



Kinsale Insurance Company
 P. O. Box 17008
 Richmond, VA 23226
 (804) 289-1300
www.kinsaleins.com

**INTELLECTUAL PROPERTY
 PROFESSIONAL LIABILITY SUPPLEMENTAL APPLICATION**
 (To be included with Lawyers Professional Liability Application)

APPLICANT'S INFORMATION

- Please identify the number of a) attorneys and b) patent agents who are representing client interests before the Patent and Trademark Office.
 a) Attorneys _____
 b) Patent Agents _____

For each patent attorney and patent agent in the firm, how many years of experience does that person have practicing in intellectual property law? _____

If less than five years experience, is that attorney working under a senior partner who is responsible for the quality of their work? Yes No

- Please describe in detail the procedures in place for the docketing of patent/trademark/copyright deadlines:

- Does your firm assume responsibility for the payment of maintenance fees for any of your clients? Yes No

If "YES", please advise approximately how many clients you perform this function for and describe the system utilized to track the renewal and ensure timely payment: _____

- (a) Does your firm employ the services of other companies to perform searches relating to your clients? Yes No

If "YES", please describe the steps taken to ensure an accurate search. _____

- (b) **If "YES", what limits of Errors and Omissions Insurance are required of these other companies? If none, please check box.** None _____

- Does your firm use engagement letters, fee agreements and termination letters on all intellectual property clients? Yes No

If "NO", please explain the circumstances in which engagement letters are and are not used: _____



6. Does your firm expressly prohibit the acceptance of equity or other financial interest in a client's product or invention in exchange for legal services? Yes No

If "NO", please explain the procedure or criteria for allowing the above: _____

7. What major industries or type of products comprise the firm's client base (note percentages)? Please choose from the following and advise of any others not listed:

- Aerospace _____%
 - Biotechnology _____%
 - Pharmaceutical _____%
 - Chemical _____%
 - Industrial Mfg. _____%
 - Computer/Software _____%
 - Other (please describe) _____%
- Total = 100%**

8. Please indicate the percentage of clients in the past year which fall into the following categories:

- (a) Companies with sales exceeding \$50 million _____%
 - Companies with sales between \$25 million and \$50 million _____%
 - Companies with sales of up to \$25 million _____%
 - Other (please describe) _____%
- Total = 100%**

- (b) Publicly held companies _____%
 - Privately held companies _____%
 - Non-Profit Organizations _____%
 - Partnerships and/or closely held companies _____%
 - Individual Inventors _____%
 - Other (please describe) _____%
- Total = 100%**

9. Please provide a breakdown by billable hours of the types of services rendered in the past year from the following categories:

- Domestic & Foreign Searches _____%
 - Domestic Patent Litigation _____%
 - Foreign Patent Litigation _____%
 - Domestic Patent Prosecution/Registration _____%
 - Foreign Patent Prosecution/Registration _____%
 - Domestic Intellectual Property Licensing/Contracts _____%
 - Foreign Intellectual Property Licensing/Contracts _____%
 - Trademark/Copyright _____%
 - Other (please describe) _____%
- Total = 100%**

10. When performing legal services for a client relating to a foreign country does the firm associate with a firm in that foreign country to represent your client's interest abroad? Yes No

If "YES", what guidelines govern your selection of a foreign firm, and how do you monitor and ensure that deadlines are met, etc.? _____



11. Do you require that the firm's clients acknowledge in writing the specific territories and countries in which the intellectual property filing is to be made? Yes No

If "NO, please explain: _____

12. Please indicate an estimate of the length of client affiliation for the firm's intellectual property clients from the following categories:

Three years and longer	_____	%
One to Three years	_____	%
Six Months to One Year	_____	%
Less than Six Months	_____	%
Total = 100%		

FRAUD WARNING

NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS: In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: 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 insurance company files a statement of claim containing any false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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 denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO 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 civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an 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 a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

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

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company, or other person, files an application for insurance or statement of a 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 the person to criminal and civil penalties.

NOTICE TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts. The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance. All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part of this application.

Applicant: _____ Title: _____
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: _____ Date: _____

Agent/Broker Name: _____

