

Complete this form to receive a non-binding premium estimate. Note: If you filled out an application or premium estimate form for another broker or any insurer, send us that, instead of filling out this form.

Contact Information:

Firm Name: _____ Street Address: _____
 City: _____ State: _____ Zip: _____ County: _____ Phone: _____
 Fax: _____ Email: _____ Website: _____

Current Malpractice Insurance:

Insurance Company: _____ Policy Expiration Date: _____ Policy Limits: \$ _____ / _____
 Policy Deductible: \$ _____ Retroactive Date: _____ Annual Premium: \$ _____

Attorney Roster (attach extra page, if necessary, or leave blank, and attach your policy's Individual Retroactive Date page):

Atty. Name	Date of Hire	Position	Avg. Weekly Hours	State Bar Admissions/Year
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Practice Areas Grid (Allocate your firm's last 12 months' gross billings; figures should add up to 100%):

Domestic Patent Searches _____%	Validity and Infringement Opinions/Counseling _____%
Foreign Patent Searches _____%	Domestic IP Licensing/Contracts _____%
Domestic Patent Prosecution/Registration _____%	Foreign IP Licensing/Contracts _____%
Foreign Patent Prosecution/Registration _____%	Other Intellectual Property (describe) _____%
Patent Infringement Counseling _____%	Total IP (Patent + TM + all other) _____%
Total Patent _____%	Business - Contracts _____%
Domestic Trademark Registration/Licensing _____%	Business - Formation _____%
Foreign Trademark Registration/Licensing _____%	Business - M&A/Transactions _____%
Total Trademark _____%	Business - Other (describe) _____%
Copyright Registration/Licensing _____%	Other (describe) _____%
Intellectual Property Litigation _____%	Other (describe) _____%
Intellectual Property Lit. Expert Testimony _____%	Other (describe) _____%

Operations & Risk Management:

1. What was your firm's gross revenue in its last fiscal year: \$ _____ current fiscal year estimate: \$ _____
2. Does your firm have a calendaring/docketing system? Yes No If yes, what types of controls does it use? Check all that apply: Single Calendar Dual Calendar Pocket Calendar Computer Master Listing Tickler System Other
3. Which conflict avoidance systems does your firm use? Computer Index File Client List Committee Memory None
4. Does your firm use any of the following letters for all clients? Check all that apply: Engagement Fee/Retainer Decline/Non-Engagement Scope of Services Change in Scope of Engagement Termination of Engagement
5. Does any IP client have annual sales over \$100M? No Yes If yes, list each client and the number of years as a client:
 #1 _____ #2 _____ #3 _____
6. Provide a percentage breakdown of your IP clients' industries/areas of specialization:
 Chemical _____% Computers/Software _____% Electronics/Semiconductors _____%
 Mechanical/Engineering/Industrial _____% Pharma./Medical/Biotech _____% Other (describe) _____%
7. How many suits or arbitrations/mediations for unpaid fees has your firm filed in the last two years? _____
8. Has any firm lawyer ever been disciplined, or is the subject of a pending disciplinary proceeding?* Yes No
9. Is any firm lawyer aware of any circumstances that may give rise to a malpractice claim?* Yes No
10. How many malpractice claims or incidents has the firm or any of its lawyers incurred in the past five years?* _____

*Disciplinary Proceeding and/or Claim/Incident report(s) required, if any. Download from www.lawyersinsurer.com/apply

Attorney Signature: _____ Title: _____ Date: _____