

*Combined AOP Supplemental Questionnaire*

*Underwritten by The Hanover Insurance Company*

**NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.**

**INSTRUCTIONS**

- Complete only the AOP Sections of this Questionnaire that apply. For all others select N/A.
- If additional space is needed, attach a separate sheet of paper.

Whenever used in this Questionnaire, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

**A. GENERAL INFORMATION**

Name of Firm \_\_\_\_\_

**B. FAMILY LAW**

N/A

1. How many lawyers at the **Firm** perform family law work? \_\_\_\_\_
2. What is the average number of years of family law experience? \_\_\_\_\_
3. Does the **Firm's** family law practice include services relating to surrogacy or international adoption?  Yes  No  
If "Yes", please provide an explanation:  
\_\_\_\_\_  
\_\_\_\_\_

4. Please complete the following chart estimating the percentage of **Your** family law work according to marital asset value:

Value of Marital Assets	Estimated Percentage of Family Law Work
Up to or Equal to \$2,000,000	
Over \$2,000,000	

5. What were the three largest marital asset values in the past twelve months? \_\_\_\_\_

**C. COMMERCIAL LAW & BUSINESS TRANSACTIONS**

N/A

1. How many lawyers at the **Firm** perform commercial law/business transactions? \_\_\_\_\_
2. What is the average number of years of commercial law/business transactions experience? \_\_\_\_\_
3. Describe the type and nature of the commercial law/business transactions, including a description of the parties represented.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do the **Firm's** commercial law/business transactions services involve regulatory matters or audits?  Yes  No  
If "Yes", what percentage of **Your** commercial law practice does this work account for? \_\_\_\_\_
5. What was the largest transaction value (not amount billed) in the past twelve months? \_\_\_\_\_

**D. MERGERS & ACQUISITIONS**

N/A

1. How many lawyers at the **Firm** perform mergers & acquisitions work? \_\_\_\_\_
2. What is the average number of years of mergers & acquisitions experience? \_\_\_\_\_
3. Complete the following for the five largest mergers/acquisitions from the past two years:

Client Name	Transaction Value	Year	Friendly or Hostile	Description of Legal Services

*\*Where a client's name may not be disclosed, please insert a number from 1-5 (as applicable) in the Client Name field.*

**E. CREDITORS' RIGHTS (BANKRUPTCY AND/OR COLLECTIONS)**

N/A

**BANKRUPTCY**

N/A

1. How many lawyers at the **Firm** perform bankruptcy work? \_\_\_\_\_
2. What is the average number of years of bankruptcy experience? \_\_\_\_\_
3. Please provide the percentage of bankruptcy cases in the following categories:
- Debtor Representation: \_\_\_\_\_%
- Creditor Representation: \_\_\_\_\_%
- As Trustee: \_\_\_\_\_%
- Other: \_\_\_\_\_%
4. Does the **Firm** have standard review procedures to certify the accuracy of debtor schedule?  Yes  No  
If "Yes", please provide a brief description:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Has the **Firm** or any of **You** ever represented debtors in bankruptcy proceedings where the total debt exceeded \$10M?  Yes  No  
If "Yes", please describe and provide dollar value of total debt:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COLLECTIONS**

N/A

1. How many lawyers at the **Firm** perform collections work? \_\_\_\_\_
2. What is the average number of years of collections experience? \_\_\_\_\_
3. Regarding the **Firm's** collections practice over the last 12 months, please provide a percentage breakdown:
  - Consumer Collections: \_\_\_\_\_%
  - Commercial Collections: \_\_\_\_\_%
  - Mortgage Foreclosures: \_\_\_\_\_%
4. How many collection cases did the **Firm** handle in the past 12 months? \_\_\_\_\_
5. What was the average dollar value of all collection cases handled by the **Firm** in the past 12 months? \$ \_\_\_\_\_
6. What was the maximum value of any single collection case handled by the **Firm** in the past 12 months? \$ \_\_\_\_\_
7. Does the **Firm** provide any services to purchasers of debt or debt consolidators?  Yes  No  
 If "Yes", please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Does the **Firm** accept collection cases in states outside of the **Firm's** office location(s)?  Yes  No  
 If "Yes", please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Does the **Firm** have written procedures to verify compliance with the FDCPA and all amendments?  Yes  No
10. Does the **Firm** have written procedures to verify the validity of an alleged debt?  Yes  No
11. Have all collection letters and correspondence been reviewed and standardized to assure compliance with all state and federal statutes?  Yes  No
12. Does the **Firm** use a formal script that is fully compliant with all state and federal collection laws when contacting debtors by phone?  Yes  No  
 If "No" to any of Questions 9-12, please provide an explanation on a separate sheet of paper.
13. Does the **Firm** permit outside collection firms to use its name or the name of any of its attorneys in collection activities?  Yes  No
14. Does the **Firm** or any of its attorneys have any kind of ownership interest in an outside collection agency?  Yes  No
15. Within the past five years, has the **Firm** or any of its attorneys executed any hold harmless or indemnity agreement in favor of any collection clients regarding their own violation or alleged violation of collection laws?  Yes  No  
 If "Yes" to any of Questions 13-15, please provide an explanation on a separate sheet of paper.

