



SCOTTSDALE INSURANCE COMPANY®

A Stock Insurance Company, herein called the **Company**

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

APPLICATION FOR INTELLECTUAL PROPERTY LAWYERS PROFESSIONAL LIABILITY INSURANCE

NOTICE: THIS IS AN APPLICATION FOR INSURANCE WRITTEN ON A CLAIMS MADE BASIS. FURTHER NOTE THAT AMOUNTS INCURRED FOR DEFENSE COSTS WILL BE APPLIED AGAINST THE RETENTION AMOUNT. IF A POLICY IS ISSUED, THE APPLICATION WILL BECOME PART OF THE POLICY AS IF PHYSICALLY ATTACHED. THEREFORE, IT IS NECESSARY THAT ALL QUESTIONS BE ANSWERED ACCURATELY AND COMPLETELY.

NOTICE: THE POLICY PROVIDES THAT THE LIMIT OF LIABILITY AVAILABLE TO PAY LOSS WILL BE REDUCED BY AMOUNTS INCURRED FOR DEFENSE COSTS SUBJECT TO ALL APPLICABLE STATE INSURANCE DEPARTMENT REGULATIONS.

General Firm Information

1. Name of Applicant: _____

Individual Partnership P.A. P.C. L.L.C. L.L.P. Other

Please attach sample letterhead. If you have multiple offices, please attach a sample letterhead for each office.

2. Address of Principal Office:

Street: _____

City: _____ State: _____ Zip Code: _____ County: _____

Telephone Number: _____ Facsimile: _____

Website Address: _____

3. Contact Person:

Name: _____

Telephone Number: _____ Facsimile: _____

E-mail address: _____

4. Branch office address(es) and dates of establishment (use separate addendum if necessary). **Please also complete the Branch Office and Affiliate Supplement.**

5. Date Firm was founded: _____

List the names of all predecessor firms of Applicant.

Name only those firms where the Applicant is a majority successor to the former firm's assets and liabilities. **Please use separate addendum if necessary.**

Name of Predecessor Firm	Dates of Existence From/To	Number of Lawyers Acquired

7. Are there any material pending changes in the organization of the Applicant including but not limited to merger, acquisition combination or other restructuring? Yes No
If yes, please provide full particulars in a separate addendum.

Attorneys and Staff

8. Total number of attorneys in the principal office and branch(es), if any, (excluding attorneys engaged as independent contractors or on a per diem basis):

This year: _____ (as of _____) Last year: _____

Please complete the Supplemental Lawyers Information Form (located at the end of this application) listing each attorney to be insured.

9. Current Number of:

Partners/shareholders/owners: _____

Associates/employed lawyers: _____

Of Counsel/counsel who are expected to bill more than 1,200 hours: _____

Independent Contractors who are expected to bill more than 1,200 hours: _____

Patent Agents: _____

10. Current Number of:

Paralegals: _____

Clerical staff: _____

Other (please describe): _____

Insurance History

11. Current policy expiration date: _____

12. What is the inception date of your earliest "claims made" policy maintained without interruption? _____

13. Please list all primary and excess (if applicable) lawyers professional liability insurance policies carried by the Applicant for the past five years:

POLICY PERIOD From: To: Mo/Day/Yr Mo/Day/Yr	Insurance Company	Limits of Liability Per Claim/Agg	Deductible	Annual Premium	No. of Attorneys Covered
to			\$	\$	
to			\$	\$	
to			\$	\$	
to			\$	\$	
to			\$	\$	

14. Does your current policy have a prior acts exclusion (retroactive) date? Yes No

If yes, please provide date: _____

15. Has any of the Applicant's professional liability insurance been canceled or nonrenewed during the last five years? (not applicable to Missouri Applicants) Yes No

If yes, please provide details in a separate addendum.

16. Does your current policy have any other type of endorsements that exclude or modify coverage?..... Yes No

If yes, please attach a copy of each endorsement.

17. Has **your** firm, or anyone representing **your** firm, ever been involved in any class action or mass tort cases? Yes No

If "Yes," please provide full details of the case, number of plaintiffs, current status, and final resolution.

