

# Carolina Casualty Insurance Company

4600 Touchton Road East, Building 100, Suite 400, Jacksonville, FL 32246

## Copyright / Patent / Trademark Supplemental Form

### Lawyers' Professional Liability Insurance

#### CLAIMS MADE WARNING FOR APPLICATION

**THIS PROPOSAL FORM IS FOR A CLAIMS MADE AND REPORTED POLICY, RELATING TO CLAIMS MADE AGAINST THE INSURED DURING THE POLICY PERIOD, THE AUTOMATIC EXTENDED REPORTING PERIOD OR THE PURCHASED EXTENDED REPORTING PERIOD, IF APPLICABLE.**

1. Name of Applicant Firm

#### APPLICANT FIRM'S INSTRUCTIONS

**IF SPACE IS INSUFFICIENT TO ANSWER ANY QUESTIONS FULLY, PROVIDE SEPARATE ATTACHMENTS.**

2. Copyright / Patent / Trademark Experience

Name of Each Attorney Who Performs Copyright / Patent / Trademark Work	Number of Years Copyright / Patent / Trademark Experience	Percentage of Time Devoted to Specialization

3. Of the percentage of copyright / patent / trademark activity listed in the "Area of Practice" section of the Proposal Form, what portion is derived from:

- |  |         |
|--|---------|
| (a) Intellectual Property Litigation   | _____ % |
| (b) Patent Infringement Counseling     | _____ % |
| (c) Domestic Patent Prosecution        | _____ % |
| (d) Foreign Patent Prosecution         | _____ % |
| (e) Trademark Registration / Licensing | _____ % |
| (f) Copyright Registration / Licensing | _____ % |
| (g) Patent Searches                    | _____ % |

**THIS FIGURE MUST MATCH THE TOTAL PERCENTAGE LISTED IN THE "AREA OF PRACTICE" SECTION, COPYRIGHT / PATENT / TRADEMARK, OF THE PROPOSAL FORM.**

<b>TOTAL</b>	_____ %
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4. Does the Applicant Firm maintain a planned docket control system and procedure with at least 2 independent date controls?  Yes  No
5. Does the planned docket control system(s) and the procedure require lawyers to both calendar and remove from the calendar all filing dates?  Yes  No
6. Does the Applicant Firm refer or share cases with any other individual, of counsel, partnership, firm, or organization?  Yes  No
- (a) Does the Applicant Firm require the entity(ies) to carry Professional Liability Insurance?  Yes  No
- (b) Does the Applicant Firm require proof of insurance, such as a certificate of insurance from the entity(ies)?  Yes  No

#### Copyright Activity

7. Does the Applicant Firm's planned docket system include dates for:
- (a) Copyright renewal filings?  Yes  No
- (b) Responses to an Office Action?  Yes  No
- (c) Infringement action filing?  Yes  No
8. What is the Applicant Firm's standard time frame for applying for copyright registration on behalf of their client, once instructed to do so by the client? \_\_\_\_\_
9. Does the Applicant Firm have a procedure requiring documentation of all transfers of copyright ownership?  Yes  No
- If "Yes", is this in writing?  Yes  No

#### Patent Activity

10. Indicate the percentage of the types of patent opinions rendered by the Applicant Firm:

## Carolina Casualty Insurance Company

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- |                   |   |
|-------------------|---|
| (a) Infringement  | % |
| (b) Patentability | % |
| (c) Validity      | % |
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11. Does the Applicant Firm disclose to the client, the scope and extent of search conducted which is the basis for the opinion?  
If "Yes", is this in writing?  Yes  No
12. Does the Applicant firm guarantee patent searches rendered by the firm?  Yes  No
13. Does the Applicant Firm require disclosure of specific dates of all printed publications, sales, offers for sale and/or public use of intellectual property from a client, prior to filing of a patent application?  
If "Yes", is this in writing?  Yes  No
14. Does the Applicant Firm require the client's intent to pursue or not to pursue a foreign patent application?  
If "Yes", is this in writing?  Yes  No
15. Does the Applicant Firm require the client's disclosure of patent applications filed in foreign countries?  
If "Yes", is this in writing?  Yes  No
16. Does the Applicant Firm advise foreign clients of requirements needed to satisfy the establishment of the date of invention for US Patents?  Yes  No
17. Does the Applicant Firm disclose to clients, all dates for payment of maintenance fees, annual payments or annuities to be paid by the client to keep an application or patent in force?  
If "Yes", is this in writing?  Yes  No
18. Does the Applicant Firm advise the client to mark the patented product with the appropriate patent number?  
If "Yes", is this in writing?  Yes  No
19. Does the Applicant Firm disclose to the client, the patent applications and strategies taken or to be taken with respect to the GATT Implementation Legislation of June 8, 1995?  
If "Yes", is this in writing?  Yes  No

### Trademark Activity

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20. Does the Applicant Firms planned docket system include dates for:
- (a) Responses to all PTO actions?  Yes  No
  - (b) Declaration of use after registration?  Yes  No
  - (c) Statement of incontestability after registration?  Yes  No
  - (d) Renewal of Trademark?  Yes  No
21. Does the Applicant Firm:
- (a) Perform a search of PTO records for trademarks?  Yes  No
  - (b) Search common law sources for existing trademarks?  Yes  No
  - (c) Refer responsibility for the trademark searches to other law firms?  Yes  No
22. Does the Applicant Firm advise clients that the trademark search is not guaranteed against all common law sources?  
If "Yes", is this in writing?  Yes  No
23. Does the Applicant Firm have a procedure requiring all transfers of trademark ownership to be full documented?  
If "Yes", is this in writing?  Yes  No
24. Does the Applicant Firm have a procedure requiring all trademark assignments to be recorded with the PTO?  
If "Yes", is this in writing?  Yes  No
25. Does the Applicant Firm advise clients of the use of proper trademark notice?  
If "Yes", is this in writing?  Yes  No

## Carolina Casualty Insurance Company

I understand that the information submitted herein becomes a part of the Applicant Firm's Lawyers' Professional Liability Proposal Form and is subject to the same representations and conditions.

	Title:
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Signature of Partner, Owner, Officer or Principal

	Dated:
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Print Name

Please submit this Proposal Form including appropriate documentation to:  
Monitor Liability Managers, Inc., 2850 West Golf Road, Suite 800, Rolling Meadows, IL 60008-4039

	Dated:
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Submitted by (PRODUCER)

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AGENT'S NAME (Please Print Name Here)

AGENT'S LICENSE NUMBER

**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.**

**NOTICE TO NEW YORK APPLICANTS: 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 A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.**

**NOTICE TO NEW MEXICO, 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 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.**

**NOTICE TO APPLICANTS OF KENTUCKY: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A CRIME AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

**NOTICE TO APPLICANTS OF FLORIDA, MINNESOTA, NEW JERSEY, OHIO, AND OKLAHOMA: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUDS OR DECEIVES ANY INSURER OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, IS GUILTY OF A FELONY AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.**

**NOTICE TO DISTRICT OF COLUMBIA, MASSACHUSETTS, TENNESSEE, AND 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.**

**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 INCLUDE IMPRISONMENT, FINES OR DENIAL OF INSURANCE BENEFITS.**