

# Membership Renewal Form

## 2017 Policy Year

Please note, if you have ceased to practise, the cover provided by PAMIA is on a claims made basis, so 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 must purchase run-off insurance from PAMIA.

### 1 NAME OF FIRM(S) TO BE INSURED

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### 2 CONSULTANTS

Please provide details of all Consultants you request to be personally insured under your Certificate of Insurance for work carried out for you.  
(Continue on a separate sheet if necessary).

NAME	QUALIFICATION	IPReg REGULATED
<hr/>	<hr/>	YES/NO
<hr/>	<hr/>	YES/NO

### 3 ADDRESS OF MAIN OFFICE

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Contact name 

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Tel 

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Fax 

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Email 

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**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 \_\_\_\_\_

**5 LOCATION OF BRANCH OFFICES / NAMES OF SUBSIDIARIES (if applicable)**

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**6 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 a Corporate Member of ITMA and regulated by IPReg where (s)he is eligible to be regulated by IPReg.)

(b) Are you / 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.)

(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.

## **7 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

Fees

## **8 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 IPEC in the past twelve months:

(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 and agents in its most recently completed financial year:

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

%
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- (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, ITMA, the IPLA and the Law Society have collaborated to establish the IP Pro Bono Scheme. Please confirm whether your firm has participated in or intends to participate in this scheme. If you have answered yes, please state below the approximate number of hours and value of work you expect to devote to this scheme over the next twelve months.

hours
£

- (g) PAMIA provides insurance for claims arising out of the provision of services relating to all or any of patents, designs, copyright, trademarks, unregistered design right, utility models, domain names, plant varieties and the like or foreign equivalents, and actions and right arising out of the possession of goodwill, confidential information or know-how related thereto.

Does your firm or a firm in which your firm has an interest currently provide services which do not fall within the above? If so, please describe the services below, state the level of fee income derived from them, provide details of the professionals providing them and provide details of the insurance cover your firm has in place to cover this work.

If your firm does not currently provided services which fall within the above, would your firm consider providing such services if PAMIA were to extend the insurance it provided to members to cover non-IP work?

## **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 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	
UK	

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

## **11 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.

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## **12 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.

## **13 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.

## **14 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 Chairman, please email Alice Findlay at [alice.findlay@reddie.co.uk](mailto:alice.findlay@reddie.co.uk).

## **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.

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 2017 Policy Year and the 2018 Policy Year in consideration of PAMIA granting a deferral of 20% of the net premium for the 2017 Policy Year, if I/We purchase cover less than £2 million, or a deferral of 25% of the net premium for the 2017 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 2017 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 2017 Policy Year.

I/We agree that we will not be entitled to a deferral in the 2018 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 2018 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 2017 Policy Year or the 2018 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*):

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CLIENT INFORMED?    YES / NO**

**CLIENT'S RESPONSE:**

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**MEMBER'S RECOMMENDATIONS:**

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