

1. Name of Insured:

2. Firm Name:

3. Provide a description of your intellectual property work:

4. Please indicate the number of years of experience you have in intellectual property work, describe any education or additional professional qualifications you have in this area:

5.a. Please indicate percentage of your time devoted to each area of practice below:

		%			%
	Intellectual Property Litigation			Trademark Registration/Licensing	
	Patent Opinions			Patent Searches and Filings	
	Domestic Patent Prosecution			Patent Infringement Consultation	
	Foreign Patent Prosecution			Other: (describe):	

5.b. Please indicate percentage of your time devoted to each client type below:

	Artists			Industrial	
	Biotechnical			Mechanical	
	Chemical			Musicians/Composers	
	Information Technology			Pharmaceutical	
	Electric			Publishing	
	Entertainment			Other:	

 6. Is the calendar or docketing system you use designed specifically for IP matters? Yes No

 7. Does the calendar or docketing system you use employ more than one control? Yes No

 8. Do you advise your clients of all deadlines and time limitations? Yes No

 9. Do you ever represent your above clients in other personal or business matters? Yes No

10. Do you engage the services of third parties to carry out patent searches? If yes, explain:

I represent that the statements above are true and complete to the best of my knowledge, that I have not suppressed or misstated any facts and I understand that this supplement becomes a part of my application.

Signature of Applicant

Date