

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**

PATENTS/TRADEMARK/COPYRIGHT SUPPLEMENT

Name of Applicant: _____

1. Areas of Practice

Please provide a breakdown of the firm's intellectual property practice according to the percentage listed under "Patents, Trademarks & Copyrights" in the area of practice section of the application.

- (A) Patent Prosecution _____ %
- (B) Patent Infringement Counseling _____ %
- (C) Trademark & Copyright Registration & Licensing _____ %
- (D) Other Patent (specify) _____ %
- (E) Other Trademark (specify) _____ %

(Percentages listed must equal the total percentage listed under "Patent, Trademarks & Copyrights.")

2. Industry Areas

Please provide a breakdown of the firm's intellectual property practice by indicating the percentages of gross revenues derived from intellectual property matters within the following industries.

- (A) Chemical _____ %
- (B) Biotechnical _____ %
- (C) Pharmaceutical _____ %
- (D) Technology _____ %
- (E) Other (specify) _____ %

(Percentages listed must equal the total percentage listed under "Patent, Trademarks & Copyrights.")

3. Patent Searches

- (A) Does the firm do patent searches? Yes No
- (B) Does the firm engage the services of third parties to carry out patent searches? Yes No

If yes, please explain. _____

I/We understand the information herein becomes a part of the Professional Liability Application and is subject to the same representations and conditions.

X _____
Signature of Applicant (Must be signed by Partner, Owner or Officer)

X _____
Date