



ERRORS & OMISSIONS PROGRAM

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INTELLECTUAL PROPERTY LAWYERS PROFESSIONAL LIABILITY QUESTIONNAIRE

Please complete the following questionnaire to receive a NON-BINDING INDICATION of the anticipated annual cost of Intellectual Property Lawyers Professional Liability coverage. After reviewing the indication, if you would like to receive a binding quotation, you must submit a full application. Upon review and acceptance of the full application, a quotation will be provided.

- 1. Name of firm: Year Established:
2. Name of Contact: Date form completed: 9/19/2008
3. Principal business address:
4. Current expiration date: Current retrodate: Current Insurer:
Current limits: Current Deductible: Premium:
5. Requested limit of liability: Requested deductible:
6. Total number of Lawyers: This Year: Last Year: Two Years ago:
7. Have you reported any claims or incidents that might lead to claims in the last ten (10) years? If yes, please complete the supplemental claim form on the reverse side.

Table with 2 columns of legal practice areas and percentages. Includes categories like Banking/Savings & Loan, Estate/Trust/Probate, etc. Total 100%.

- 9. Intellectual Property Areas of Practice:
Intellectual Property Litigation %
Domestic Patent and Trademark Prosecution %
Foreign Patent and Trademark Prosecution %
Patent Infringement Counseling %
Domestic Intellectual Property Licensing %

Foreign Intellectual Property Licensing	_____	%
Domestic Trademark and Copyright Registration	_____	%
Foreign Trademark and Copyright Registration	_____	%

9. Total Gross Billings: This Year: _____ Last Year: _____ Two Years: _____

10. Does the firm have a docket system with two independent date controls? _____ Is it computerized? _____

12. Please describe briefly the items entered into the applicant's docket system (e.g. court dates, filing deadlines, maintenance fee due dates, etc.)

13. 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:

11. Does the firm have a conflict of interest system to avoid potentially competing interests? _____

Authorized Signature of Applicant

Title

Date

CLAIM/CIRCUMSTANCE SUPPLEMENT
PROFESSIONAL LIABILITY INSURANCE

1. **THIS FORM IS TO BE COMPLETED IF THE APPLICANT OR ANY LAWYER INCLUDED IN QUESTION 6 IS CURRENTLY OR HAS BEEN INVOLVED IN ANY CLAIM, SUIT OR CIRCUMSTANCE.**
2. **IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTION FULLY, PLEASE USE SEPARATE SHEET. DO NOT ATTACH COPY OF SUMMONS AND COMPLAINT.**

1. Full Name of individual(s) and name of Firm involved in the Claim: _____

2. Full name of Claimant _____

3. Date of alleged error: _____ 4. Date reported to insurance Company _____

5. Which insurance company claim reported to: _____

6. Allegation upon which claimant bases claim:

7. Description of case and events:

8. Present Status of Claim: Open In Suit Closed

(a) Total Damages Paid or Outstanding: \$ _____

(b) If Pending:

 Amount asked for in summons: \$ _____

 Claimant's Settlement demand: \$ _____

 Defendant's offer for settlement \$ _____

9. Explain what action has been taken by the Firm to prevent reoccurrence of the same type of claim:

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

Authorized Signature of Applicant

Title

Date