Patent practice, you must complete this supplement.

Applicant Instructions:

• Answer all questions in ink. If answer is none, state "none."

1. In terms of gross income, provide a breakdown of the firm’s copyright, patent and trademark practice into the following categories:

   A. Intellectual Property Litigation  _____ %
   B. Patent Infringement Counseling  _____ %
   C. Domestic Patent Prosecution  _____ %
   D. Foreign Patent Prosecution  _____ %
   E. Trademark Registration / Licensing  _____ %
   F. Copyright Registration / Licensing  _____ %
   G. Patent Searches  _____ %
   H. Other (Please describe):  _____ %
2. In terms of gross income, provide a breakdown of the firm’s copyright, patent and trademark practice into the following industry groups:

A. Aerospace  
   
B. Biotechnology  
   
C. Pharmaceutical  
   
D. Computer / Software  
   
E. Other (Please describe):  

Total must equal 100%  

3. How many lawyers are engaged in Intellectual Property practice?

4. For these lawyers, what is the average number of years experience in handling Intellectual Property matters?

5. Does the Applicant require its Intellectual Property lawyers to participate in a formal training program, including annual participation in in-house and/or continuing legal education seminars respecting current Intellectual Property law?

   □ Yes  □ No
6. Does the Applicant have a computerized docketing system to alert the appropriate responsible party regarding:

A. Statutory bar dates?  
   - N/A  - Yes  - No

B. Fee due dates, whether outsourced or not?  
   - N/A  - Yes  - No

C. Response dates?  
   - N/A  - Yes  - No

7. Does the firm outsource to other entities for:

A. Searches?  
   - N/A  - Yes  - No

B. Payment of Maintenance / Annuity fees?  
   - N/A  - Yes  - No

C. Search common law sources?  
   - N/A  - Yes  - No

D. Performance of PTO searches?  
   - N/A  - Yes  - No

If Yes to A, B, C or D, does the firm:

1. Verify the outsource entity carries professional liability coverage?  
   - Yes  - No

2. Obtain proof of insurance, such as a certificate of insurance?  
   - Yes  - No
Patent box N/A If N/A, no further information is needed in this section.

8. For the types of patent opinions rendered, does the firm disclose the scope and extent of the search conducted that is the basis for the opinion? □ Yes □ No

9. Indicate the percentage of the types of Patent Opinions rendered by the firm.
   A. Patentability _____ %
   B. Infringement _____ %
   C. Validity _____ %

10. Does the firm request written disclosure of specific dates of all printed publications, sales, offers for sale and/or public use of intellectual property from a client, prior to the filing of a patent application? □ N/A □ Yes □ No

11. Does the firm request in writing, from all patent clients, the client’s intent to pursue or not to pursue a foreign patent application? □ N/A □ Yes □ No

12. Does the firm request in writing, from all patent clients, the client’s disclosure of patent applications filed in foreign countries? □ N/A □ Yes □ No

13. Does the firm advise foreign clients of requirements needed to satisfy the establishment of the date of invention for U.S. Patents? □ N/A □ Yes □ No

14. Does the firm disclose in writing to all patent clients, all dates for payment of maintenance

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fees, annual payments or annuities to be paid by the client to keep an application or patent in force?

☐ Yes  ☐ No
15. Does the firm advise the client in writing to mark the patented product with the appropriate patent number?  
   ☐ Yes ☐ No

Trademark ☐ N/A  If N/A, no further information is needed in this section.

16. Does the firm’s docket system advise regarding dates for:

   A. Response to all PTO actions?  ☐ Yes ☐ No

   B. Declaration of use after registration?  ☐ Yes ☐ No

   C. Statement of incontestability after registration?  ☐ Yes ☐ No

   D. Renewal of trademark?  ☐ Yes ☐ No

17. Does the firm advise that the trademark search is not guaranteed against all common law sources?  ☐ Yes ☐ No

RENEWAL CLIENTS WHO HAVE PREVIOUSLY COMPLETED THIS APPLICATION: Please review this application, along with all applicable supplements and attachments, and supply us with updated information. Additionally, if there have been any changes to information appearing on this application and any supplements or attachments, please provide details of those changes in the space below. Failure to report a change could result in being underinsured or uninsured.

☐ No Change
I understand information submitted herein becomes a part of the application and is subject to the same conditions as stated on the Application.

**THIS SUPPLEMENT MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL OF THE FIRM.**

Signed: ____________________________________________  Date: ____________________

Partner, Officer and/or Owner  Title

*The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement that occur after the date of the application and before policy inception.*