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Application

Errors and Omissions Insurance for Registered Patent and Trademark Agents

Submitting Broker, please complete the following to assist us in processing this submission:

Name of Brokerage: _____

Name of Broker Contact: _____

Brokerage Address: _____ City: _____ Postal Code: _____

For renewal purposes only: Policy Number: _____ ISN (Client's Number): _____

THE APPLICANT

1. Name of Firm: _____

If more than one legal entity, please indicate the relationship between each: _____

(Please note that an insurance policy cannot be shared unless there is a financial interest.)

2. Website Address (if applicable): _____

3. Address: _____

4. Location of Branch Office(s): _____

5. Nature of the firm:

- (a) Intellectual property firm (c) Law firm
 (b) In-house corporate agent (d) Other (please specify) _____

****NOTE: PLEASE PROVIDE A SAMPLE OF THE FIRM'S LETTERHEAD****

6. Please supply the following information for each agent of the firm:

Name	Patent or Trademark Agent Registration Number	In the Applicant's service since	(a) Partner (b) Employee (c) Other (specify)	(a) Patent Agent (b) Trademark Agent (c) Lawyer (d) Other (specify)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If insufficient space, supply information on schedule.

7. (a) Is coverage required for the lawyers in their capacity as patent and trademark agents? YES NO
- (b) If the answer is no, is drop-down from the primary lawyers' coverage required for the lawyers in their capacity as patent and trademark agents? YES NO

THE COVERAGE APPLIED FOR EXCLUDES ALL LEGAL SERVICES PROVIDED BY THE APPLICANT IN HIS OR HER CAPACITY AS A LAWYER OTHER THAN THOSE DEFINED AS INSURED SERVICES.

8. Please indicate the number of individuals for each category.

Other Staff	Number of Individuals
Lawyers (not already mentioned at question 6)	_____
Administrative/Support	_____
Other	_____

9. Does the Applicant belong to any related association? YES NO

If yes, please list such associations: _____

10. (a) Please describe your practice by giving the percentage of billings on each of the following activities during the past year:

Activities	Canadian %	Foreign % U.S.	Foreign % Other
Patents	_____	_____	_____
Trademarks	_____	_____	_____
Copyrights	_____	_____	_____
Industrial Designs	_____	_____	_____
TOTAL	100%	100%	100%

- (b) If you file in countries outside of Canada, do you file:

(i) direct ____% (ii) through another intellectual property firm in that country ____%

11. Please indicate the firm's gross annual revenue:

(a) Previous Year: \$ _____

(b) Anticipated for Next Year: \$ _____

12. Of the agents mentioned in question 6 above, are there any who have ever been suspended, prohibited from practising or the recipient of a disciplinary complaint? YES NO

13. Does the Applicant provide services or perform activities outside Canada or for clients who are outside Canada? YES NO

If yes, please provide full details for our review and acceptance, and indicate the services provided as well as the location and the gross annual fees or income from the past year and anticipated for the next year.

INSURANCE COVERAGE - If you are renewing your policy with Victor, do not complete this section.

14. (a) Has the Applicant ever previously purchased errors and omissions insurance? YES NO

- (b) If yes, please provide the following details for the last three years:

Insurer	Policy Period	Expiring Premium	Limit	Deductible
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

- (c) If coverage was on a claims-made basis, what was the retroactive date of the policy (dd/mm/yyyy)? _____

15. Has insurance coverage ever been declined or cancelled or the renewal thereof been refused? YES NO

If yes, please provide details.

LOSS EXPERIENCE - If you are renewing your policy with Victor, do not complete this section.

16. (a) With respect to the coverage applied for by this application, has the Applicant or any of their employees ever been the recipient of any allegations/claims? YES NO
- (b) Is the Applicant or any of their employees aware of any facts, circumstances or situations which may reasonably give rise to a claim, other than as advised above? YES NO

If yes, please provide details.

WITHOUT LIMITATION OF ANY OTHER REMEDY AVAILABLE TO THE INSURERS, IT IS AGREED THAT, IF THERE BE KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE OR SITUATION, ANY CLAIM OR ACTION SUBSEQUENTLY EMANATING THEREFROM IS EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

LIMITS REQUESTED

17. Amount of insurance requested: \$500,000 per loss/\$1,000,000 per policy period
 \$1,000,000 per loss/\$2,000,000 per policy period
 \$2,000,000 per loss/\$4,000,000 per policy period
 \$5,000,000 per loss/\$5,000,000 per policy period

APPLICANT'S CONSENT TO THE TRANSMISSION OF THE INFORMATION CONTAINED IN THE APPLICATION FORM

I hereby acknowledge that the information collected in the Application form is acquired by my insurance broker to be transmitted to Victor Insurance Managers Inc. for the sole purpose of obtaining an insurance policy, and will be kept confidential.

Moreover, I authorize Victor Insurance Managers Inc., its insurers or service providers to:

- conduct verification, using outside sources, of the information contained in the Application form, in attached documentation and in subsequently provided documentation;
- in the event of a claim, transmit the submitted and verified information to loss adjusters, lawyers or other similar offices for the purposes of investigating, defending, negotiating or settling any claims, as required.

For more information on Victor's privacy policy, please contact privacypolicyinquiries@victorinsurance.com.

DECLARATIONS AND SIGNATURE

The undersigned Applicant for this insurance declares that, to the best of their knowledge and belief, the statements set forth herein are true and correct, and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application form. The undersigned agrees that, if any significant change in the condition of the Applicant is discovered between the date of this Application form and the effective date of the policy, which would render this Application form inaccurate or incomplete, notice of such change will be reported immediately in writing to the Insurance Manager.

Although the signing of this Application form does not bind the Applicant to purchase the insurance, the undersigned Applicant further agrees that this form and the information furnished pursuant hereto shall be the basis of the contract should a policy be issued and this form will become part of the policy.

Name of Applicant (please print)

Signature of Applicant

Date (dd/mm/yyyy)