18. Has your firm, or anyone representing your firm, ever provided investment advice to a client?..... Yes No

19. Please provide limits of liability and deductible options requested:

LIMITS OF LIABILITY:	DEDUCTIBLE:
Per Claim/Aggregate	
<input type="checkbox"/> \$ 250,000/\$500,000	<input type="checkbox"/> \$ 5,000
<input type="checkbox"/> \$ 500,000/\$500,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$ 500,000/\$1,000,000	<input type="checkbox"/> \$15,000
<input type="checkbox"/> \$1,000,000/\$1,000,000	<input type="checkbox"/> \$25,000

*Minimum deductible will apply based upon size of firm, areas of practice, and prior loss history

20. Does the Applicant request title agent coverage? Yes No

If yes, please complete the Title Agent Supplement.

Breakdown of Intellectual Property Practice

21. Indicate the percentage of gross income for the past fiscal year derived from the following areas of practice.

Area of Practice	Percent	Area of Practice	Percent
Intellectual Property Litigation:	%	Domestic Trademark Registration and Prosecution:	%
Patent Infringement Consultation:	%	Copyright Registration:	%
Domestic Intellectual Property Licensing:	%	Validity & Infringement/Non-Infringement Opinions:	%
Foreign Intellectual Property Licensing:	%	Expert Testimony in Intellectual Property Litigation:	%
Domestic Patent Prosecution:	%	Patent Searches:	%
Foreign Patent Prosecution:	%	*Other Intellectual Property Services:	%
		Total as a percentage of all legal services:	%

*Describe: _____

Please complete BREAKDOWN OF NON-INTELLECTUAL PROPERTY PRACTICE below to provide percent-age of Total Gross Billings derived from all areas of practice other than Intellectual Property related legal services.

Industry Areas of Specialization

22. Indicate the percentage of clients with Intellectual Property in the following industries:

Specialization	Percent
Aerospace/Aviation:	%
Chemical:	%
Electronics/Computers/Semiconductors/Software:	%
Mechanical/Engineering/Other Heavy Industry:	%
Pharmaceuticals/Medical/Biotechnology:	%

Does the Applicant represent any client with annual sale in excess of \$100 million? Yes No

If yes, please provide details of such clients and years represented.

Breakdown of Non-Intellectual Property Practice

23. Indicate the percentage of gross income for the past fiscal year derived from the following areas of practice.

Area of Practice	Percent	Area of Practice	Percent
Admiralty/Maritime	%	Litigation:	
Antitrust/Trade Regulation	%	*Commercial	%
Arbitration/Mediation	%	*Insurance Defense	%
*Banking/Financial Institutions	%	*Personal Injury Plaintiff	%
Bankruptcy	%	Personal Injury Defense	%
Collections/Repossessions	%	*Oil & Gas	%
Commercial Transactions		Pension and Employee Benefits	%
Corporate Law:		*Real Estate:	
Formation/Alteration	%	Commercial	%
Mergers/Acquisitions	%	Residential	%
Criminal Law	%	Land Use/Zoning	%
Domestic Relations	%	Title Examinations	%
*Entertainment/Sports	%	*Securities	%
*Environmental Law	%	Tax:	
Estate/Trust/Probate	%	Opinions	%
Government/Municipal (other than bond work)	%	Preparation of Tax Returns	%
**International Law	%	Workers' Compensation:	
Labor Relations:		Plaintiff	%
Labor Representation	%	Defense	%
Management Representation	%	**Other legal services:	%
Intellectual Property Services (from Question 21)	%	Total (Must Equal 100%)	100%

*Supplemental application must be completed.

**Describe: _____

24. Approximately what percentage of total practice in Question 21. above consists of defense work? _____%

25. According to gross billings, please list the five largest clients of the Applicant. If confidentiality is required, please describe only the nature of business and legal services provided.

Name of Client	Nature of Client's Business	Legal Services Provided

26. Has your firm, or anyone in your firm, in the past five years, ever represented issuers, underwriters, or affiliates thereof with respect to the issuance, offering or sale of securities or bonds? Yes No

If yes, please complete the Securities Supplement.

