



SCOTTSDALE INSURANCE COMPANY®

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

Home Office:

One Nationwide Plaza • Columbus, Ohio 43214

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

**RENEWAL APPLICATION FOR INTELLECTUAL PROPERTY
LAWYERS PROFESSIONAL LIABILITY INSURANCE**

NOTICE: THIS IS AN APPLICATION FOR CLAIMS MADE AND REPORTED POLICY. THE POLICY COVERS ONLY CLAIMS FIRST MADE DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, AND OTHERWISE COVERED BY THIS INSURANCE.

Please fully answer all questions in ink. Complete all sections, including the appropriate supplements. If space is inadequate to answer all questions in full, please provide details on a supplemental sheet of paper.

Throughout this application the words “**you**” and “**your**” refer to the applicant herein and any subsidiary, partner, officer, director, member, covered independent contractor or employee of the applicant. The words “**we**,” “**us**” and “**our**,” refer to the insurance company to which this application is made.

PLEASE ENSURE THAT THE APPROPRIATE SUPPLEMENTS ARE COMPLETED AND ATTACHED.

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: _____
Contact Person: _____ E-mail: _____

- 3. Have you added any Branch Offices since your last application? Yes No
If “Yes,” please complete the Branch Office and Affiliate Supplement.

- 4. Are there any material pending changes to **your** organization including but not limited to merger, acquisition combination or other restructuring? Yes No
If “Yes,” please provide details in a separate addendum.

Attorneys and Staff

- 5. 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 New Attorney Supplement for all newly added attorneys not disclosed on your previous year application.

6. List all attorneys that are to be considered as insured individuals under the policy. If sole practitioner, please list yourself:

| Name of Each Attorney | Position (P, A, OC, IC) | Date of Hire (Month/Year) | Year Admitted to the Bar | Member of following Bar Associations | If Part-Time Average weekly hours worked on behalf of the firm |
|-----------------------|-------------------------------|------------------------------|-----------------------------------|--------------------------------------------|----------------------------------------------------------------------------|
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(P: Partner, A: Associate, OC: Of Counsel, IC: Independent Contractor)

If more than ten (10) attorneys, attach additional sheet(s).

Total Number of Attorneys: _____

Breakdown of Practice

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

| Area of Practice | Percent |
|------------------------------------------------------|---------|
| Intellectual Property Litigation | % |
| Patent Infringement Consultation | % |
| Domestic Intellectual Property Licensing | % |
| Foreign Intellectual Property Licensing | % |
| Domestic Patent Prosecution | % |
| Foreign Patent Prosecution | % |
| Domestic Trademark Registration and Prosecution | % |
| Copyright Registration | % |
| Expert Testimony in Intellectual Property Litigation | % |
| Patent Searches | % |
| Other Intellectual Property Services ^[2] | % |
| Validity & Infringement/Non-Infringement Opinions | % |
| Total | % |

| Area of Practice | Percent |
|--------------------------------------------------|---------|
| Entertainment/Sports ^[1] | % |
| Environmental ^[1] | % |
| Estate, Trust, Probate, and Wills ^[1] | % |
| Government/Municipal (Not bonds) | % |
| Immigration and Naturalization | % |
| Insurance Defense ^[1] | % |
| International/Foreign Law ^[2] | % |
| Juvenile/Guardianship | % |
| Labor—Labor Representation | % |
| Labor—Management Representation | % |
| Mergers/Acquisitions | % |
| Oil, Gas or Mining ^[1] | % |
| Other (explain) ^[2] | % |
| Pension & Employee Benefits | % |
| Personal BI/PD Plaintiff ^[1] | % |
| Personal BI/PD Defense | % |

| Area of Practice | Percent |
|------------------------------------------------|----------|
| Arbitration/Mediation | % |
| Administrative Law | % |
| Admiralty/Maritime | % |
| Anti-Trust/Trade Regulation | % |
| Banking/Financial Institutions ^[1] | % |
| Bankruptcy ^[1] | % |
| Class Action/Mass Tort Law | % |
| Collection/Repossessions ^[1] | % |
| Commercial Litigation—Defense ^[1] | % |
| Commercial Litigation—Plaintiff ^[1] | % |
| Commercial Transactions | % |
| Corporation Formation/Alteration | % |
| Criminal Law | % |
| Domestic Relations | |
| Assets under \$1,000,000 | % |
| Assets \$1,000,000 to \$5,000,000 | % |
| Assets more than \$5,000,000 | % |
| Total | % |

