

# SWISS RE CORPORATE SOLUTIONS AMERICA INSURANCE CORPORATION

## INTELLECTUAL PROPERTY SUPPLEMENT

If you indicated any percentage of Copyright/Trademark/Patent practice, you must complete this supplement.

**Applicant Instructions:**

- Answer all questions in ink. If answer is none, state "none."

1. In terms of gross income, provide a breakdown of the firm's copyright, patent and trademark practice into the following categories:
 

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 .....	_____	%
H. Other (Please describe): _____	_____	%
.....Total must equal 100% .....	_____	100 %
  
2. In terms of gross income, provide a breakdown of the firm's copyright, patent and trademark practice into the following industry groups:
 

A. ...Aerospace .....	_____	%
B. ...Biotechnology .....	_____	%
C. ...Pharmaceutical .....	_____	%
D. ...Computer / Software .....	_____	%
E. ...Mechanical .....	_____	%
F. Other (Please describe): _____	_____	%
.....Total must equal 100% .....	_____	100 %
  
3. ....How many lawyers are engaged in Intellectual Property practice? .....
4. ....For these lawyers, what is the average years' experience in handling Intellectual Property matters? .....
  
5. Does the Applicant require its intellectual property lawyers to participate in a formal training program, including annual participation in in-house and/or continuing legal education seminars respecting current intellectual property law? ..... Yes No
  
6. Does the Applicant have a computerized docketing system to alert the appropriate responsible party regarding:
 

A. ...Statutory bar dates? .....	N/A	Yes	No
B. ...Fee due dates, whether outsourced or not? .....	N/A	Yes	No
C. ...Response dates? .....	N/A	Yes	No

7. Does the firm outsource to other entities for:
- |  |     |     |    |
|--|-----|-----|----|
| A. ...Searches? .....                              | N/A | Yes | No |
| B. ...Payment of Maintenance / Annuity fees? ..... | N/A | Yes | No |
| C. ...Search common law sources? .....             | N/A | Yes | No |
| D. ...Performance of PTO searches? .....           | N/A | Yes | No |
- If 'yes' to A, B, C or D, does the firm:**
- |   |     |    |
|---|-----|----|
| 1.....Verify that the outsource entity carries professional liability coverage? ..... | Yes | No |
| 2.....Obtain proof of insurance, such as a certificate of insurance? .....            | Yes | No |

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**Patent** N/A **If N/A, no further information is needed in this section.**

- |  |     |    |
|--|-----|----|
| 8. For the types of patent opinions rendered, does the firm disclose the scope and extent of the search<br>.....conducted that is the basis for the opinion? ..... | Yes | No |
|--|-----|----|
9. Indicate the percentage of the types of patent opinions rendered by the firm.
- |                           |       |   |
|---------------------------|-------|---|
| A. ...Patentability ..... | _____ | % |
| B. ...Infringement .....  | _____ | % |
| C. ...Validity .....      | _____ | % |
- |  |     |     |    |
|--|-----|-----|----|
| 10. Does the firm request written disclosure of specific dates of prior patents, descriptions in a patent or published patent application, all printed publications, sales, offers for sale and/or public use of<br>.....intellectual property from a client, prior to the filing of a patent application? ..... | N/A | Yes | No |
| 11. Does the firm request in writing, from all patent clients, the client's intent to pursue or not to<br>.....pursue a foreign patent application? .....  | N/A | Yes | No |
| 12. Does the firm request in writing, from all patent clients, the client's disclosure of patent applications<br>.....filed in foreign countries? .....  | N/A | Yes | No |
| 13. Does the firm advise foreign clients of requirements needed to satisfy the establishment of the date<br>.....of invention for US Patents? .....  | N/A | Yes | No |
| 14. Does the firm disclose in writing to all patent clients, all dates for payment of maintenance fees, annual<br>.....payments or annuities to be paid by the client to keep an application or patent in force? .....   | Yes | No  |    |
| 15. Does the firm advise the client in writing to mark the patented product with the appropriate patent number<br>.....or web address where the patent number is listed? .....   | Yes | No  |    |
| 16. Has the firm advised all current clients of the change in the patent law from a "first to invent" to a<br>....."first to file" system? .....   | Yes | No  |    |
| 17. Does the firm always request a prioritized examination from the US PTO? .....  | Yes | No  |    |

**Trademark N/A If N/A, no further information is needed in this section.**

18. Does the firm's docket system advise regarding dates for:

- A. ...Response 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

19...Does the firm advise that the trademark search is not guaranteed against all common law sources? ..... Yes No

**RENEWAL CLIENTS WHO HAVE PREVIOUSLY COMPLETED THIS APPLICATION:** Please review this application, along with all applicable supplements and attachments, and supply us with updated information. Additionally, if there have been any changes to information appearing on this application and any supplements or attachments, please provide details of those changes in the space below. *Failure to report a change could result in being underinsured or uninsured.*

I understand information submitted herein becomes a part of the application and is subject to the same conditions as stated on the Application.

**THIS SUPPLEMENT MUST BE SIGNED BY AN OWNER, PARTNER OR PRINCIPAL OF THE FIRM.**

Signed: \_\_\_\_\_  
 Owner, Officer or Partner \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 Title \_\_\_\_\_

*The Applicant understands and agrees that she or he is obligated to report any changes in the information provided in the supplement that occur after the date of the application and before policy inception.*

**IF YOU ARE SIGNING AND SUBMITTING THIS DOCUMENT ELECTRONICALLY:** By checking the Electronic Signature Acceptance box below, you acknowledge that it is your intent that the name typed in the Signature of Owner, Officer or Partner line will serve as your signature for the purpose of this application and that you agree to complete and submit this application electronically. Once submitted, your signed application will be just as enforceable as a written document signed by hand.

Electronic Signature and Acceptance of the Owner, Officer or Partner.

Signed: \_\_\_\_\_  
 Owner, Officer or Partner \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_