



Risk Management Supplement

Lawyers Professional Liability Insurance

NAME OF APPLICANT: _____

- 1) Does the Applicant employ a firm administrator? Yes No
- 2) Is the firm managed by a committee that meets on a regularly scheduled basis? Yes No
- 3) Does the firm have *written* risk management procedures? Yes No
- 4) Does the Applicant use a formal system to evaluate the performance of all practicing *lawyers*? Yes No
- 5) Does the Applicant use a formal system to evaluate the performance of all *staff*? Yes No
- 6) How many suits against your clients for recovery of attorney's fees have you filed in the last two years? _____
- 7) How many of these suits have been resolved? _____
- 8) What percentage of the Applicant's billings are ninety (90) days or more overdue? _____%
- 9) Are new clients and new matters approved by a committee or by a partner in the firm? If "**no**", please explain on a separate addendum. Yes No
- 10) Are engagement letters or retainer agreements, which establish the scope of the Applicant's representation and billings arrangements, required to be sent on all new client engagements? If "**no**", please explain. Yes No
- 11) Are billing arrangements, if any, explained in writing to the client at the outset of Applicant's representation? If "**no**", please explain. Yes No
- 12) Are non-engagement letters required to be used when declining representation? If "**no**", please explain. Yes No
- 13) Are changes to the scope of representation evidenced by an addendum or revision to the engagement letter? If "**no**", please explain. Yes No
- 14) Are disengagement letters or termination letters required to be used upon terminating or completing the legal representation? Yes No

- 15) Does the Applicant share any of the following with other attorneys or law firms? (Use separate attachment if necessary.)
- | | | | |
|---------------|------------------------------|-----------------------------|---|
| Office Space: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, name of office sharing attorney(s) or firm(s): _____ |
| Cases: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please describe case sharing arrangement on separate addendum. |
| Letterhead: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, please explain relationship on separate addendum and provide sample letterhead. |

- 16) Which of the following are incorporated in the Applicant's docket control system? (check all that apply)
- Calendar Master Listing Tickler File Pocket Diary
- Computerized System
- Other _____

- 17) Does the control system include? (check all that apply)
- Litigated items Non-litigated items Statute of limitations Dates of long-term matters
- Other _____

18) How frequently are deadlines cross-checked? (check all that apply)
Daily Weekly Monthly Other _____

19) How does the Applicant maintain its conflict of interest system? (check all that apply)
Oral/memory Index File Computer Conflict Committee Other _____

20) Indicate the items captured by this system? (Check all that apply)
Client Name Client Principals Client Subsidiaries Opposing Party Opposing Counsel
Are potential conflicts referred to an independent conflict committee? Yes No

22) Describe how the Applicant resolves potential and actual conflicts (attach separate addendum if necessary):

23) After matters have been opened, what steps does the Applicant take to supplement conflict of interest searches regarding new parties?

24. Are any of the Applicant's lawyers a director or officer of, a partner in, holding equity interests in, or an employee of a business entity other than the Applicant? **If "Yes", please complete the Outside Interest Supplement.** Yes No

I understand that the information provided herein becomes a part of the firm's Professional Liability Application and is subject to the same representation and conditions.

Signature of Applicant *Title* *Date*
(Must be signed by a Managing Partner, or Officer, of the Firm)