

**LAWYERS PROFESSIONAL LIABILITY
ESTATE / TRUST SUPPLEMENT**

Full Name of Applicant Firm: _____

Please complete this Supplement if any lawyer listed on the application shows a percentage in the Estate/Trusts area of practice.

1. Please list the five largest trusts to which any member of the firm provided legal services in the last 24 months.

Name of Trust	Name of Attorney	Trustee/ Personal Rep/ Executor Y/N	Co-trustee? Y/N	Description/ Type Of Trust	Size of Trust/ Value of Assets	Date Services Began	Annual Firm Billings	% of Firm Billings	Description of Services Provided

1. Does your firm have the authority to write checks, provide investment advice, make investments, or have discretionary control of funds? Yes No
If "Yes", please describe: _____
2. Does the firm use engagement letters that clearly define the scope of the services that will be provided? Yes No
3. Does a second firm member review all trust and estate documents drafted by a firm member? Yes No
4. Do firm members acting as Trustees/Personal Representatives/Executors engage in the following activities:
a) Use of Trust funds to invest in entities related in any way to the firm? Yes No
b) Employment by the Trust of anyone related in any way to a firm member? Yes No
c) Use of Trust funds as loans to any firm client, firm member or person related in any way to a firm member? Yes No
d) Delegation of Trustee duties to others? Yes No
- If yes to any of the above, please explain:** _____

Signature of Officer or Partner of Firm _____

Print name of Officer or Partner _____

Date _____