

Membership Renewal Form

2011 Policy Year

1 NAME OF FIRM(S) TO BE INSURED

2 ADDRESS OF MAIN OFFICE

Tel _____

Fax _____

Email _____

3 LOCATION OF BRANCH OFFICES (if applicable)

4 FIRM PROFILE

(a) Please state the number of:

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 Fellow of CIPA or a UK Registered Patent Agent or an Irish Registered Patent Agent or a Member of ITMA.)

(b) Have you/your firm decided to be regulated by IPREG YES/NO

(c) 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.

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5 FINANCIAL INFORMATION

Please state the total fees (gross turnover less official disbursements and agents' fees) earned by your firm in its most recently completed financial year.

Year

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Fees

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6 WORK PROFILE

Please provide your best estimate of:

- (a) The number of cases in which representatives of your firm have acted as an advocate at the Patents County Court in the past twelve months:

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- (b) The number of cases in which representatives of your firm have acted as an authorised litigator in the past twelve months:

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- (c) The percentage of your firm’s gross turnover derived from USA-based clients and agents in its most recently completed financial year:

%

- (d) The percentage of your firm’s gross turnover paid to USA-based agents in its most recently completed year:

%

- (e) The percentage of your firm’s gross turnover attributable to patent, trade mark and registered design work respectively:

Patents	%
Trade Marks	%
Registered Designs	%

7 FIRM PROFILE

Have any significant changes occurred in your firm's profile since your last renewal?

YES / NO - If YES, give details below.

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

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

9 COVER

You will receive a quotation for the same limit of cover and deductible as under your current policy. If you require alternative quotations, please indicate below. PAMIA’s standard cover excludes claims brought in the USA. If you have not opted in the past to include cover for claims brought in the USA and wish to receive a quote for doing so, please also indicate below.

10 NOTIFICATIONS

Are you aware of any claims, or any circumstances which might give rise to a claim, against your firm, other than those that have already been notified to PAMIA? (A list of PAMIA’s record of your notifications is available upon request.)

YES/NO

If YES, give full particulars below, or attach as separate letter. (A suggested template for making notifications is attached and it would enhance our efficiency if notifications are submitted by email in this format).

DECLARATION

I agree to abide by the Rules 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.

Signature _____
(Partner or Director or Proprietor)

Date _____

Commitment Letter

To: PAMIA Limited

I/We agree that this practice has irrevocably committed itself to insure with PAMIA Limited for the 2011 Policy Year and the 2012 Policy Year in consideration of PAMIA granting a deferral of 15% of the net premium for the 2011 Policy Year, if I/We purchase cover less than £2 million, or a deferral of 17.5% of the net premium for the 2011 Policy Year, if I/We purchase cover of £2 million or more, and a minimum of 10% deferral for the following Policy Year.

Signed by _____

For _____

Date _____

Notification to PAMIA Limited

PAMIA MEMBER NAME & REFERENCE: _____

DATE OF NOTIFICATION: _____

CLIENT NAME: _____

PATENT/TRADE MARK/REGISTERED DESIGN NO.: _____

NAME OF PATENT/TRADE MARK/REGISTERED DESIGN:

SUMMARY OF NOTIFICATION (*please include key dates including when the error came to light*):

CLIENT INFORMED? YES / NO

CLIENT'S RESPONSE:

MEMBER'S RECOMMENDATIONS:

