

Westport Insurance Corporation

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): | _____ % |

Total must equal 100%

100 %

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%

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 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

. 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.