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PAMIA Limited
Thomas Miller B.V. as Authorised Agent
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www.pamia.co.uk

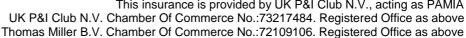
EU Membership Renewal Form

2023 Policy Year

NAME OF FIRM(S) TO BE INSURED

Please note, if you have ceased to practise, the cover provided by PAMIA is on a claims made basis, so if you wish to ensure that you have cover in place for claims made against you in the future arising from errors or omissions in work undertaken before your retirement, you <u>must</u> purchase run-off insurance from PAMIA. Please note, IPReg expects you to take out such insurance.

CONSULTANTS		
	all Consultants you request to be or work carried out for you. sheet if necessary).	personally insured under y
NAME	QUALIFICATION	IPReg REGULATE
		Yes N
ADDRESS OF MAIN OF	FICE	
Contact name		







4 AUTHORISED INSURED

If different to the contact given in answer to 3 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					
	Address					
•	Contact name					
	Telephone					
	Email					
L	LOCATION OF BRANCH OFFICES / NAMES OF SUBSIDIARIES (if applicable)					
Р	Please provide details of all fee-generating offices you have in addition to your main office.					

6 FIRM PROFILE

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(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
		explanation. (It is a requirement to be e regulated by IPReg if you are based
,		
(c) Is your firm regulated	by IPReg? Yes	No 🗌
If you have answered	d no, please provide an exp	planation.
•	ılated if it is providing res legalservicesboard.org.uk	erved legal activities, see link for full
		bers, Proprietors or Employees have hths, please state how many:
FINANCIAL INFORMATI	ION	
•	ss fees earned by your firm official disbursements and	in its most recently completed financial lagents' fees):
Year	Fees (please state cu	irrency)
WORK PROFILE		
Please provide your best	estimate of:	
(a) The number of cases at IPEC in the past to		of your firm have acted as an advocate

This insurance is provided by UK P&I Club N.V., acting as PAMIA UK P&I Club N.V. Chamber Of Commerce No.:73217484. Registered Office as above Thomas Miller B.V. Chamber Of Commerce No.:72109106. Registered Office as above

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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:			
	(c) The percentage of your firm's gross turnover derived from USA-based clients agents in its most recently completed financial year:			d clients and	
	(d)	The percentage of your firm's gross turnover percently completed year:	aid to USA-based agent	ts in its most	
	(e) The percentage of your firm's gross turnover attributable to patent, trade mark and registered design work respectively:				
			Patents	%	
			Trade Marks	%	
			Registered Designs	%	
	(f)	CIPA, CITMA, the IPLA and the Law Society have Bono Scheme. Please confirm whether your fit participate in this scheme. If you have answapproximate number of hours and value of work over the next twelve months.	rm has participated in overed yes, please state you expect to devote to	or intends to e below the	
9	FIRM PROFILE Have any significant changes occurred in your firm's profile since your last renewal? Yes No If YES, give details below.				
10	Ple: exp	SSIAN, UKRAINE AND BELARUSIAN CLIENTS ase tick the box below to confirm that you have re cosure and can confirm that you are not directly of vidual or Entities.	eviewed your Russia/Ukr		

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11 INSURANCE PREMIUM TAX

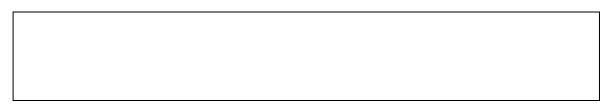
If you have fee-generating offices in any of the countries listed below, state the percentage of your firm's gross turnover earned by those offices.

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 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.







PAMIA IS MANAGED BY **THOMAS MILLER**

13	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 using the template appended to the renewal form.
14	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.
15	FEEDBACK
	The Board of PAMIA invites your feedback on the service provided by PAMIA and the Managers and would welcome any suggestions that you may have on how PAMIA and the Managers may improve. Please provide your feedback below or, if you would prefer to provide your feedback to the Chair, please email Alice Findlay at alice.findlay@reddie.co.uk .
	CLARATION
afte kno I ag	gree to abide by the Rules and Terms of Cover of PAMIA Limited. I hereby declare that, or due investigation, the above statements and particulars are true to the best of my will be will be and that I have not knowingly suppressed or misstated any material facts. I gree that this proposal shall be the basis of the contract of insurance between the Firm and MIA Limited.
	Ill name
•	artner, Director or Proprietor)
Da	This insurance is provided by LIK P&I Club N.V. acting as PAMIA

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Commitment Letter

To: PAMIA Limited

I/We agree that this practice has irrevocably committed itself to insure with PAMIA Limited for the 2023 Policy Year and the 2024 Policy Year in consideration of PAMIA granting a deferral of 20% of the net premium for the 2023 Policy Year, if I/We purchase cover less than £2 million, or a deferral of 25% of the net premium for the 2023 Policy Year, if I/We purchase cover of £2 million or more, and a minimum of 10% deferral for the following Policy Year.

I/We agree that we will not be entitled to a deferral in the 2023 Policy Year if I/we purchase insurance cover from another insurer attaching at a limit of cover below the maximum limit of cover offered by PAMIA in the 2023 Policy Year.

I/We agree that we will not be entitled to a deferral in the 2023 Policy Year if I/we purchase insurance cover from another insurer attaching at a limit of cover below the maximum limit of cover offered by PAMIA in the 2024 Policy Year.

I/We undertake to inform PAMIA if I/We purchase cover from another insurer attaching at a limit of cover below the maximum limit of cover offered by PAMIA in the 2023 Policy Year or the 2024 Policy Year.

Full name	
(Partner, Director or Proprietor)	
Date	



Notification to PAMIA Limited

PAMIA MEMBER NAME:			
PAMIA MEMBER REFERENCE NO.:			
DATE OF NOTIFICATION:			
CLIENT NAME:			
PATENT/TRADE MARK/REGISTERED DESIGN NO. (<i>Please select as appropriate</i>)	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:			

Please now save this document and email it to pamiarenewal@thomasmiller.com

