



Professional Liability Insurance Patent Practitioner Supplemental Application



1. Full name of applicant: _____

2. Please provide a percentage breakdown of the firm's client types, industry concentrations and practice areas by revenues derived from each during the past year. For practice areas and client types also give the approximate number of separate matters/clients handled during the same period. If the firm is a new venture, provide your best estimate for the coming year.

Client Types		#	Industry Concentrations		Practice Areas		#	Career Total
Individuals	%		Biotechnical	%	Patent Searches	%		
Small Businesses	%		Business Method	%	Patentability Opinions	%		
Mid-Size Businesses	%		Chemical	%	*Market Clearance Opinions	%		
Fortune 1000 Corps	%		Electrical	%	Patent Application Preparation	%		
Government	%		Food Science	%	Domestic Patent Prosecution	%		
Education	%		Industrial	%	Patent Cooperation Treaty Filings	%		
	%		Materials Science	%	Foreign Associate Liaison Services	%		
	%		Mechanical	%	Patent Maintenance Tax/Fee Filings	%		
	%		Medical	%	Patent Assignment/License Filings	%		
	%		Nanotechnology	%	*Patent Assignment/License Drafting	%		
	%		Optics	%	*Trademark or Copyright Searches	%		
	%		Semiconductors	%	*Trademark or Copyright Registration	%		
	%		Software	%	*Trademark or Copyright Licensing	%		
	%		Telecommunications	%	*IP Sponsored Research Agreements	%		
	%			%	*IP Confidentiality Agreements	%		
	%			%	*IP Consulting Agreements	%		
	%			%	*IP Expert Witness Work	%		
	%			%		%		
	%			%		%		
Totals	%		Total	%	Totals	%		

Note: Coverage for Practice Areas marked with “*” is available only under the NAPP Plus Expanded Coverage Endorsement.

3. Is a premium quotation for coverage which includes the NAPP Plus Expanded Coverage Endorsement desired? Yes No

4. Is any member of the applicant firm qualified and licensed as a lawyer? Yes No

5. Is the applicant enrolled in the NAPP Certification Program? Yes No

6. Does the applicant adhere to the NAPP Best Practices guidelines? (see http://www.napp.org/membercenter/NAPP_Best_Practices.pdf) Yes No
If “No”, please detail by separate attachment in what respects applicant's practice diverges from the NAPP Best Practices Guidelines.

I hereby declare that the above statements and particulars are true and that I have not suppressed or misstated any material facts.

Name	Title
Signature	Date