

*Fee Suit 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**

**To be completed if Firm indicates 4 or more suits in the Application.**

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. FEE SUITS**

1. Provide the following information for all fee suits filed in the past two years:

***If more space is needed, attach a separate sheet.***

<i>Client Name*</i>	<i>Date</i>	<i>Dollar Amount</i>	<i>Status</i>

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

2. What steps have been taken to avoid possible countersuits? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What steps have been taken to prevent future fee suits? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. 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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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.