| Area of Practice | Percent |
|----------------------------------------------|----------|
| Real Estate—Commercial | % |
| Real Estate—HOA/COA Representation | % |
| Real Estate—Land Use/Zoning ^[1] | % |
| Real Estate—Loan Modification | % |
| Real Estate—Residential ^[1] | % |
| Real Estate—Title Examination ^[1] | % |
| Securities ^[1] | |
| Private Placements | % |
| Public | % |
| Tax—Opinions | % |
| Tax—Preparation of Returns | % |
| Worker’s Compensation—Plaintiff | % |
| Worker’s Compensation—Defense | % |
| Total | % |

| | |
|--------------------------------------------------|----------|
| Total of all areas of practice must equal | % |
|--------------------------------------------------|----------|

^[1] Supplemental application must be completed.

^[2] Describe: _____

Billings

- 8. List **your** gross billings for the past twelve (12) months: _____
- 9. According to gross billings, please list the five largest current clients for **your** firm in the past twelve (12) months. 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 | Percent Revenue Derived from Client over Past 12 Months |
|----------------|-----------------------------|-------------------------|---------------------------------------------------------|
| | | | % |
| | | | % |
| | | | % |
| | | | % |
| | | | % |

- 10. 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.
- 11. 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.

12. 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.

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

Independent Contractors

14. Have **you** utilized any new attorneys on an Independent Contractor basis since **your** last application? .. Yes No

If the response is “Yes,” please provide information below.

| Name of Independent Contractor | Hours (Per Week) | 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 |

Please note: Coverage for which the Applicant is applying does not extend to include Independent Contractors, unless specifically agreed by the Insurer and evidenced by the issue of an endorsement.

Other Activities

15. Since **your** last application have **you** engaged in any of the following? N/A

| Type of Practice | Percent of Practice Devoted to Each | Professional Liability Insurance Company Providing You Separate Coverage | Expiration Date (Mo./Day/Yr.) |
|-----------------------------|-------------------------------------|--------------------------------------------------------------------------|-------------------------------|
| Accountant | % | | |
| Real Estate Agent or Broker | % | | |
| Title Abstractor/Searcher | % | | |
| Title Agent | % | | |

16. Since **your** last application have any of **you** accepted a position as a director, officer, trustee or partner for any business enterprise other than the applicant named in Item 1. of this application?..... Yes No

If “Yes,” please complete the Outside Interest Supplement.

Risk Management

17. Have **you** changed **your** firm administrator since **your** last application? Yes No

18. Have **you** adopted or made changes to **your** firm’s written risk management procedures since **your** last application?..... Yes No

19. Have **you** adopted or made changes to **your** firm’s standard letters such as engagement letters, disengagement letters, retainer agreements, etc. since **your** last application?..... Yes No

20. Have **you** adopted or made changes to **your** firm’s conflict of interest screening procedures since **your** last application? Yes No

21. Do you use a formal system to evaluate the performance of all non-attorney employees? Yes No

22. Have **you** filed any suits against **your** clients to collect fees since **your** last application?..... Yes No

23. Have **you** changed **your** back-up attorney since **your** last application?..... Yes No

24. Have **you** shared office space, cases or letterhead with any new law firm since **your** last application? Yes No

If the response is “Yes” to any of the above please provide details on a separate addendum.

Claims History

25. Since **your** last application have any of **you** 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.

26. Since **your** last application have any of you had a disciplinary complaint made to any court, administrative agency or regulatory body in the past year? Yes No

If “Yes,” how many? _____

If “Yes,” please complete a Claim Supplement for each disciplinary complaint.

27. Has any professional liability claim or suit been made against **you** or anyone in **your** firm since **your** last application?..... Yes No

If “Yes,” how many? _____

If “Yes,” please complete a Claim Supplement for each claim/incident.

28. Are **you** or anyone in **your** firm aware 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.

Desired Limits

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

As expiring, OR

| LIMITS OF LIABILITY: | DEDUCTIBLE: |
|--------------------------------------------|-------------|
| Per Claim/Aggregate \$ _____ / \$ _____ | \$ _____ |

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

Representations and Signature

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.

