

# PATENT ATTORNEY SUPPLEMENT

(Complete only if you answered "yes" to Application Question E.4)

Please complete a copy of this Patent Attorney Supplement for each Firm patent attorney. (See Instructions) Also fill out a copy of this Supplement for each former patent attorney who worked for or was associated with the Firm or a Predecessor Firm at any time in the past 5 years or since the Firm's inception (if less than 5 years). If necessary, supplement your answer to any question on an additional sheet and attach it to this form.

For Firms applying for PLF coverage for the first time, all Patent Attorney Supplements should be submitted with the Firm's Application. A Renewing Firm need only submit Patent Attorney Supplements for new attorneys that have not already submitted a Patent Attorney Supplement when the Firm first applied for PLF excess coverage.

**Firm Name:** \_\_\_\_\_

1. Attorney Name : \_\_\_\_\_

Status with Firm: \_\_\_\_\_

*SP = Sole Practitioner, P = Partner, S = Shareholder, PC = Professional Corporation, A = Associate, C = Of Counsel, M = Member, O = Other*

Date of registration with the U.S. Patent and Trademark Office: \_\_\_\_\_

2. List all bar associations memberships: ☐ Not Applicable

State Bar	Bar No.	Date of Admission
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3. List all employment over the past five years:

Date	Firm/Employer	City/State	Position
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4. On what date did the attorney join or become associated with the Firm? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Has the attorney left the Firm? ☐ Yes ☐ No If yes, on what date did the attorney leave? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

5. Since what date has the attorney been insured on a continuous basis for professional liability on a "claims made" basis?

Since: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

6. Please provide a history of prior professional liability insurance or other coverage for the past three years. (If attorney was with another firm, please indicate the former firm and estimate coverage limits.)

☐ Same answer as for the Firm at Section F.1 of the main Application (check if appropriate).

Policy Period From/To	Insurance Company	Policy Limits	Name of Law Firm to which Policy was issued
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Has the attorney ever had coverage with the Oregon State Bar Professional Liability Fund? ☐ Yes ☐ No

*If yes, please explain:*

7. Please describe by separate attachment all claims made against the attorney in the past five years. (Check one.)

☐ No claims

☐ Claims reported on attachment

For each claim, provide the following information:

- (a) Name of claimant;
- (b) Date of claim;
- (c) Name of Insurer or other coverage provider covering claim;
- (d) Litigation or non-litigation (if in litigation, name of court and case file number);
- (e) Name of claimant's attorney;
- (f) Defense costs and indemnity paid;
- (g) A detailed description of the nature of and reasons for the claim, subject matter, and ultimate outcome.

8. Please describe by separate attachment all incident or suspense reports made to any insurer or other coverage provider during the past five years concerning a possible claim against the attorney (including incident or suspense reports made before the attorney became associated with the Firm). (Check one.)

☐ No incident or suspense reports

☐ Incident or suspense reports listed on attachment

9. Is the attorney aware of any acts, errors or omissions, or any possible claims not described in Questions 7 or 8 above which might reasonably be expected to be the basis of a professional liability claim or suit against the attorney? (This question includes acts, errors, omissions, or possible claims arising or occurring both before and after the attorney became associated with the Firm.) ☐ Yes ☐ No *If yes, please provide details by separate attachment.*

10. Has any insurer or other coverage provider paid \$100,000 or more in indemnity on any claim made against the attorney in the past ten years? ☐ Yes ☐ No *If yes, please provide details by separate attachment.*

11. Please complete the schedule below to describe the attorney's practice by indicating the percentage of the attorney's professional time or billings devoted to each area. The total must be 100%. (See the Application Instructions for a description of certain practice areas.)

Administrative/Regulatory	_____ %	Land Use	_____ %
Admiralty/Maritime	_____ %	Living Trust Law*	_____ %
Antitrust/Trade Reg.	_____ %	Litigation (see below)	
Bankruptcy	_____ %	Negligence/Defense	_____ %
Business	_____ %	Negligence/Plaintiff	_____ %
Collection/Repossession	_____ %	Business Litigation	_____ %
Communications (FCC)	_____ %	Mediation/Arbitration	_____ %
Construction	_____ %	Municipal	_____ %
Criminal	_____ %	Oil, Gas and Coal	_____ %
Domestic Relations	_____ %	Patents/Copyright/Trademark	_____ %
Employment	_____ %	Public Utilities	_____ %
Entertainment/Sports	_____ %	Real Estate (excl. Syndications)*	_____ %
ERISA/Employee Benefits	_____ %	Securities Law*	_____ %
Estate/Probate/Wills/Trusts	_____ %	Taxation (excl. Tax Opinions)*	_____ %
Financial Institution Law	_____ %	Workers' Comp. (see below)	
Immigration	_____ %	Defense/Employer	_____ %
Health	_____ %	Claimant/Employee	_____ %
Investment Counseling	_____ %	**Other	_____ %
Labor Relations	_____ %	Total	100%

\* See Instructions for specific definitions.

\*\* Describe areas of practice not indicated above over 5%: \_\_\_\_\_

12. Does any of the attorney's practice involve international patent rights?

☐ Yes ☐ No. *If yes, please provide details by separate attachment.*

13. Please attach a brief narrative, resume and/or other documentation that shows the intellectual property law qualifications and experience of the attorney.

The Firm understands that the information submitted herein becomes a part of the Firm's Application and is subject to the same representations and conditions.

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

\*(Must be signed by a partner or shareholder of applicant, not an office manager.)