

## SUPPLEMENTAL APPLICATION QUESTIONNAIRE FOR PATENT RESEARCH CONSULTING

### POLICY QUESTIONS

1. Explain and provide details of involvement with Patent Research: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Provide a percentage breakdown of Patent Services in the following categories (must have a 100% Total):

Patent Infringement Counseling	%	Patent Searches	%
Domestic Patent Prosecution	%	Patent Application Filings	%
Foreign Patent Prosecution	%	Others	%
<b>Total (Must equal 100%)</b>		<b>100%</b>	

Please describe "Others": \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are Patent Research Consulting Services being outsourced?  Yes  No

4. Are Patent Opinions rendered and guaranteed?  Yes  No

5. Are the following requested from the client, on or during provision of Patent Research Consulting Services? *Select all that apply.*

Written confirmation of client intent to pursue or not to pursue a patent application (domestic or foreign)?  Written disclosure of patent applications filed in foreign countries?

Written Disclosure of specific dates for all printed publications, sales, offers for sale and/or public use of intellectual property?  N/A

6. Is the following advice provided to the client, on or during provision of Patent Research Consulting Services? *Select all that apply.*

Requirements needed to satisfy the establishment of the date of invention for U.S. patents?  Marking of all patented products with the appropriate patent numbers?

Disclosure of all date for payment of maintenance fee, annual payments or annuities to be paid to keep an application or patent in force?  N/A

### SUBMISSION AND SIGNATURE

THE APPLICANT DECLARES THAT, AFTER INQUIRY, TO THE BEST KNOWLEDGE OF ALL PERSONS TO BE INSURED THE STATEMENTS SET FORTH HEREIN AND IN ANY ATTACHMENTS MADE HERETO ARE TRUE, AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED, OMITTED, OR MISSTATED.

UNDERWRITERS RESERVE THE RIGHT TO AMEND THE TERMS, CONDITIONS AND LIMITATIONS OF ANY POLICY ISSUED AS A RESULT OF THIS APPLICATION, IF SUBSEQUENT TO THE DATE OF THIS APPLICATION, BUT PRIOR TO THE INCEPTION OF SUCH POLICY, THERE ARE ANY MATERIAL ALTERATIONS TO THE INFORMATION CONTAINED HEREIN.

COMPLETION OF THIS APPLICATION DOES NOT BIND THE UNDERWRITER TO PROVIDE COVERAGE, BUT IT IS AGREED THAT THE STATEMENTS AND PARTICULARS CONTAINED HEREIN WILL BE RELIED UPON BY UNDERWRITERS IN THE EVENT A POLICY IS ISSUED. THIS APPLICATION IS SIGNED ON BEHALF OF ALL OWNERS, PRINCIPALS, PARTNERS, SHAREHOLDERS, DIRECTORS AND EMPLOYEES.

**BY SUBMITTING THIS APPLICATION, THE APPLICANT AGREES THAT IN THE EVENT THE APPLICATION CONTAINS MISREPRESENTATIONS OR FAILS TO STATE FACTS MATERIALLY AFFECTING THE RISK ASSUMED BY THE INSURANCE COMPANY UNDER A POLICY ISSUED, THE POLICY MAY BE DEEMED NULL AND VOID.**

Signature of Owner, Officer, or Partner

Title

Date

Please email application and any attachments to: [acs.apply@pearlinsurance.com](mailto:acs.apply@pearlinsurance.com)

**PLEASE NOTE: Due to carrier requirements, premium payment and a signed application must be received to bind coverage.**

**Be sure to complete all pages and sign the last page**