



**CRIME COVERAGE
QUESTIONNAIRE:
ESCROW ACCOUNTS**

1. Name of Insured: _____

2. Address: _____

3. Does the firm maintain client trust accounts? Yes No

4. What is the nature of these accounts? _____

5. What is the average number of trust accounts maintained? _____

6. What is the maximum amount of client funds in trust? \$ _____

7. What is the average of client funds in trust? \$ _____

8. Please provide a brief description of the internal controls you utilize to protect client funds from misappropriation: _____

Please sign and date this questionnaire as indicated below:

Date

Completed by

Title