

**INTELLECTUAL PROPERTY LAWYERS 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 _____
 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)

<input type="checkbox"/> % INTELLECTUAL PROPERTY LITIGATION	<input type="checkbox"/> % EXPERT TESTIMONY IN IP LITIGATION
<input type="checkbox"/> % PATENT INFRINGEMENT COUNSELING	<input type="checkbox"/> % PATENT SEARCHES
<input type="checkbox"/> % DOMESTIC INTELLECTUAL PROPERTY LICENSING	<input type="checkbox"/> % OTHER IP WORK INCLUDING, BUT NOT LIMITED TO, TRADEMARK SECRET COUNSELING
<input type="checkbox"/> % FOREIGN INTELLECTUAL PROPERTY LICENSING	<input type="checkbox"/> % NON IP - RELATED AOP:
<input type="checkbox"/> % DOMESTIC PATENT PROSECUTION	<input type="checkbox"/> % _____
<input type="checkbox"/> % FOREIGN PATENT PROSECUTION	<input type="checkbox"/> % _____
<input type="checkbox"/> % DOMESTIC TRADEMARK AND REGISTRATION AND PROSECUTION	<input type="checkbox"/> % _____
<input type="checkbox"/> % FOREIGN TRADEMARK REGISTRATION AND PROSECUTION	<input type="checkbox"/> % _____
<input type="checkbox"/> % COPYRIGHT REGISTRATION	<input type="checkbox"/> % _____
<input type="checkbox"/> % VALIDITY AND INFRINGEMENT / NON-INFRINGEMENT OPINIONS / COUNSELING	<input type="checkbox"/> % _____
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 (248) 851-1205**



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