

CrimeSHIELD™ Policy
LOSS CONTROL QUESTIONNAIRE FOR ATTORNEY FIRMS



NAME OF INSURED: _____

ADDRESS: _____

DATE: _____

1. What type of law does your firm specialize in?
(i.e. Criminal, Personal Injury, Insurance, Bankruptcy, Corporate, Estate and Probate, Family or other) _____

2. Do you handle client funds held in trust, escrow, etc.? Yes No

3. If yes, is a system of dual control measures maintained over client assets at all time? Yes No
Please explain how this is accomplished (if necessary provide attachment).

4. Do disbursements from client accounts require approval and authorization from more than one partner or employee within the firm? Yes No

5. In any circumstance can any one partner or employee solely initiate and approve a check request or disbursement from a client account without any additional partner or employee sign off or approval? Yes No

6. If yes, what controls are in place to confirm the validity of disbursements processed individually without additional approval or authorization by another?

7. How often are client account disbursements reconciled to client accounts? _____

8. Are reconciliations performed by an employee not involved in the client disbursement process? Yes No

Completed By: _____

Title: _____