

PATENT PRACTITIONERS PROFESSIONAL LIABILITY INSURANCE PROGRAM PREMIUM ESTIMATE QUESTIONNAIRE



Complete This Form For A Non-Binding Premium Estimate

QUOTATIONS AND COVERAGE MAY BE ISSUED ONLY UPON ACCEPTANCE OF A FULLY COMPLETED APPLICATION. IF YOU HAVE ANY QUESTIONS, CALL JAMISON INSURANCE GROUP AT (973) 731-0806 OR (800)JAMISON.

1. GENERAL INFORMATION: TO WHICH ATTORNEY IN YOUR FIRM SHOULD INSURANCE MATTERS BE ADDRESSED?

CONTACT NAME _____ FIRM _____
 ADDRESS _____ CITY _____ STATE _____ Zip _____
 TELEPHONE _____ FAX _____

2. STAFF: PLEASE INDICATE, IN THE SPACES BELOW, THE NUMBER OF ATTORNEYS IN YOUR FIRM ACCORDING TO THEIR YEARS WITH YOUR FIRM:

-1 YEAR	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5+ YEARS	PATENT AGENTS	OF COUNSEL	TOTAL #
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. AREAS OF PRACTICE:

WHAT PERCENTAGE OF GROSS BILLING DERIVED FROM EACH OF THE FOLLOWING AREAS OF PRACTICE: (INDICATE % IN WHOLE NUMBERS)

_____ % INTELLECTUAL PROPERTY LITIGATION	_____ % EXPERT TESTIMONY IN IP LITIGATION
_____ % PATENT INFRINGEMENT COUNSELING	_____ % PATENT SEARCHES
_____ % DOMESTIC INTELLECTUAL PROPERTY LICENSING	_____ % OTHER IP WORK INCLUDING, BUT NOT LIMITED TO, TRADEMARK SECRET COUNSELING
_____ % FOREIGN INTELLECTUAL PROPERTY LICENSING	_____ % NON IP - RELATED AOP:
_____ % DOMESTIC PATENT PROSECUTION	_____ % _____
_____ % FOREIGN PATENT PROSECUTION	_____ % _____
_____ % DOMESTIC TRADEMARK AND REGISTRATION AND PROSECUTION	_____ % _____
_____ % FOREIGN TRADEMARK REGISTRATION AND PROSECUTION	_____ % _____
_____ % COPYRIGHT REGISTRATION	
_____ % VALIDITY AND INFRINGEMENT / NON-INFRINGEMENT OPINIONS / COUNSELING	
	_____ TOTAL - MUST EQUAL 100%

3A. TOTAL GROSS BILLINGS: Last Year \$ _____ Current Fiscal Year: \$ _____

4. CLE: HAVE AT LEAST HALF THE ATTORNEYS IN YOUR FIRM HAD SOME TYPE OF CONTINUING LEGAL EDUCATION WITHIN THE LAST YEAR?

YES NO

5. YOUR CLAIMS HISTORY: HAVE YOU HAD OR REPORTED ANY CLAIMS OR INCIDENTS IN THE LAST FIVE YEARS?

YES * NO

*IF YES: ONE TWO THREE OR MORE

DATE CLAIM(S) REPORTED _____
 AMOUNT PAID INCLUDING DEFENSE EXPENSES (IF CLOSED) _____
 RESERVE AMOUNT (IF OPEN): _____
 PLEASE ATTACH ADDITIONAL CLAIMS INFORMATION, IF AVAILABLE

6. YOUR INSURANCE HISTORY:

CURRENT MALPRACTICE INSURER _____
 HOW LONG HAVE YOU BEEN CONTINUOUSLY INSURED? _____
 CURRENT EXPIRATION DATE _____
 CURRENT PREMIUM \$ _____
 CURRENT LIMITS \$ _____ / _____ DEDUCTIBLE \$ _____

(CHECK ONE) PER CLAIM AGGREGATE

7. OUTSIDE INTERESTS: DOES ANY ATTORNEY IN YOUR FIRM SERVE AS DIRECTOR, OFFICER OR EMPLOYEE, OR HAVE EQUITY INTEREST IN ANY CLIENT OF THE FIRM?

YES NO

IF "YES", PLEASE PROVIDE A BRIEF EXPLANATION

8. INTERNAL PROCEDURES: DO YOU HAVE WRITTEN PROCEDURES IN PLACE TO IDENTIFY AND DISCLOSE CONFLICTS OF INTEREST?

YES NO

DO YOU HAVE A DOCKET SYSTEM? YES NO
 IF YES, PLEASE DESCRIBE

FAX THIS CONFIDENTIAL FORM TO (973)-731-3035



20 COMMERCE DRIVE
 SECOND FLOOR
 CRANFORD, NJ 07016
 973-731-0806
 800-JAMISON
 FAX: 973-731-3035

SOLUTIONS...NOT JUST INSURANCE™

PLEASE VISIT OUR WEBSITE AT WWW.JAMISONGROUP.COM