



# Law Firm Questionnaire

Application is hereby made by \_\_\_\_\_  
(Please list all Insureds, including Employee Benefit Plans)

Principal Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Policy Effective Period \_\_\_\_\_ to \_\_\_\_\_

## Insuring Agreements

Limit of Insurance

Deductible

Insuring Agreement – Employee Dishonesty <input type="checkbox"/> Blanket	\$ _____	\$ _____
Insuring Agreement – Forgery or Alteration	\$ _____	\$ _____
Insuring Agreement – Inside the Premises	\$ _____	\$ _____
Insuring Agreement – Outside the Premises	\$ _____	\$ _____
Insuring Agreement – Computer Fraud	\$ _____	\$ _____
Insuring Agreement – Money Orders and Counterfeit Paper Currency	\$ _____	\$ _____
Insuring Agreement – Loss of Clients’ Property Resulting from Employee Dishonesty	\$ _____	\$ _____
Insuring Agreement – Funds Transfer Fraud	\$ _____	\$ _____

## 1. Description of your organization

Yes

No

a. Are you a:  Proprietorship  Partnership  Corporation  Other: \_\_\_\_\_

b. Date your business was established: \_\_\_\_\_

c. Please describe the services of your predominant business or activity: \_\_\_\_\_  
 \_\_\_\_\_

d. Please describe the instruments held by the law firm: \_\_\_\_\_  
 \_\_\_\_\_

e. Has there been any change in partnership within the past three years?  Yes  No

If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_

## 2. Audit Procedures

Yes

No

a. Are your annual financial statements audited by a public accountant?  Yes  No

b. Is the public accountant’s opinion unqualified?  Yes  No

c. Does it include all interests and locations on an annual or intermittent basis?  Yes  No

d. Have all recommendations made by the accountant been adopted?  Yes  No

e. Are all reports sent directly to the partners?  Yes  No

f. Is there a full-time Professional Staff Auditor?  Yes  No

g. Is there an Internal Audit department?  Yes  No

**3. Internal Controls**

Yes

No

**Bank Accounts**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| a. Are bank accounts reconciled monthly?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are bank accounts reconciled by someone not authorized to deposit or withdraw?<br>If no, please explain. _____<br>_____  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are the operating accounts of the firm and the closing accounts kept separate?<br>If no, how does your firm differentiate between your clients' funds and the firm's funds?<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Whom in the firm has access to the escrow accounts? _____  |                          |                          |
| e. What controls are over the accounts payable? _____   |                          |                          |
| f. What controls are over the accounts receivables? _____   |                          |                          |
| g. Who has access to these records? _____   |                          |                          |
| h. Are background checks (e.g. credit report) provided on all vendors?  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Do you maintain a list of approved vendors?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Checks**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| a. Is countersignature of all checks required?<br>Above what amount? \$ _____<br>If no countersignature is in place, what controls are in lieu of it? _____<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Do all vouchers or other supporting record accompany all checks to be signed?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are vouchers/supporting records stamped "PAID" when checks are signed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are your systems designed so that no single employee can control a transaction from the beginning to the end (e.g. approve a voucher, request and sign a check)?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Payroll**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a. Do you screen your employees for prior acts of dishonesty?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are credit reports checked when screening new employees?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Is the payroll made up by persons other than those who distribute it to employees?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are all persons who are authorized to hire and/or fire employees prohibited from distributing the payroll? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Is positive identification required of each person receiving pay?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Supervision by Owner**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a. Is there personal supervision of business activities on a daily basis by the partner(s)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does that person:  |                          |                          |
| 1. Deposit all cash receipts?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Sign or countersign all checks?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Check petty cash periodically?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Verify periodically accounts receivable?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Reconcile all bank accounts?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Verify shipping and receiving activities?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Review journal entries?  | <input type="checkbox"/> | <input type="checkbox"/> |

**3. Internal Controls *Continued***

**Yes No**

**Additional Information**

- a. Have you hired or retained persons with prior convictions?  Yes  No  
 If yes, do you have employees working in the state of New York?  Yes  No  
 If yes, do you weigh the factors set out in New York State Corrections Law Article 23-A in making the determination to hire or retain such persons?  Yes  No
- b. Do you maintain documentation of your New York State Corrections Law Article 23-A assessment?  Yes  No

**4. Gross Firm Billings**

**Please enter the approximate percentage of gross firm billings for each of the following that describes your real estate practice for the last 12 months. The total must equal 100%.**

- a. Residential Closings – representation of borrowers \_\_\_\_\_ %
- b. Commercial Closings – representation of borrowers \_\_\_\_\_ %
- c. Residential Closings – representation of lenders \_\_\_\_\_ %
- d. Commercial Closings – representation of lenders \_\_\_\_\_ %

**5. During the last 12 months, how many transactions were handled that can be classified as:**

- a. Residential Real Estate \_\_\_\_\_
- b. Commercial Real Estate \_\_\_\_\_

**6. What is the average size/value of the transactions indicated above in question 5 for each category:**

- a. Residential Real Estate \$ \_\_\_\_\_
- b. Commercial Real Estate \$ \_\_\_\_\_

**7. With regard to your real estate clients, does the firm or any member of the firm:**

**Yes No**

- a. Have a business relationship other than the rendering of legal services?  Yes  No
- b. Have the authority to disburse funds for any of the real estate clients?  Yes  No
- c. Accept a percentage of the dollar value of a transaction in lieu of legal fees?  Yes  No

**8. Prior Insurance**

**Yes No**

- a. Has any similar insurance been declined or canceled during the past three years?  Yes  No  
 If yes, please explain. \_\_\_\_\_

- b. Prior insurance to be superseded \_\_\_\_\_  Check here if none

Form of Insurance	Effective Date	Expiration Date	Limit of Insurance	Name of Insurance Company

**9. Loss History**

Enter all claims or occurrences that may give rise to claims for the prior 5 years  Check here if none

Date of Occurrence	Type/Description of Occurrence or Claim	Date of Claim	Amount Paid	Claim Status (Open or Closed)

Comments/Corrective Action Taken \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10. Classification of Employees and Locations**

a. Classification of Employees:

1. Number of Partners (including full-time and part-time) \_\_\_\_\_

2. List the number of employees in the following classifications:

Accountants/Asst. Accountants	Delivery Persons	Receiving and Shipping Clerks
Adjusters	Drivers and Drivers' Helpers	Security Personnel
Administrative/Asst. Administrators	Messengers	
Attorney	Office Clerks	
Auditors/Asst. Auditors	Mail room Personnel	
Bookkeepers	Paralegals/Legal Secretaries	
Custodians	All other employees who handle money	

3. Number of all other employees \_\_\_\_\_

4. Number of additional locations other than the head office \_\_\_\_\_

**11. Money - Securities**

Please enter the exposure for each category. Amounts entered should be the maximum exposure.

Type	Money	Securities (Other Than Payroll Checks)	Checks (Excluding Retail Checks)	Payroll Checks	Money Overnight	Securities (In Bank/Safe Deposit)
Inside						
Messenger #1						
Messenger #2						

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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_