The Hanover Insurance Group™

Firm Management 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 INSUREDS 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

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.

GENERAL INFORMATION

1. What is the total number of non-lawyer staff?
   If staff to lawyer ratio is greater than 3:1, please attach a roster of non-lawyer staff. _____

2. If **You** are a sole practitioner, have **You** made arrangements for a backup lawyer in the event of **Your** extended and/or unexpected absence from **Your** practice?   ☐ N/A

   *Please provide **Your** backup lawyer's name and contact information in the space below. A backup lawyer is required for all solo **Firms**.*

   Backup Lawyer: _____

   Address: _____

   City: _____ State: _____ Zip Code: _____

   Telephone: _____

3. Does the **Firm** maintain a Conflict of Interest System?   ☐ Yes ☐ No
   a. *If "Yes", is it computerized?*   ☐ Yes ☐ No
   b. *If "No", explain how conflict of interest checks are performed and monitored.*

   _____

   _____

   _____

4. Does the **Firm**:
   a. Maintain a docket control system and/or calendar with at least two independent date controls?   ☐ Yes ☐ No
   *If "No", describe the **Firm's** docket and/or calendar system:*

   _____

   _____

   _____

   b. Is the docket control system and/or calendar computerized?   ☐ Yes ☐ No
   c. Does the docket control system and/or calendar have redundancies in input, review, and oversight?   ☐ Yes ☐ No
   d. How often is the docket control system and/or calendar updated?
   ☐ Daily   ☐ Weekly   ☐ Monthly   ☐ Annually   ☐ Other: _____
   e. Does the docket control system and/or calendar:
   ☐ Track Litigated Items   ☐ Track Litigated Items, even where no critical deadline is involved?

5. Client Communications – Indicate percentage of use for each. All questions must be answered:
    a. Engagement Letters: _____ %
        Do they include scope of services to be performed? ☐ Yes ☐ No
        Do they outline the **Firm's** billing policy and procedures? ☐ Yes ☐ No
    b. Non-Engagement Letters: _____ %
    c. Disengagement Letters: _____ %
        If not 100% for a, b and/or c above, provide details:

    _____

    _____

    _____

    NOTE: *Non-engagement letters* explicitly inform prospective clients that the law firm will not accept retention. These should be used when the **Firm** decides not to accept a client.

    Disengagement letters advise the client that the attorney-client relationship has terminated. These are used when a matter or transaction has concluded.

6. Does the **Firm** have a written client intake, screening, or file opening procedure? ☐ Yes ☐ No
    *If "Yes", does the **Firm's** client intake, screening, or file opening procedure:*
    a. Prohibit the disclosure of confidential information before a conflict check is completed? ☐ Yes ☐ No
    b. Require a conflicts approval before a new file can be opened? ☐ Yes ☐ No
    c. Examine the difficulty or complexity of the proposed representation? ☐ Yes ☐ No
    d. Examine the match between the proposed representation and the current skill sets of the lawyer(s) who will be working on the matter? ☐ Yes ☐ No
    e. Examine the likelihood of success or expectations of the client? ☐ Yes ☐ No

7. How many suits for collection of delinquent fees have been filed by the **Firm** in the past two years? _____
    If 4 or more, please complete the Fee Suite Questionnaire.

8. Do any of **You** have an interest of more than 15% in any company as a partner, member, principal or stockholder of any business enterprise or any entity not named on this application? ☐ Yes ☐ No
    If "Yes", please complete the Outside Interest Questionnaire.

9. Do any of **You** serve as a director, officer, trustee, consultant, or in any other capacity for a **Firm** client? ☐ Yes ☐ No
    If "Yes", please complete the Outside Interest Questionnaire.

10. Does the **Firm** share letterhead with any lawyer or firm; or does **Your** name appear on the letterhead of any other lawyer or firm? ☐ Yes ☐ No
    If "Yes", please provide a copy of the letterhead(s).

11. In the past 5 years, has the **Firm**, or any lawyer with the **Firm**, provided legal services in any way related to the following areas of practice?

a. Class Action / Mass Tort ☐ Yes ☐ No	d. Patent ☐ Yes ☐ No
b. Entertainment / Entertainment Clientele ☐ Yes ☐ No	e. Securities (Public and/or Private) ☐ Yes ☐ No
c. Marijuana (Medical and/or Recreational) ☐ Yes ☐ No	f. Water Rights ☐ Yes ☐ No

    Please provide details for any "Yes" response:

    _____

    _____

    _____

12. Do any of **You** provide professional services as an accountant, insurance agent or broker, investment advisor, real estate agent or broker, securities agent or broker, or any other professional service outside the practice of law? ☐ Yes ☐ No
    If "Yes", please provide details:

    _____

    _____

    _____

13. List the five largest clients to whom the **Firm** has provided legal services in the past twelve months.
    *("Largest Case Value" refers to size/value of transaction, not amount billed by the **Firm**.)*

Client Name*	Client's Industry	Area of Practice	Percentage of Firm's Annual Billings	Largest Case Value
			%	$
			%	$
			%	$
			%	$
			%	$

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

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.