

## Firm Management Questionnaire

Underwritten by The Hanover Insurance Company

### I. INSTRUCTIONS

Whenever used in this Application, the term "you", "your(s)", "firm" or "Applicant" shall mean the **Named Insured** and all subsidiaries or other organizations applying for coverage, unless otherwise stated.

### II. GENERAL INFORMATION

Name of Applicant: \_\_\_\_\_

### III. FIRM MANAGEMENT

1. Does the firm share letterhead with any other lawyer or firm or does your name appear on the letterhead of any other lawyer or firm?  Yes  No
2. Does the firm have formal, written procedures regarding the maintenance of custodial accounts?  Yes  No
3. How many suits for collection of delinquent fees have been filed by the firm in the past two years? \_\_\_\_\_
4. When evaluating whether a case should be sent for collection, does the firm review the file for the purpose of evaluating whether the possibility of a counter claim alleging malpractice might be filed in response?  Yes  No
5. When evaluating whether a case should be sent for collection, does the firm wait until the applicable statute of limitations on a potential malpractice action has run before filing suit?  Yes  No
6. Do any firm members have more than 5% ownership in one or more publicly traded companies or more than 15% ownership in one or more companies that are not publicly traded and which are firm clients?  Yes  No  
**If "Yes", please provide an Outside Interest Supplemental Application.**
7. Do any firm members serve as directors, officers, trustees, consultants, etc., for any firm clients?  Yes  No  
**If "Yes", please provide an Outside Interest Supplemental Application.**
8. Does the firm outline and reduce to writing its billing policy and procedures when agreeing to represent a new client?  Yes  No
9. Does the firm use scope of service letters when taking on new matters for existing clients?  Yes  No
10. How often does the firm use:
 

a. Engagement letters	_____%
b. Disengagement letters	_____%
c. Non-engagement letters	_____%
11. Does the firm maintain a docket control system and/or calendar and procedure with at least two independent date controls?  Yes  No
  - a. Is the docket control system and/or calendar and procedure computerized?  Yes  No
  - b. Does the docket control system and/or calendar have redundancies in input, review and oversight?  Yes  No
  - c. How often is the docket control system and/or calendar updated? \_\_\_\_\_

12. Does your Docket/Calendar system:

- a. Track litigated items?  Yes  No
- b. Track non-litigated items, even where no critical deadline is involved?  Yes  No

13. What is the total number of hours of continuing legal education within the last year for all lawyers? \_\_\_\_\_

14. If you are a sole practitioner please identify the lawyer who handles your cases in your absence.  NA

Back-up Lawyer \_\_\_\_\_

Address, City & State: \_\_\_\_\_

Telephone Number \_\_\_\_\_

15. List the firm's five largest clients to whom the firm provided legal services in the past twelve months.

Client Name	Client's industry	Services performed

**Additional Information**

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\_\_\_\_\_

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\_\_\_\_\_

**IV. MATERIAL CHANGE**

If any of the Applicants discover or become aware of any significant change in the condition of the Applicant between the date of this Questionnaire and the policy inception date, which would render the Questionnaire inaccurate or incomplete, notice of such change will be reported in writing to us immediately and any outstanding quotation may be modified or withdrawn.

**V. DECLARATIONS, NOTICE AND SIGNATURES**

The submission of this Questionnaire does not obligate the **Insurer** to issue, or the Applicant to purchase, a policy. The Applicant will be advised if the Questionnaire for coverage is accepted. The Applicant hereby authorizes the **Insurer** to make any inquiry in connection with this Questionnaire.

The undersigned, declare that to the best of their knowledge and belief, after reasonable inquiry, the statements set forth in this Questionnaire and in any attachments or other documents submitted with the Questionnaire are true and complete and were made to obtain requested information from each and every Applicant proposed for this insurance to facilitate the proper and accurate completion of this Questionnaire.

The undersigned agree that the information provided in this Questionnaire and any material submitted herewith are the representations of all the Applicants and the basis for issuance of the insurance policy should a policy providing the requested coverage be issued, and that the **Insurer** will have relied on all such materials in issuing any such policy. The undersigned further agree that the Questionnaire and any material submitted herewith shall be considered attached to and a part of the policy. Any material submitted with the Questionnaire shall be maintained on file (either electronically or paper) with us.

The information requested in this Questionnaire is for underwriting purposes only and does not constitute notice to the **Insurer** under any policy of a **Claim** or potential **Claim**.

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO ARIZONA AND MISSOURI APPLICANTS:** Claim Expenses are Inside the Policy Limits. All claim expenses shall first be subtracted from the limit of liability, with the remainder, if any, being the amount available to pay for damages.

**NOTICE TO ARKANSAS, LOUISIANA AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO IDAHO AND OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO KANSAS APPLICANTS:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to, or by an insurer, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly or willfully presents false information in an application for insurance is guilty of a

crime and may be subject to fines and confinement in prison.

**NOTICE TO MICHIGAN APPLICANTS:** Any person who knowingly and with intent to defraud an insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent act, which is a crime and subjects the person to criminal and civil penalties.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who knowingly includes any false or misleading information on an application for an insurance policy or files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**NOTICE TO NEW HAMPSHIRE APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

**NOTICE TO NEW MEXICO AND RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud any insurance company: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**Note:** This **Application** must be signed by a representative of the Applicant acting as the authorized representative of the person(s) and entity(ies) proposed for this insurance.

*Date*

*Signature*

*Title*

\_\_\_\_\_

Produced By: Agent: \_\_\_\_\_ Agency: \_\_\_\_\_

Agency Taxpayer ID or SS No.: \_\_\_\_\_

Agent License No.: \_\_\_\_\_ Agent Signature: \_\_\_\_\_

Address (Street, City, State, Zip): \_\_\_\_\_