



The Institute of Patent and Trademark Attorneys of Australia

PROFESSIONAL INDEMNITY INSURANCE RENEWAL APPLICATION

THIS IS AN APPLICATION FOR A "CLAIMS MADE" POLICY

(WORDS AND EXPRESSIONS, OTHER THAN IN THE HEADINGS, PRINTED IN **BOLD** ARE DEFINED IN THE POLICY FORM.)

Notice: If issued, the **policy** will be on a CLAIMS MADE basis and will be issued in reliance of the completeness and accuracy of the disclosures and statements in this application. The limit of liability and any deductible will apply to any **defense costs** payable under the **policy**.

1. Please answer **all** questions.
2. If there is no answer, write "none" or "not applicable" in the space provided. Where space provided is insufficient to fully answer, please use a separate sheet(s).
3. Application must be signed and dated by an authorized person.

1. GENERAL INFORMATION				
			Renewal	New
a) Name of Applicant:				
b) Please list all predecessor firms or firm name for which prior acts coverage is required:				
Note: A predecessor firm is a partnership: a) Which has undergone dissolution, AND b) In which at least 50% of the partners or employees are now partners or employees of the Named Insured.				
Predecessor firm Name:				
c) Address of principal office of the Applicant:				
d) Telephone No.:		e) Email Address:		
f) Website:		f) Date First Established:		
g) Type:				
Intellectual Propert Firm	In-house Corporate Attorney	Law Firm	Other (Describe)	
h) BRANCH OFFICE (S)				
(1) Address:				
Telephone No.:				
(2) Address:				
Telephone No.:				
i) Risk Management:				



Confirmation that all online and remote IT services that you own, utilize and operate for your business are all functioning properly?	Yes	No
Confirmation that all records, data and files that you own, utilize and operate for your business are accessible and backed up regularly	Yes	No

2. PERSONNEL

a) Provide the following information for each agent employed by the firm (attach separate sheet if necessary).

NOTE: The policy is intended to cover qualified Patent and Trademark Attorneys. An applicant must have and maintain appropriate qualifications to be considered as a professional for the purposes of this insurance.

Name	Date Joined Firm (mm/yy)	a) Partner b) Employee c) Other (Specify)	a) Patent b) Trademark Agent c) Lawyer d) Notary e) Other (Specify)	Are you an IPTA Member? Yes or No

b) Have any of those listed in section (a) above ever been the subject of disciplinary proceedings, or been suspended or prohibited from practice? Yes No

c) Please indicate the number of individuals for each category:

Directors, Partners and Principles:

Consultants:

Qualified/Technical Staff:

Administration/Other Staff

Other Assistants

Total

3. NATURE OF PRACTICE

a) Describe your practice by providing the following data for the past 12 months:

	Australia/NZ	U.S.	Other Foreign Jurisdiction
Number of direct filings			
Number of filings through other Intellectual Property Firms			
Total number of filings			

DIRECT FILINGS refers to all Direct filings with the Patent office INCLUDING:
All new patent, trademark, copyright, industrial design or integrated circuit topography applications.

NUMBER OF FILINGS THROUGH OTHER INTELLECTUAL PROPERTY FIRMS is to mean all non-direct filings with the patent office including:
All "post-filing" communications which are responsive to deadlines (such as submissions of maintenance fees and responses to Examiner's Reports)".

b) Please estimate how many NEW Australian/NZ Filings you will have for the upcoming year	Patent	Trademark
---	--------	-----------

c) Estimated revenue for your firms patent and trademark prosecution work for the current policy year ending March 1, 2026

Please do NOT include revenue from intellectual property litigation or transactional work.

d) Estimated revenue for your firms patent and trademark prosecution work for the forthcoming policy year March 1, 2026 to March 1, 2027

Please do NOT include revenue from intellectual property litigation or transactional work.

4. COVERAGE AND CLAIMS HISTORY

QUESTION 4 REQUIRES RESPONSES REGARDING ANY CLAIM, SUIT OR INCIDENT ANY APPLICANT IS AWARE OF OR HAS KNOWLEDGE OF, REGARDLESS OF WHETHER OR NOT THERE WAS ANY VALID AND/OR COLLECTIBLE INSURANCE APPLICABLE TO SUCH CLAIM, SUIT OR INCIDENT IN THE PAST FIVE YEARS.

a) Has any **claim** and/or suit been made against any Applicant, its predecessor, or any past or present partner, employed lawyer, director, officer or employee in respect of **professional services** performed for any of them, in the past **five years**?

Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes please provide details on Schedule "A"
--	--

b) Is any Applicant or any partner, employed lawyer, director or employee thereof aware of or in possession of any knowledge of an act, error, omission, personal injury or breach of duty committed in the rendering of **professional services** in the past **five years**?

Yes No If yes please provide details on **Schedule "B"**

Further, if the response to any part of Question 4 if is yes, please provide:

- Name of Claimant/Potential Claimant
- Date the Act, Error, Omission or Personal Injury was committed or alleged to have been committed
- Date of Claim
- Nature of Claim
- Quantum
- Any legal opinion obtained as to liability
- Any legal, adjusting or indemnity payments to date
- Any legal, adjusting or indemnity reserves established

c) Please detail **Professional Liability Insurance** purchased by the Applicant for the past **five years** detailing the present insurance coverage first:

COMPANY	POLICY NO.	POLICY PERIOD	POLICY LIMIT	DEDUCTIBLE
1.				
2.				
3.				
4.				
5.				

d) **Insurance Required:**

(1) Limit of Liability Each Claim and Annual Aggregate: \$

Alternatively \$

Alternatively \$

e) To any Applicant's knowledge, has any Insurer declined to provide or cancelled insurance coverage for any Applicant, it predecessor or any past or present director, partner, officer or employee? Yes No

If yes, please provide reason (s) given by such Insurer:



5. ACKNOWLEDGMENT

The undersigned authorized officer on behalf of the Applicant:

- Declares that the statements and disclosures in this application are complete and accurate;
- Declares that there are no known facts or material to the risk to be insured that have not been disclosed in this application;
- Undertakes to provide the Company immediate notice of any material changes discovered between the date of this application and the effective date of the policy;
- Acknowledges that the Company, if it issues the policy will be doing so in reliance of the completeness and accuracy of the statements and disclosures in this application;
- Acknowledges that if issued, this application will form part of the policy.
- Acknowledges that any personal information provided in connection with the coverage applied for, including but not limited to the information contained in this application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms that all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of assessing the application for insurance, and if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law.

The Insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of material fact, in the application or otherwise, shall be grounds for rescission of any policy issued in reliance upon such information. The application completed online' will have the same effect as that of a signed application.

I hereby confirm my request to have my policy documents, through GSA Insurance Brokers, sent to me electronically. This arrangement will stay in effect until I issue instructions to the contrary.

I acknowledge that email is an insecure medium of communication. Although unlikely, there is the possibility that confidentiality through this medium may be compromised.

It is a requirement that each agent/professional on this policy is a member of IPTA. IPTA confirmation of coverage for each agent listed may be forwarded to IPTA for informational purposes only.

Signature. Applying your Electronic Signature will prevent you from further editing the application. I Agree

Signature (Signing Officer)	Title	Date

SCHEDULE "A"

Please detail all claims reported over the past five years to your Insurer as requested in **Question 4 a)** of the application. (Any claims reported over the past five years in previous applications must be included)

Note: If no insurance was carried, please also include claims made against the firm.

Date Reported	Claimant	Agent/Lawyer Involved	Quantum Claim	Quantum Paid*	Quantum Reserved*	Brief Précis of Claim	State Whether Open or Closed

*** PLEASE ENSURE THIS INFORMATION IS UP TO DATE.**

**** SCHEDULE "A" DOES NOT SERVE AS A NOTICE OF CLAIM. ANY NEW CLAIM(S) MUST BE REPORTED TO THE INSURER ON THE CLAIMS/INCIDENT REPORT FORM**

SCHEDULE "B"

Please detail all **circumstances** reported over the past five years as requested in **Question 4 b)** of the application.

(Any circumstances reported over the past five years in previous applications must be included)

Date Became Aware of Circumstance	Potential Claimant	Agent/Lawyer Involved	Quantum Involved	Brief Précis. Of Circumstance and Opinion as to Liability

List of Personnel – Additional Only

Only input personnel here that have not been included in question 2 a) above.

Name	Date Joined Firm (mm/yy)	Registration No.	d) Partner e) Employee f) Other (Specify)	f) Patent Attorney g) Trademark Attorney h) Lawyer i) Notary j) Other (Specify)	Are you an IPTA Member? Yes or No