

Membership Application Form for Intellectual Property Practitioners

1 NAME OF FIRM TO BE INSURED

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2 ADDRESS OF MAIN OFFICE

Contact name	
Telephone	
Fax	
Email	

3 AUTHORISED INSURED

If different to the contact given in answer to 2 above, please provide details of the firm or person you nominate as the Authorised Insured (the Individual or entity nominated by the Insured Firm who acts on behalf of each and every Insured where provided for in the Terms of Cover, principally with regard to notifying Circumstances and Claims).

Name of firm	
Address	
Contact name	
Telephone	
Email	

4 LOCATION OF BRANCH OFFICES / NAMES OF SUBSIDIARIES (if applicable)

If you have a fee-generating office(s) in an EU country, please provide details for each office of any local professional indemnity insurance requirements, e.g. whether they are required to purchase insurance from an insurer based in the EEA..

Name	Address

5 REASON FOR SETTING UP FIRM (if a new business)

6 EXPERIENCE AS A PATENT AND/OR TRADE MARK ATTORNEY

7 FIRM PROFILE

(a) Please state the number of each of the following categories of person at your firm and the aggregate percentage of the firm owned by each category of person:

	Number	%
Qualified Partners/Directors/Proprietors/Members		
Non-Qualified Partners/Directors/Proprietors/Members		
Qualified employees		
Non-qualified employees		

(A person is qualified if (s)he is a UK Chartered Patent Attorney or a UK Registered Patent Agent or an Irish Registered Patent Agent or an Irish Registered Trade Mark Agent a Corporate Member of CITMA and regulated by IPReg where (s)he is eligible to be regulated by IPReg.)

- (b) Are you regulated by IPReg? Yes No
- (c) Is your firm regulated by IPReg? Yes No

If you have answered no, please provide an explanation. (It is a requirement to be eligible to apply for insurance from PAMIA to be regulated by IPReg where you are eligible to be regulated by IPReg.)

(d) If you or any of your Partners, Directors, Members, Proprietors or Employees have resigned from the Register in the past 12 months, please state how many:

8 FINANCIAL INFORMATION

If you are an established firm, state your gross turnover (less official disbursements and agents' fees) in each of your last three completed financial years:

Year	Gross turnover
	£
	£
	£

If you are a new firm, please give an estimate of your first year's gross turnover (less official disbursements and agents' fees):

£

a. PRESENT INSURANCE DETAILS

Please provide details of your existing cover (if applicable).

Limit of indemnity (each claim/aggregate): £

Jurisdiction: Worldwide
 Excluding USA

Deductible: £ each claim
 £ in the aggregate

Premium: £

Period of insurance: From to

- b.** Has any application for professional negligence insurance made on behalf of the Firm ever been declined, or has any such insurance ever been cancelled or renewal refused, or have special terms been imposed?

Yes No

If YES, please give full particulars below.

9 CONSULTANTS

Please provide details of all Consultants you request to be personally insured under your Certificate of Insurance for work carried out for you.

NAME	QUALIFICATION	IPReg REGULATED
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

10 CONTINGENCY PLANS

If you are a sole practitioner, please advise below what contingency plans you have in place to ensure continuity of service to your clients in the event that you are unable to provide services to your client for reasons such as incapacity. Please include details of any firm or practitioner with whom you have an arrangement to cater for such an event.

11 INSURANCE PREMIUM TAX

If you have fee-generating offices in any of the countries listed below, state the percentage of your firm’s gross turnover earned by those offices.

Country	% of Gross Turnover
Austria	
Belgium	
Bulgaria	
Croatia	
Cyprus	
Czech Rep.	
Denmark	
Estonia	
Finland	
France	
Germany	
Greece	
Hungary	
Iceland	
Ireland	
Italy	

Country	% of Gross Turnover
Latvia	
Liechtenstein	
Lithuania	
Luxembourg	
Malta	
Netherlands	
Norway	
Poland	
Portugal	
Romania	
Slovakia	
Slovenia	
Spain	
Sweden	
Switzerland	
Turkey	
UK	

12 RUSSIAN, UKRAINE AND BELARUSIAN CLIENTS

Please tick the box below to confirm that you have reviewed your Russia/Ukraine/Belarus exposure and can confirm that you are not directly or indirectly linked to any Sanctioned individual or Entities.

13 PROFESSIONAL NEGLIGENCE CLAIMS

Have any professional negligence claims been made against you or your firm in the past five years?

Yes No

Have any professional negligence claims been made against any other firm in the past five years arising from professional work undertaken by you?

Yes No

Are there any circumstances in the field of professional negligence of which you are aware (other than matters referred to in the above) which might give rise to a claim against the Firm?

Yes No

If you have answered YES to any of the above questions provide full details below.

14 COVER REQUIRED FROM PAMIA

From what date would you like your cover to commence?

State what limit of cover you require:

PAMIA provides cover in tranches of £250,000 from £250,000 to £5,000,000. IPReg stipulates that you should have at least £1m of cover, unless the nature of your business justifies a lower limit.

£

Do you require cover for claims brought against you in the USA?

Yes No

If you have answered YES to the above question state the percentage of your firm's turnover (i.e. fee income including disbursements) derived or expected to be derived from clients based in the USA.

%

DECLARATION

I agree to abide by the Rules and Terms of Cover of PAMIA Limited. I hereby declare that, after due investigation, the above statements and particulars are true to the best of my knowledge and belief and that I have not knowingly suppressed or misstated any material facts. I agree that this proposal shall be the basis of the contract of insurance between the Firm and PAMIA Limited.

Full name

(Partner, Director or Proprietor)

Date

Commitment Letter

To: PAMIA Limited

- 1.1 In consideration of each of the Firms in PAMIA having entered into an undertaking in similar form to this letter, we hereby irrevocably undertake to PAMIA:
- (a) to apply to PAMIA for professional indemnity insurance in respect of each of two Policy Years of PAMIA). The first commencing on and for a period of insurance aggregating two consecutive years in at least such minimum amounts as the Directors of PAMIA may, on the recommendation of its Managers, determine as applicable in each such Policy Year to all the Firms and ourselves;
- 1.2 Any such application mentioned in paragraph 1.1 shall be made on the terms of PAMIA's Rules, Terms of Cover and subject to its Memorandum and Articles of Association. References herein to PAMIA's Rules are to the Rules as may be amended in accordance with PAMIA's Articles of Association. References to PAMIA's Memorandum and Articles of Association are to the same as amended from time to time. In determining whether we have complied with our obligation contained in paragraph 1.1 account may be taken (if and to the extent that PAMIA's Directors so agree) of any application to PAMIA for reinsurance made by any third party which insures our professional indemnity risks.
- 1.3 We hereby irrevocably undertake that, in connection with any such application mentioned in paragraph 1.1, we shall provide such information, execute such documents and do such things as may be required in accordance with PAMIA's Rules, Terms of Cover and Memorandum and Articles of Association or which PAMIA's Managers may consider necessary or desirable for the purpose of any such application.
2. The undertaking contained in paragraph 1 of this letter shall be deemed to be our irrevocable commitment.

Full name
(Partner, Director or Proprietor)

Date

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info@pamia.co.uk