

Welcome to the Ahern Insurance Brokerage eForms.

After completing this application please follow these simple instructions:

- 1) Click "Save Application," navigate to your desktop and save a copy of the completed application
- 2) Print & sign the application
- 3) To expedite the application process, email or fax a copy of the completed application to AIB

Fax: (858) 571-9010

Email: Info@AhernInsurance.com

- 4) Please mail the original to:

Ahern Insurance Brokerage
9655 Granite Ridge Drive
Suite 500
San Diego, CA 92123

For additional support you can email techsupport@aherninsurance.com or consult the help file at: <http://www.aherninsurance.com/applications/help.htm>

IMPORTANT!

Once you have filled out your application completely, you must **PRINT, SIGN AND MAIL THE ORIGINAL**

INTELLECTUAL PROPERTY SUPPLEMENT

1. Please provide a breakdown of the firm's practice based on gross billable income by showing the percentages for each of the following:

- | | | | |
|-------------------------------------|--------|---|--------|
| a. Domestic Patent Prosecution | _____% | e. Patent Infringement | _____% |
| b. Foreign Patent Prosecution | _____% | f. Trademark/Copyright Registration & Licensing | _____% |
| c. Intellectual Property Litigation | _____% | g. Other (Describe)_____ | _____% |
| d. Patent Filings and Searches | _____% | | |

2. Industry Areas. Please provide a breakdown of the firm's practice by showing the percentages based on gross billable income derived from intellectual property matters within the following industries:

- | | | | |
|-----------------|--------|--------------------------|--------|
| a. Biotechnical | _____% | e. Industrial | _____% |
| b. Chemical | _____% | f. Mechanical | _____% |
| c. Computer | _____% | g. Pharmaceutical | _____% |
| d. Electric | _____% | h. Other (Describe)_____ | _____% |

3. Please list the three largest intellectual property clients of the firm based on the annual billings.

Name	Type of Business	Work Performed	Annual Billings
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

4. Provide the percentage breakdown of the firm's clients by size (estimate).

Fortune 500 _____% Mid-Sized Companies _____% Small Companies/Entrepreneurs _____%

5. a. When undertaking a patent search, does the firm require the use of an engagement letter which details the nature, scope, and limitations of a proposed patent search?..... Yes No
- b. When an engagement is completed, does the firm always send termination letters? Yes No
- c. For foreign patent filings, is the client made aware of the deadlines for these filings and the requirements to complete the filing?..... Yes No
- d. Is the firm responsible for payment of annuities, maintenance fees or taxes? Yes No
- e. If the client is responsible for payment of annuities, maintenance fees or taxes, or if authorization is necessary, are notices of required payments sent well in advance of the due date?..... Yes No
- g. Does the firm maintain a calendar or docketing system to record, monitor and comply with filing deadlines and other time limitations in connection with securing patents?..... Yes No
- h. Does the firm have procedures to ensure that the client is notified of all such deadlines and other time limitations?..... Yes No
- i. Does the firm accept "last minute" client filing requests? Yes No
- j. Does the firm have a process which includes a written warning to clients of the consequences of failing to file within deadlines? Yes No
- k. Does the firm engage the services of a third party to carry out patent searches? Yes No
If "Yes," indicate how frequently, under what circumstances and whether a certificate of insurance is obtained: _____
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- l. When rendering an opinion as to the results of a patent search, does the firm qualify the opinion in writing with reference to the nature, scope, and limitations of the search conducted?..... Yes No
- m. Has the firm litigated any matters for which it handled the underlying intellectual property matter? Yes No
- n. Does the firm have written procedures for new client approval?..... Yes No
- o. Does the firm have a peer review procedure? Yes No
- p. Does the firm allow representation of individual inventor/employees of corporate or university clients? Yes No

6. Has the firm accepted equity interest in a client in lieu of fees? Yes No
If yes, provide a separate sheet describing the following:
- Under what circumstances will the firm accept equity in lieu of fees?
 - What is the approval process if a lawyer wishes to accept equity in lieu of fees?
 - A list of clients in which you have accepted equity including the percentage of equity interest held in the client.
7. Is the work of associates supervised by a senior attorney of the firm?..... Yes No
8. Does the firm employ contract attorneys?..... Yes No
- a. Is the work of contract attorney reviewed by a senior attorney of the firm?..... Yes No
- b. Does the contract attorney have experience in intellectual property?..... Yes No

Important Reminder

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by defense expenses. Defense expenses may also be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

Representation and Acknowledgement of Firm’s Continuing Duty to Inform

The undersigned is authorized by the firm to sign this application and represents and acknowledges that all information provided by the firm including the application, submits, its supplements, attachments, and answers to any questions our underwriter asks:

- will be relied upon the Company in determining whether to insure the firm and at what rate to insure it;
- are true, correct, accurate, and complete;
- and will be considered a part of any ensuing insurance contract.

Furthermore, the undersigned understands and agrees that the firm has a continuing duty through policy inception and throughout the life of any ensuing insurance contract to update this application, its supplements, attachments, and answers to any questions our underwriter asks.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

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 HEREOF.

Applicant Firm: _____ Title: _____

Applicant’s Signature: _____ Date: _____

Agent/Broker Name: Ahern Insurance Brokerage

Agent/Broker License Number: 0C04825

INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.