**F. WILL/ESTATE/PROBATE/TRUST PRACTICE**

N/A

1. How many lawyers at the **Firm** perform wills/estate/probate/trust (WEPT) work? \_\_\_\_\_

2. What is the average number of years of WEPT experience? \_\_\_\_\_
3. Does the **Firm** allow lawyers to accept gifts or bequests from WEPT clients?  Yes  No
4. Does the **Firm** provide investment advice or make decisions resulting in the purchase or sale of securities, real estate, or other investments?  Yes  No  
If "Yes", please explain:

\_\_\_\_\_

\_\_\_\_\_

5. Do any lawyers at the **Firm** receive any kind of compensation from the purchase or sale of investment to or on behalf of any estate or trust?  Yes  No
6. Is any member of the **Firm** a Financial Advisor or Registered Representative?  Yes  No  
If "Yes", please explain:

\_\_\_\_\_

\_\_\_\_\_

7. Does the **Firm** have authority to write checks in connection with any services as an Executor or Trustee?  Yes  No  
If "Yes", are dual or countersignatures required?  Yes  No

8. For WEPT clients, does the **Firm**:
- a. Fully document all conversations and practices?  Yes  No
  - b. Video the execution of the will and trust documents?  Yes  No
  - c. Conduct a mental status evaluation?  Yes  No
  - d. Fully vet and prepare any witnesses?  Yes  No

9. Please complete the following chart estimating the percentage of **Firm's** WEPT work according to client's total asset size:

Clients Total Assets	Estimated Percentage of WEPT Work
Less than \$2,000,000	%
Between \$2,000,000 and \$5,000,000	%
Between \$5,000,000 and \$10,000,000	%
More than \$10,000,000	%

10. What was the asset value of the largest estate or trust worked on in the past 12 months? \_\_\_\_\_
11. What was the average asset value of all estates & trusts worked on in the past 12 months? \_\_\_\_\_
12. What percentage of the **Firm's** (WEPT) practice falls into each of the following categories?  
(Must total 100%)

Estate Planning	%
Will Drafting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust Drafting and Advice (Living, Gift, Life Insurance, Charitable, Special Needs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Business Succession and Tax Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Directives/Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Estate Administration/Probate</b>	%
Probate/Estate Administration	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inheritance Tax Compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust Administration	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Estate Litigation</b>	%
Will Contests/Probate Litigation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trustee/Executor Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust Litigation (construing or reforming terms)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**G. PLAINTIFF PERSONAL INJURY LITIGATION PRACTICE**  N/A

1. How many lawyers at the **Firm** perform plaintiff litigation work? \_\_\_\_\_
2. Total number of plaintiff personal injury cases during the past twelve months: \_\_\_\_\_
3. Percentage of cases settled before trial: \_\_\_\_\_%
4. Does the **Firm** use written referral agreements 100% of the time when cases are referred in or out of the **Firm**?  Yes  No  
*If "No" what documentation is used?* \_\_\_\_\_

5. Provide the following:
  - a. Average dollar value of all plaintiff personal injury cases from the past 12 months: \_\_\_\_\_
  - b. Largest judgment, award, or settlement from the past five years: \_\_\_\_\_

