



CALIFORNIA SMALL FIRM RISK MANAGEMENT QUESTIONNAIRE

If you are a solo practitioner:

Are you working solely as Of Counsel, Independent Contractor or for a governmental agency? Yes No

Do you have a backup attorney in the event of leave of absence? Yes No

Are you currently listed as a backup for another firm on their application? Yes No

To be used for firms with 1–5 attorneys

Please provide additional details in support of a response to any question on a separate attachment

1. Are departing lawyers' files reviewed by a partner or officer of the firm? Yes No
2. Have you sued any client for fees in the past five years? (if yes, please explain) Yes No
3. Does your firm utilize an electronic docket control system? Yes No
4. Does your firm have an electronic conflict avoidance system? Yes No
5. Does your firm use engagement letters on all matters? Yes No
6. Does the firm outline and reduce to writing its billing policy and procedures when agreeing to represent a new client? Yes No
7. Does your firm use non-engagement letters on matters not undertaken? Yes No
8. Does the Firm have a formal system to respond to complaints? Yes No
9. Does the firm have a procedure for evaluating prospective client's financial strength, management expertise, reputation, and history of changing lawyers? Yes No
10. Is information as to all new clients made available on at least a weekly basis to all lawyers of the Firm? Yes No
11. Does the Firm use scope of service letters when taking on new matters for existing clients? Yes No
12. Does the Firm have formal, written procedures regarding the maintenance of custodial accounts and escrow funds? Yes No
13. Do you share office space with attorneys not listed on your letterhead? Yes No

If Yes, do you share clients or support staff? Need Yes/No boxes

INFORMATION SECURITY

1. Does the firm store or handle less than 10,000 of the listed types of records: Yes No
- Social security number
 - Medical or healthcare data including protected health information
 - Any account number, credit or debit card number, and if applicable, any associated password or security code that would permit access to the financial account
 - Proprietary business information
 - 3rd Party confidential information
- If yes, please provide an estimate _____
2. Is firewall technology used to prevent unauthorized access to and from internal networks and external networks? Yes No
- If yes:
 1. Are firewall configurations regularly reviewed and kept up to date? Yes No
 2. Is any data stored or retained outside of the firewall (while not in transit) Yes No
3. Is anti-virus software installed on all computers/servers that connect to your network? Yes No
- If so, is the anti-virus software package updated regularly Yes No
4. What third-party systems do you use to maintain network security?
5. During the last 3 years, have you had any information security breaches including unauthorized access, unauthorized use, denial of service attack, breach, theft of data, fraud, electronic vandalism, sabotage or other security events? If yes, please explain on a separate attachment. Yes No
6. Does the Applicant handle or expect to handle wire transfers? Yes No
- If Yes, does the Applicant have a formal written policy requiring that all attorneys and employees verify via telephone call to an established contact at the original source that any change to delivery or wire instructions is legitimate? Need Yes/No boxes

Signature of Owner, Officer or Partner	Title	Date

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.