



As used herein, Company refers to a member insurance company of Axis Insurance

# Area of Practice Supplement Application

## Intellectual Property ("IP")

N/A ☐



**Attorneys Advantage**

1. Please provide the following information for any lawyers handling intellectual property matters for the Applicant Firm:

Attorney Name	Total Years Experience in IP Law	Member of Patent Bar?	% of Time Devoted to IP Practice
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Please provide a breakdown of the Applicant Firm's intellectual property practice by showing the percentage of the total firm gross revenues by sub-specialty: **(Total should be the same as the % shown on Application for all of Intellectual Property practice area)**

	Percentage	# of cases		Percentage	# of cases
Domestic Patent Prosecution: .....	_____ %	_____	Litigation representing Defendant .....	_____ %	_____
Foreign Patent Prosecution: .....	_____ %	_____	Domestic Trademark / Copyright: .....	_____ %	_____
Patent Infringement Opinions: .....	_____ %	_____	Foreign Trademark / Copyright: .....	_____ %	_____
Patentability Searches, Opinions or Filing: ..	_____ %	_____	Other Intellectual Property Litigation: .....	_____ %	_____
Litigation representing Plaintiff .....	_____ %	_____	Total IP: .....	_____ %	_____

3. Please indicate what industries are represented by your clients for whom you provide IP legal services:

- |   |  |                                 |  |
|---|--|---------------------------------|--|
| i. Artists / Authors / Musicians: ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | v. Energy: .....                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Biotechnology: .....                | <input type="checkbox"/> Yes <input type="checkbox"/> No | vi. Higher Education: .....     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iii. Broadcasters / Publishers: .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No | vii. Manufacturing: .....       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iv. Chemicals: .....                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | viii. Medical Devices: .....    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| v. Computer Hardware: .....             | <input type="checkbox"/> Yes <input type="checkbox"/> No | ix. Pharmaceuticals: .....      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| vi. Computer Software: .....            | <input type="checkbox"/> Yes <input type="checkbox"/> No | x. Telecommunications: .....    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| vii. Electronics .....                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | xi. Other (name, if any): ..... |  |

4. Does the Applicant Firm refer clients to other law firms or act as co-counsel with other law firms with respect to any intellectual property matters? ..... ☐ Yes ☐ No

5. In the past three (3) years, has the Applicant Firm or any lawyer for whom coverage is sought:

- |  |  |
|--|--|
| i. Entered into any business relationship with any of the Applicant Firm's intellectual property clients other than for legal services? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii. Ever accepted a percentage of a transaction, deal, royalty or licensing payment as compensation for legal services? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| iii. Ever accepted any payment with compensation in kind, whether comprised of services (other than professional courtesy legal services from another lawyer), or in the form of tangible or intangible property in return for legal services? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**(If "Yes" to any parts of questions (4) or (5) above, please explain and provide details on a separate sheet of paper.)**

APPLICANT UNDERSTANDS THE INFORMATION SUBMITTED HEREIN BECOMES A PART OF THE APPLICANT'S LAWYERS PROFESSIONAL LIABILITY INSURANCE APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATIONS AND CONDITIONS.

**Sign and date in ink**

Name of Firm: \_\_\_\_\_

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_