

## 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 Owning: \_\_\_\_\_

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