6. Types of cases:

Category	Percentage of Cases in Each Category	Average Value per Case	Highest Value of Case in Past Five Years	Years of Experience	Number of CLE Hours in the Last Year
Asbestos	%	\$	\$		
Automobile Liability	%	\$	\$		
Aviation	%	\$	\$		
Class Action / Mass Tort	%	\$	\$		
Employment Law – Employee Rep.*	%	\$	\$		
Legal Malpractice	%	\$	\$		
Medical Malpractice	%	\$	\$		
Non-Medical Professional Malpractice	%	\$	\$		
Personal Injury / BI / PD	%	\$	\$		
Pharmaceutical or Medical Device	%	\$	\$		
Product Liability	%	\$	\$		
Slip and Fall	%	\$	\$		
Tobacco	%	\$	\$		
Toxic Tort	%	\$	\$		
Workers Compensation	%	\$	\$		
Wrongful Death	%	\$	\$		
Other:	%	\$	\$		

*\*If any "Employment Law – Employee Representation", please complete the Employment Law section of this questionnaire.*

**H. REAL ESTATE PRACTICE**

N/A

1. How many lawyers at the **Firm** perform real estate work? \_\_\_\_\_
2. What is the average number of years of real estate experience? \_\_\_\_\_
3. What percentage of the **Firm's** real estate practice comes from each of the areas?  
(Must total 100%)

Real Estate Practice Areas	Current Year	Previous Year
a. Residential Title searches, rendering of title opinions and other title work	%	%
b. Commercial Title searches, rendering of title opinions and other title work	%	%
c. Residential Closings – representation of buyers/lenders	%	%
d. Residential Closings – representation of sellers	%	%
e. Commercial Closings – representation of buyers/lenders	%	%
f. Commercial Closings – representation of sellers	%	%
g. Residential Land Use, Zoning	%	%
h. Commercial Land Use, Zoning	%	%
i. Eminent Domain	%	%
j. Landlord / Tenant	%	%
k. Construction Work and Mechanics' Liens	%	%
l. Condominiums, Cooperatives, and Town Houses (including conversion)	%	%
m. Foreclosure Work	%	%
n. Speculative Real Estate	%	%
o. Oil/Gas, Mineral, or Water Rights	%	%
p. Other (please describe):	%	%

4. Please provide a breakdown between residential and commercial, along with the average and maximum transaction values for each.

Residential Real Estate	%	\$	average	\$	max.
Commercial Real Estate	%	\$	average	\$	max.

5. During the last five (5) years, has the **Firm** or any of **You** been involved in the formation of real estate Syndications, real estate Investment Trusts, or Limited Partnerships?  Yes  No

If "Yes",

a. Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. List percentage of gross billings for the last year derived from:

Real Estate Limited Partnerships	_____ %
Real Estate Syndications	_____ %
Real Estate Investment Trusts	_____ %

6. With regard to the **Firm's** real estate clients, does the **Firm** or any of **You**:
- a. Have a business relationship with the client other than the rendering of legal services?  Yes  No
  - b. Accept a percentage of the dollar value of a transaction in lieu of legal fees?  Yes  No

*If "Yes" to a or b above please explain:*

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**I. EMPLOYMENT LAW PRACTICE**

N/A

- 1. How many lawyers at the **Firm** perform employment law work? \_\_\_\_\_
- 2. What is the average number of years of employment law experience? \_\_\_\_\_
- 3. Within the past five years, has the **Firm** or any of **You** been involved with any of the following:
  - a. Whistleblower cases  Yes  No
  - b. False Claims Act  Yes  No
  - c. Employment-related class action or collective action cases  Yes  No
  - d. Wage and hour claims  Yes  No
  - e. Collective bargaining  Yes  No

*If "Yes" to any of the above, please provide a detailed explanation:*

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- 4. Has the **Firm** or any of **You** ever been involved with a case that was the subject of news media reports?  Yes  No

*If "Yes", please provide details:*

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- 5. Has the **Firm** or any of **You** ever represented a celebrity, politician, or other public figure OR been involved with any high profile cases?  Yes  No

*If "Yes", please provide a detailed explanation:*

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- 6. Please list your five largest clients/cases from the past two years within employment law:

Client Name	Industry	Case Value	Status of Case

The undersigned, acting on behalf of all Applicants, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

**Date**                      **Signature / Title**

\_\_\_\_\_  
(mm/dd/yyyy)                      (Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

\_\_\_\_\_  
(mm/dd/yyyy)                      (Print Name and Title)

**A POLICY CANNOT BE ISSUED UNLESS THE "QUESTIONNAIRE" IS PROPERLY SIGNED AND DATED.**  
Please submit this "Questionnaire" including appropriate documentation to your agent.