



Firm Risk Management Questionnaire

Firm Management

1. Does your firm utilize client communication letter? Please answer below.
 - (a) An engagement letter when accepting a representation..... Yes No
 - (b) A non-engagement letter when declining a representation..... Yes No

2. (a) Does the Applicant's docket control system include:

 Single Calendar Computer Tickler Cards Dual Calendar Master Listing Other _____

(b) How frequently are deadlines cross-checked? Daily Weekly Monthly

3. Which of the following tools are used to avoid conflict of interest?

 oral/memory computer index file conflict committee written procedure Other _____

Outside Interest

4. Does any attorney proposed for this coverage currently serve as director, officer, trustee or partner of any entity which is a client of the firm..... Yes No

If Yes, complete a Supplement for Outside Interests.

5. In the past five years, has any lawyer proposed for this coverage held an equity or financial interest in a client? Yes No

6. Is any lawyer proposed for this coverage
 - (a) An employee of any organization, entity or governmental body other than Applicant? Yes No

If Yes, provide details. _____
 - (b) Engaged in any professional/business activities other than the private practice of law? Yes No

If Yes, provide details. _____

Business Practices

7. (a) Have any suits for collection of fees been filed against any client in the last two (2) years?..... Yes No

If Yes, how many? _____

(b) What steps have been taken by the Applicant to reduce or avoid the necessity of fee collections suits in the future?

8. Do you participate in a case sharing agreement with attorneys not listed on your letterhead?..... Yes No
9. Does the Applicant share office space with any other lawyer?..... Yes No

If Yes,
 - (a) Is letterhead shared?..... Yes No
 - (b) Is any staff shared?..... Yes No
If Yes to above, provide details. _____

Insurance & Claim History

10. Has any insurer declined, canceled, or non-renewed any Lawyers Professional Liability Insurance or any similar insurance on behalf of any person(s) or entity(ies) proposed for this insurance?..... Yes No

If Yes, provide details. _____

If you are a sole practitioner:

11. Is there a lawyer that will be responsible for Applicant's practice if the Applicant is unable to work for an extended period of time?..... Yes No

If Yes, provide the following: Name of back-up lawyer: _____

Address: _____ Phone Number: _____

Name of Applicant

Title

Signature of Applicant

Date