

## 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 also complete the **Real Estate Supplement**

\*\*Please also 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 outside authority required?    Yes \_\_\_    No \_\_\_
  - a. If "YES" describe: \_\_\_\_\_
11. Do any of **you** have authority to write checks, provide investment advice, make investments, or have discretionary control over funds?    Yes \_\_\_    No \_\_\_
  - a. If "YES" describe: \_\_\_\_\_
12. Do **you** have controls in place to monitor trust activities by third parties or any beneficiary parties, including trust beneficiaries?    Yes \_\_\_    No \_\_\_

13. Do any of the trust for which **you** provide services have or reasonably expect to have any disputes over assets of distribution of the trust? Yes \_\_\_ No \_\_\_

14. List the five (5) largest Trusts for which any of **you** provided services in the past two (2) years:

a. Trust Name: \_\_\_\_\_ ; Handling Attorney: \_\_\_\_\_  
Trust Type: \_\_\_\_\_ ; Date Services Began: \_\_\_\_\_

Trustee/Executor (Y/N)	Co-Trustee (Y/N)	Description of Services	Annual Firm Billings	% of Firm Billings	Size/Value (\$) of Trust

b. Trust Name: \_\_\_\_\_ ; Handling Attorney: \_\_\_\_\_  
Trust Type: \_\_\_\_\_ ; Date Services Began: \_\_\_\_\_

Trustee/Executor (Y/N)	Co-Trustee (Y/N)	Description of Services	Annual Firm Billings	% of Firm Billings	Size/Value (\$) of Trust

c. Trust Name: \_\_\_\_\_ ; Handling Attorney: \_\_\_\_\_  
Trust Type: \_\_\_\_\_ ; Date Services Began: \_\_\_\_\_

Trustee/Executor (Y/N)	Co-Trustee (Y/N)	Description of Services	Annual Firm Billings	% of Firm Billings	Size/Value (\$) of Trust

d. Trust Name: \_\_\_\_\_ ; Handling Attorney: \_\_\_\_\_  
Trust Type: \_\_\_\_\_ ; Date Services Began: \_\_\_\_\_

Trustee/Executor (Y/N)	Co-Trustee (Y/N)	Description of Services	Annual Firm Billings	% of Firm Billings	Size/Value (\$) of Trust

e. Trust Name: \_\_\_\_\_ ; Handling Attorney: \_\_\_\_\_  
Trust Type: \_\_\_\_\_ ; Date Services Began: \_\_\_\_\_

Trustee/Executor (Y/N)	Co-Trustee (Y/N)	Description of Services	Annual Firm Billings	% of Firm Billings	Size/Value (\$) of Trust

15. Do any of **you** acting as Trustees, Executors, or Personal Representatives (if "YES" describe below):

- a. Delegate any duties of the above positions to others? Yes \_\_\_ No \_\_\_
- b. Use a trust to employ anyone related to any of **you** in any way? Yes \_\_\_ No \_\_\_
- c. Use trust funds to invest in entities related to the applicant firm? Yes \_\_\_ No \_\_\_
- d. Use trust funds as loans to any firm client, firm member or employee, or any person related in any way to any of **you**? Yes \_\_\_ No \_\_\_

Describe:

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Knight Specialty Insurance Company

16. Does the firm outsource or refer business to any third-party professionals such as Accountants, Investment 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. Regarding tax advice related to the firm's trust and estate services, does 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 \_\_\_ No \_\_\_

d. Employ Tax Attorneys who handle or advise on all tax matters? Yes \_\_\_ No \_\_\_

e. Handle only trust and estate work that does not require tax advice? Yes \_\_\_ No \_\_\_

f. Other: \_\_\_\_\_

18. How often are client trust/estate files:

a. Independently audited or reconciled:

i. Quarterly \_\_\_ ii. Annually \_\_\_ iii. Other: \_\_\_\_\_

b. Reviewed for material changes in the corpus or estate:

i. Quarterly \_\_\_ ii. Annually \_\_\_ iii. Other: \_\_\_\_\_

c. Reviewed for changes in the tax code or other applicable law:

i. Quarterly \_\_\_ ii. Annually \_\_\_ iii. Other: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_