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St Paul, MN 55113
Phone: (651) 342-1480
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PROFESSIONAL FIDUCIARY QUESTIONNAIRE

GENERAL INFORMATION

Name of applicant: _____ Date: _____

SSN: _____

Residence address: _____

Business address: _____

Phone: _____

Year business started: _____

Please list all partners and/or corporate officers, if applicable: _____

Please list any other division, subsidiary or affiliate, if applicable: _____

If any revenue is generated from sources other than client fees, please detail their percentages of total revenue: _____

Please detail your current case load: _____

Number of employees: _____

Please list your current staff and qualifications:

INTERNAL CONTROLS (FOR YOUR OFFICE)

Do you have a safe in the office? _____

Name and address of your C.P.A.: _____

Is an annual audit performed by your C.P.A.? _____

Name and address of your bank(s):

Bank: _____

Address: _____

Bank: _____

Address: _____

Who reconciles the bank accounts: _____

How often? _____

Is there a counter-signature requirement? _____

If so, by whom and at what limit is this implemented? _____

Name and address of your legal counsel: _____

Limits of insurance:

Professional liability insurance:

Amount: _____

Company: _____

Directors and Officers Liability Insurance:

Amount: _____

Company: _____

Fidelity bond:

Amount: _____

Company: _____

List any other insurance: _____

INTERNAL CONTROLS (FOR YOUR CLIENTS)

Do you have a safe that is used for client's property? _____

Name and address of C.P.A. used for your clients: _____

List bank(s) utilized for your clients accounts:

Bank: _____

Address: _____

Bank: _____

Address: _____

Bank: _____

Address: _____

Bank: _____

Address: _____

Who reconciles these bank accounts? _____

How often? _____

Is there a counter-signature requirement? _____

If so, by whom and at what limit is this implemented? _____

List three attorneys and their firms that have represented you as a fiduciary:

1. _____

2. _____

3. _____

How are cash receipts for your client's accounts handled?

How are cash disbursements from your client's accounts handled?

How is the reporting of insurance claims and insurance reimbursements handled?

How are the investments for clients accounts handled?

Who prepares and reviews the case accountings? _____

ADDITIONAL INFORMATION

Number of cases currently bonded: _____

What Surety company(ies) issued the bonds? _____

Has any company refused to issue or continue providing bonds for you? _____

If so, why? _____

Are you a member of a Professional Fiduciary Association? _____

If so, where? _____

Annual Income: _____

Value of Real Estate: _____ Amount Owing: _____

Value of Assets _____ Liabilities: _____

GIVE TWO PERSONAL REFERENCES

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Occupation: _____

Occupation: _____

Address: _____

Address: _____

Please attach any of the following that is available:

- Company brochure
- Resume(s)
- Current company financial statement