

## ACCOUNTANTS & CONSULTANTS PROFESSIONAL LIABILITY

### Lawyers Supplement

*This form is for CPAs who are also licensed Attorneys and who are seeking professional liability insurance coverage for their professional services as both a CPA and as an Attorney. The questions in this supplement refer to **your** activities as an Attorney.*

1. Fees earned from activities as an attorney in the past year: \$ \_\_\_\_\_
  
2. Docket Control and Calendaring Systems
  - a. Which types of docket control and calendaring systems do **you** use?
 

i. Computer / Practice Management Software	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii. Tickler System	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii. Dual Calendar System	Yes <input type="checkbox"/> No <input type="checkbox"/>
iv. Other (describe): _____	
  
  - b. Do **you** regularly use docket control and calendaring systems with at least two independent date controls for each item? Yes  No
  
  - c. Do two separate individuals enter dates into different docket control or calendaring systems for the same matter? Yes  No
  
  - d. Are the entries in different systems being cross-checked regularly? Yes  No 
    - i. How often? \_\_\_\_\_
  
  - e. Who is calculating follow-up dates to be entered into the systems? \_\_\_\_\_
    - i. If not an attorney, how often does an attorney regularly review these dates for accuracy? \_\_\_\_\_
  
  - f. If **you** are a solo attorney, do you have a back-up attorney to monitor these systems in the event of **your** absence? Yes  No
  
  - g. Do **you** have a procedure to ensure that docket and calendar entries are reviewed and responded to in the event that any attorney is absent for an extended time? Yes  No
  
3. Conflicts of Interest Avoidance Procedures
  - a. Which types of conflict of interest avoidance systems do **you** use?
 

i. Computer / Conflict Software	Yes <input type="checkbox"/> No <input type="checkbox"/>
ii. Index File / Client Lists	Yes <input type="checkbox"/> No <input type="checkbox"/>
iii. Conflict Committee	Yes <input type="checkbox"/> No <input type="checkbox"/>
iv. Oral / Memory	Yes <input type="checkbox"/> No <input type="checkbox"/>
v. Other (describe): _____	

- b. Do **you** regularly use a conflict of interest avoidance system when accepting new clients or a new matter from existing clients? Yes  No
  - c. Do **you** disclose, in writing, to your clients and potential clients, all actual or potential conflicts of interest? Yes  No
  - d. Do **you** always obtain signed conflict waivers or decline, in writing, further representation in instances where conflicts of interest are disclosed to clients? Yes  No
  - e. Does **your** conflict of interest avoidance system identify attorney-client relationships established by predecessor, merged, or acquired firms? Yes  No
4. Have any of **you** (including predecessor entities), provided legal services to clients or referred clients to any business organization in which any of **you** or **your** spouses ever:
- a. Served as a director, officer, partner, trustee, or fiduciary (including as an administrator, conservator, escrow agent, executor, guardian, receiver, or trustee)? Yes  No 
    - i. If "YES", complete the **Trustee Supplement**
  - b. Owned an equity or financial interest? Yes  No 
    - i. If "YES", complete the **Outside Interest Supplement**
5. Do **you** utilize engagement letters, fee agreements, or retainer agreements that specifically define the scope and timeframe of representation in all instances? Yes  No
- a. If "NO", explain how you define the scope and cost of representation:  
\_\_\_\_\_
6. Do **you** utilize disengagement letters that specifically define the scope and timeframe of representation in all instances? Yes  No
- a. If "NO", explain how you terminate a client engagement:  
\_\_\_\_\_
7. Do **you** utilize nonengagement letters that specifically advise potential clients that **you** will not be providing professional services to them in all instances? Yes  No
- a. If "NO", explain how you decline a potential client engagement:  
\_\_\_\_\_
8. Within the past *five years*, have **you** sued any clients to collect fees? Yes  No
- a. If "YES", how many clients and what amounts were at issue? \_\_\_\_\_
9. What percentage of **your** accounts receivable are over 90 days past due? \_\_\_\_\_
- a. If more than 30%, describe the steps being taken to reduce this percentage:  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_