



Wesco Insurance Company
 800 Superior Ave, E.
 21st Floor
 Cleveland, OH 44114

LAWYERS PROFESSIONAL LIABILITY
INTELLECTUAL PROPERTY SUPPLEMENT

1. Full Name of Applicant Firm:

2. Provide a description of your intellectual property work:

3. Please indicate the number of years of experience you have in intellectual property work, describe any education or additional professional qualifications you have in this area:

4.a. Please indicate percentage of your time devoted to each area of practice below:

	%		%
Intellectual Property Litigation		Trademark Registration/Licensing	
Patent Opinions		Patent Searches and Filings	
Domestic Patent Prosecution		Patent Infringement Consultation	
Foreign Patent Prosecution		Other: (describe):	

4.b. Please indicate percentage of your time devoted to each client type below:

Artists		Industrial	
Biotechnical		Mechanical	
Chemical		Musicians/Composers	
Information Technology		Pharmaceutical	
Electric		Publishing	
Entertainment		Other (describe):	

5. Is the calendar or docketing system you use designed specifically for IP matters? Yes No

6. Does the calendar or docketing system you use employ more than one control? Yes No

7. Do you advise your clients of all deadlines and time limitations? Yes No

8. Do you ever represent your above clients in other personal or business matters? Yes No

9. Do you engage the services of third parties to carry out patent searches? If yes, explain:

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Signature of Officer or Partner of Firm

Print name of Officer or Partner

Date