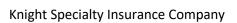


LAWYERS PROFESSIONAL LIABILITY Estate, Trust, Probate, and Wills Supplement

| 1. | Name of Applicant or Insured: | | | | | | | |
|-----|--|---|--|--|--|--|--|--|
| 2. | How many attorneys in the firm practice in this area? | | | | | | | |
| 3. | How many Estate/Trust/Probate/Wills clients does the firm currently have? | | | | | | | |
| 4. | What type of services do you provide (check all that apply): a. Asset Protection g. Probate b. Business Formation h. Real Estate (Purchase/Sale)* c. Estate Planning i. Tax Advice (Non-Shelter) d. Guardianship** j. Tax Shelter Advice e. Litigation k. Trust Administration f. Medicaid Planning l. Wills m. Other *Please <u>also</u> complete the Real Estate Supplement **Please <u>also</u> complete the Domestic Relations Supplement | | | | | | | |
| 5. | Does a second partner of the firm always review all drafted documents? Yes No _ | _ | | | | | | |
| 6. | Does the firm always conduct conflict checks for all trust and estate clients? Yes No _ | _ | | | | | | |
| 7. | Does the firm always use engagement letters clearly defining the scope of services to be provided Yes No _ | | | | | | | |
| 8. | Are written scope of services agreements requiring dual signature in place for each trust? Yes No | | | | | | | |
| 9. | Are any of you permitted to accept gifts or bequests from any trust or estate clients? Yes No _ | | | | | | | |
| 10. | Are any of you court appointed as a trustee/executor/representative and/or is a report to an outs authority required? a. If "YES" describe: | | | | | | | |
| 11. | Do any of you have authority to write checks, provide investment advice, make investments, or had discretionary control over funds? a. If "YES" describe: | | | | | | | |
| 12. | Do you have controls in place to monitor trust activities by third parties or any beneficiary particular trust beneficiaries? Yes No | | | | | | | |





| a. Trust Name: | | : H | andling Attorne | v: | | | |
|---|--|--|---|--|--|--|--|
| | | ; Handling Attorney: ; Date Services Began: | | | | | |
| Trustee/Executor | | Description | Annual Firm | | Size/Va | | |
| (Y/N) | (Y/N) | of Services | | Billings | (\$) of T | | |
| h Trust Namo: | | . ப | andling Attorno | | | | |
| b. Trust Name:Trust Type: | | | | | | | |
| | | | | | 1 | | |
| Trustee/Executor (Y/N) | (Y/N) | Description of Services | Annual Firm Billings | % OF FIRM Billings | Size/Va (\$) of T | | |
| | | | | | | | |
| r Trust Name | ; Handling Attorney: | | | | | | |
| . ITUST NATHE | | | | | | | |
| Trust Type: | | ; C | | gan: | | | |
| Trust Type: Trustee/Executor | Co-Trustee | Description | Annual Firm | gan: % of Firm | Size/Va | | |
| Trust Type: Trustee/Executor (Y/N) | Co-Trustee (Y/N) | Description of Services ; H | Annual Firm Billings | gan: % of Firm Billings y: | Size/Va (\$) of T | | |
| Trust Type: Trustee/Executor (Y/N) d. Trust Name: Trust Type: Trustee/Executor | Co-Trustee (Y/N) | Description of Services ; H ; Description | Annual Firm Billings andling Attorne ate Services Be Annual Firm | gan: % of Firm Billings y: gan: % of Firm | Size/Vi (\$) of T | | |
| Trust Type: Trustee/Executor (Y/N) d. Trust Name: Trust Type: | Co-Trustee (Y/N) | Description of Services; H; C | Annual Firm Billings andling Attorne ate Services Be Annual Firm | gan: % of Firm Billings y: gan: | Size/Va (\$) of T | | |
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Knight Specialty Insurance Company

| 16. Do | oes th | the firm outsource or refer business to any third-party prof | fessionals such as <i>F</i> | Accountants | | | | |
|--------|--------|--|-----------------------------|-------------|--|--|--|--|
| In | vestn | ment Advisors, or other Attorneys)? | Yes | No | | | | |
| | a. | If "YES" does the firm: | | | | | | |
| | | i. Use written referral agreements in all instances? | Yes | No | | | | |
| | | ii. Obtain proof of malpractice insurance from all third | parties?Yes | No | | | | |
| | b. | If "YES" does the client: | | | | | | |
| | | i. Approve all third-party referrals in writing? | Yes | No | | | | |
| | | ii. Retain the third-party professional themselves? | Yes | No | | | | |
| 17. Re | egardi | ding tax advice related to the firm's trust and estate services, d | loes the firm: | | | | | |
| | a. | Require clients to obtain independent tax representation? | Yes | No | | | | |
| | b. | Outsource or refer all tax work to outside entities? | Yes | No | | | | |
| | c. | Employ Accountants/CPAs who handle or advise on all tax matters? Yes | | | | | | |
| | d. | Employ Tax Attorneys who handle or advise on all tax matters? Yes | | | | | | |
| | e. | Handle only trust and estate work that does not require tax a | advice? Yes | No | | | | |
| | f. | Other: | | | | | | |
| 18. Ho | ow of | ften are client trust/estate files: | | | | | | |
| | a. | Independently audited or reconciled: | | | | | | |
| | | i. Quarterly ii. Annually iii. Oth | ner: | | | | | |
| | b. | Reviewed for material changes in the corpus or estate: | | | | | | |
| | | i. Quarterly ii. Annually iii. Oth | ner: | | | | | |
| | c. | Reviewed for changes in the tax code or other applicable law | / : | | | | | |
| | | i. Quarterly ii. Annually iii. Oth | ner: | | | | | |
| | | | | | | | | |
| Signat | ure o | of Applicant: Date: | | | | | | |