27. Has your firm, or anyone ever affiliated with your firm, provided legal services for any Financial Institution during the last five years?..... Yes No

If yes, please complete the Financial Institution Supplement.

Patent Searches

28. Is it the policy and practice of the Applicant that all patent searches are subject to an engagement letter? Yes No

29. Does the patent search engagement letter set out the nature, scope of limitations of the patent search? Yes No

30. Does the Applicant engage the services of a third party to undertake patent searches**? Yes No
 **Describe: _____

31. Is it the policy and practice of the Applicant that the results of all patent searches are detailed in a formal written opinion letter?..... Yes No

32. Does the formal written opinion letter sets out the nature, scope of limitations of the patent search? Yes No

Maintenance Fee Payments

33. Is the Applicant's responsibility for payment of maintenance fees, taxes or annuities detailed in an engagement letter? Yes No

If "No," please provide details in a separate addendum.

34. If a client is responsible for payment of maintenance fees, taxes or annuities, are written notices sent to the client at least ninety (90) days in advance of the due date? Yes No

If "No," please provide details in a separate addendum.

Foreign Patent Filings

35. Does the Applicant have a separate foreign patent, trademark and copyright department?..... Yes No

36. If the response to Question 35. above is "Yes," does the department have an independent docket control system? Yes No

37. Describe the extent of foreign patent work performed by:

The Applicant: _____

Associate Counsel: _____

Patent Agents

38. Describe the services performed by Patent Agents on behalf of the Applicant: _____

39. Provide details of Patent Agents, including hours worked:

Name of Patent Agent	Hours	Name of Patent Agent	Hours

40. Describe the Applicant's procedures for supervising Patent Agents: _____

Paralegals

41. Describe the services performed by Paralegals with respect to preparing trademark or copyright applications, or maintaining trademark registrations.

Independent Contractors

42. Does the Applicant retain attorneys on an Independent Contractor basis to provide legal services to the Applicant clients?..... Yes No

43. If the response to Question 42. above is "Yes":

a. Does the Applicant require that all Independent Contractor services be performed on the Applicant's letterhead? Yes No

b. Is the Applicant exclusively responsible for billing the Applicant's client for services performed by Independent Contractor? Yes No

c. Does the Applicant require that all Independent Contractors carry professional liability insurance and provides evidence of such coverage prior to being retained? Yes No

44. If the response to Question 42. above is "Yes," explain the reasons for retaining an Independent Contractor to provide legal services to a client of the Applicant:

45. If the response to Question 42. above is "Yes," provide details of each Independent Contractor retained by the Applicant during the past twenty-four (24) months:

Name of Independent Contractor	Hours	Insurance Verified
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note: Coverage for which the Applicant is applying does not extend to include Independent Contractors, unless specifically agreed by the insurer and evidence by the issue of an endorsement. A supplementary application must be completed for this additional coverage.

Billings

46. List the firm's gross receipts for the past twenty-four (24) months:
 Last twelve (12) months: _____ Prior twelve (12) months: _____
47. Does the Applicant, or any partner, shareholder, member, associate or employee of the Applicant accept royalties or equity in a client's corporation as payment or partial payment for services? Yes No
48. If the response to Question 47. above is "Yes," what is the estimate of the proportion of the Applicant's billing in respect to such non-fee payment for services? _____

Risk Management

49. Does the Applicant employ a firm administrator? Yes No
50. Is the firm managed by a committee that meets on a regularly scheduled basis? Yes No
51. Does the firm have written risk management procedures? Yes No
52. Does the Applicant use a formal system to evaluate the performance of all practicing lawyers? Yes No
53. Does the Applicant use a formal system to evaluate the performance of all staff? Yes No
54. How many suits against your clients for recovery of attorney's fees have you filed in the last two years? _____
55. How many of these suits have been resolved? _____
56. What percentage of the Applicant's billings are ninety (90) days or more overdue? _____ %
57. Are new clients and new matters approved by a committee or by a partner in the firm? Yes No

If no, please explain on a separate addendum.

