

YES - ETHICAL COMPLIANCE QUESTIONNAIRE

Please answer the following questions by checking the appropriate “Yes” or “No” box that most accurately responds to each question and furnish complete explanations to all of your responses. You do not have my consent nor authority to represent me until you have completed and returned this Questionnaire.

	YES	NO
Will you promptly solicit from all claimants an offer to settle the lawsuit within my policy limit?	<input type="checkbox"/>	<input type="checkbox"/>
Do you promise to fully advise me regarding all negotiations to settle the lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
Are you required to have my consent and authority to represent me in the lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have duties to me of undivided loyalty, disclosure, confidentiality, and competent representation?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been hired by the insurer to protect my interests in the lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
Do you need to obtain my informed written consent to limit the scope of your representation of me?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an attorney-client, legal, business, financial, professional, or personal relationship with the insurer?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have duties to the insurer of undivided loyalty, disclosure, confidentiality, and competent representation?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been hired by the insurer to protect the insurer’s interests in the lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been hired in your capacity as a lawyer to discharge the insurer’s promise to defend me in the lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
Will you allow the insurer to do anything to interfere with your independence of professional judgment or your anticipated client-lawyer relationship with me?	<input type="checkbox"/>	<input type="checkbox"/>
Has the insurer disclosed to you any litigation guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
Has the insurer asked you to obtain its approval to incur expenses or to do work in the lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
Will you accept compensation from the insurer to represent me?	<input type="checkbox"/>	<input type="checkbox"/>
Do you represent the insurer regarding any matter separate from my lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
Are you required to disclose to me potential conflicts of interest?	<input type="checkbox"/>	<input type="checkbox"/>
Does the insurer’s coverage position create for you any potential conflict of interest?	<input type="checkbox"/>	<input type="checkbox"/>
Has any conflict of interest arisen which creates a duty on the part of the insurer to provide independent counsel to me in the lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
Would the insurer be affected substantially by resolution of the lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
Will you please provide me with a copy of all writings evidencing or constituting the following:		
• All of your correspondence with the insurer regarding the lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
• The insurer’s litigation guidelines?	<input type="checkbox"/>	<input type="checkbox"/>