



Travelers Casualty and Surety Company of America
Hartford, Connecticut

Throughout this supplement "you" and "your" mean the entity or individual applying for this insurance.

APPLICANT INFORMATION

1. New Business Current Travelers policy number _____

2. Your full legal name _____

GENERAL INFORMATION

3. Please complete the following chart providing a breakdown of your current intellectual property practice by listing the percentages that make up the entire percentage listed for Patent:

Intellectual Property Area of Practice	Domestic Billings	Foreign Billings
Patent/Trademark/Copyright Litigation	%	%
Patent/Trademark Prosecution	%	%
Patent Licensing	%	%
Trademark Registration/Licensing	%	%
Copyright Registration/Licensing	%	%
Infringement Counseling	%	%
Other (specify)	%	%
Total	100%	100%

4. Please complete the following chart providing the highest percent of billings for any single annual period, for the past five years, in each of the areas below:

Intellectual Property Area of Practice	Domestic	Foreign
Patent/Trademark/Copyright Litigation	%	%
Patent/Trademark Prosecution	%	%
Patent Licensing	%	%
Trademark Registration/Licensing	%	%
Copyright Registration/Licensing	%	%
Infringement Counseling	%	%
Other (specify)	%	%

5. Are there attorneys within your firm who devote the majority of their billable hours to litigation of Intellectual Property matters? Yes No

If yes complete the following chart:

Name	Current % of Billings	Highest Annual % in last 5 Years
	%	%
	%	%
	%	%
	%	%

6. Please complete the following chart listing your top five Intellectual Property clients based on Total Sales:

	Client Name	Client Name	Client Name	Client Name	Client Name
Total Sales:					
Industry Area					
More than \$500M					
\$100M - \$500M					
\$ 30M - \$ 99M					
\$ 6M - \$ 29M					
\$ 2M - \$ 5M					
\$ 0 - \$ 1M					

7. Please complete the following chart listing your top five Intellectual Property clients based on number of Patents Held or Pending:

	Client Name	Client Name	Client Name	Client Name	Client Name
Number of Patents held or Pending:					
Industry Area					
More than 50					
25 -49					
10 - 24					
5 - 9					
2 - 4					
0 - 1					

Foreign Patents

8. Do you advise all patent clients of the implications on foreign filing deadlines resulting from patent applications previously filed in the U.S? Yes No
 If yes, is such advice in writing? Yes No
9. Do you advise all patent clients of the implications on U.S. filing deadlines resulting from patent applications previously filed in foreign countries? Yes No
 If yes, is such advice in writing? Yes No
10. Do you advise foreign clients of requirements needed to satisfy the establishment of the date of invention for U.S. patents? Yes No

11. When you subcontract out foreign patent filings, do you verify the subcontracted entity's professional liability coverage? Yes No

Insider Trading

12. Do you require that partners, lawyers and employees sign a form demonstrating they have read the firm's policy on insider trading? Yes No
13. Do you have procedures to control the number of copies and track the location of sensitive documents and information? Yes No
14. Do you provide in-house seminars for lawyers and other employees regarding the law applicable to insider trading? Yes No

RISK MANAGEMENT

15. Do you have a computerized calendaring system to alert the appropriate responsible attorney to:
- a. Statutory bar dates? Yes No
 - b. Fee due dates, whether outsourced or not? Yes No
 - c. Response dates? Yes No
16. With all new clients of the firm, do you set out agreements in writing to conduct any Patent transaction(s)? Yes No
17. With every new client of the firm, do you outline in an engagement letter the nature, scope and limitations of the proposed transaction(s)? Yes No
18. Can a new client file be opened without an engagement letter? Yes No
19. Is your responsibility for payment of maintenance fees, taxes or annuities clearly stated in an engagement letter? Yes No
20. Does your conflict of interest system allow for the cross-checking of conflicts between previous and existing clients, including all individual attorneys, and require sign off by all attorneys before individuals are allowed to bill to a new client file in the Intellectual Property area? Yes No
21. Do you permit partners, other lawyers, employees or any of their immediate families to own stock in any amount in an Intellectual Property client of the firm, outside of ownership of shares in a mutual fund? Yes No
- If yes, do you require that partners, lawyers, employees or any of their immediate families obtain permission from the firm, before purchasing or selling any stock in an Intellectual Property client?...* Yes No
22. Within the past five years have you provided professional services to Intellectual Property clients in which any firm member or spouse:
- a. served as an officer, director, trustee employee or partner? Yes No
 - b. owned an equity or financial interest? Yes No
23. Do any of your partners, shareholders or employees, or have they in the past, accepted royalties or shares of an Intellectual Property client's company as full or partial payment for services? Yes No

24. Do you require that at least one attorney who is not working on the matter in question review each opinion letter? Yes No
25. Do you advise the client in writing to mark the patented/trademarked product with the appropriate patent number or trademark notice? Yes No
26. Do you outsource to other entities for:
- a. Searches?..... Yes No
- b. Payment of Maintenance/Annuity Fees?..... Yes No
- If yes to a. or b., does the firm:*
1. Verify the outsource entity's professional liability insurance coverage? Yes No
2. Obtain proof of insurance, such as a certificate of Insurance? Yes No

FRAUD WARNINGS

Attention: Insureds in AR, CO, DC, KY, LA, NJ, NM, NY, and OH

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and may also be subject to a civil penalty.

(In New York, the civil penalty is not to exceed five thousand dollars and the stated value of the claim for each such violation.)

(In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.)

Attention: Insureds in FL

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a felony of the 3rd degree, and may also be subject to a civil penalty.

Attention: Insureds in ME, TN, VA, and WA

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Attention: Insureds in PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

SIGNATURE AND AUTHORIZATION

The undersigned authorized representative of the firm, or individual if this application is for an individual, agrees to all of the following:

- The statements and representations made in this application are true and complete and will be deemed material to the acceptance of the risk assumed by Travelers in the event an insurance policy is issued.
- If the information supplied in this application changes between the date of the application and the effective date of any insurance policy issued by Travelers in response to this application, you will immediately notify us of such changes, and we may withdraw or modify any outstanding quotation or agreement to bind coverage.
- Travelers is authorized to make an investigation and inquiry in connection with this application.
- Travelers is not bound or obligated to issue any insurance policy or to provide the insurance requested in this application.

Signature (Partner, Member, Officer, Shareholder) Date

Name (print) Title

If you apply your signature to this form electronically, you hereby consent and agree that your use of a key pad, mouse, or other device to click the "Accept" button constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

Accept

Important note: This application is not a representation that coverage does or does not exist for any particular claim or loss, or type of claim or loss, under any insurance policy issued by Travelers. Whether coverage exists or does not exist for any particular claim or loss under any such policy depends on the facts and circumstances involved in the claim or loss and all applicable wording of the policy actually issued.

ADDITIONAL INFORMATION

In the section below you may provide additional information to any of the questions in this supplement (please reference the question number).