58. Are engagement letters or retainer agreements, which establish the scope of the Applicant's representation, required to be sent on all new client engagements? Yes No

If no, please explain: _____

59. Are billing arrangements, if any, explained in writing to the client at the outset of Applicant's representation? Yes No

If no, please explain: _____

60. Are non-engagement letters required to be used when declining representation?..... Yes No
If no, please explain: _____

61. Are disengagement letters or termination letters required to be used upon terminating or completing the legal representation? Yes No
62. Does the Applicant share any of the following with other attorneys or law firms? (**Use separate attachment if necessary.**) Yes No
 Office Space: Yes No
If yes, name of office sharing attorney(s) or firm(s): _____
 Cases:..... Yes No
If yes, please describe case sharing arrangement on separate addendum.
 Letterhead:..... Yes No
If yes, please explain relationship on separate addendum and provide sample letterhead.
63. Which of the following are incorporated in the Applicant's docket control system? (check all that apply)
 Calendar Master Listing Tickler File Pocket Diary Computerized System
 Other: _____
64. Does the control system include? (check all that apply)
 Litigated items Non-litigated items Statute of limitations Dates of long-term matters
 Other: _____
65. How frequently are deadlines cross-checked? (check all that apply)
 Daily Weekly Monthly
 Other: _____
66. How does the Applicant maintain its conflict of interest system? (check all that apply)
 Oral/memory Index File Computer Conflict Committee
 Other: _____
67. Indicate the items captured by this system. (Check all that apply)
 Client Name Client Principals Client Subsidiaries Opposing Party Opposing Counsel
68. Are potential conflicts referred to an independent conflict committee? Yes No
69. Describe how the Applicant resolves potential and actual conflicts (attach separate addendum if necessary):

70. After matters have been opened, what steps does the Applicant take to supplement conflict of interest searches regarding new parties?

71. Are any of the Applicant's lawyers a director or officer of, a partner in, holding equity interests in, or an employee of a business entity other than the Applicant? Yes No
If yes, please complete the Outside Interest Supplement.

Claims History

72. Has any attorney of the Applicant firm ever been refused admission to practice, disbarred, suspended, reprimanded, sanctioned or held in contempt by any court, administrative agency, or regulatory body? .. Yes No

If yes, how many? _____

If yes, please provide details on a separate addendum.

73. Has any attorney of Applicant had a disciplinary complaint made to any court, administrative agency or regulatory body in the past five years?..... Yes No

If yes, how many? _____

If yes, please complete a Claim Supplement for each disciplinary complaint.

74. Has any professional liability claim or suit been made against any attorney of Applicant or any previous member of your current firm or predecessor firm within the last five years?..... Yes No

If yes, how many? _____

If yes, please complete a Claim Supplement for each claim/incident.

75. Does any attorney of Applicant know of any incident, circumstances, acts, errors, omissions, or personal injuries that could result in a professional liability claim against any attorney of the firm or its predecessors irrespective of the actual validity of such claim? Yes No

If yes, how many? _____

If yes, please complete a Claim Supplement for each incident.

76. Have all of the matters indicated above been reported to the Applicant’s appropriate professional liability carrier(s)? Yes No

If no, please explain on a separate addendum.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **(Not applicable to Oregon).**

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any in-surer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

REPRESENTATION: It is represented to **us**, that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should **we** evidence its acceptance of this application by issuance of a policy. The undersigned hereby authorize the release of claim information from any prior insurer to **us**.

The program manager is authorized to make any inquiry in connection with this application. The program manager's acceptance of this application or the making of any subsequent inquiry does not bind **us** to complete the insurance or issue a policy or obligate the applicant to purchase the insurance.

Except to such extent as may be provided otherwise in the policy, the policy for which application is being made is limited for **ONLY THOSE CLAIMS FIRST MADE AGAINST YOU** while the policy is in force.

If the information in this application materially changes prior to the effective date of the policy, the applicant will immediately notify **us** and **we** may modify or withdraw any quotation or agreement to bind insurance.

I agree that signing this form will permit the program manager or their agents to use emails to communicate directly to the party identified in Item 1. of this application, and/or their designees.

Signature of Applicant* Date

Print Name Title (must be signed by managing partner or managing executive of Firm)

*SIGNING THIS FORM DOES NOT BIND **YOU** OR **US** TO COMPLETE THE INSURANCE.

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

