



SCOTTSDALE INSURANCE COMPANY®

A Stock Insurance Company, herein called the **Company**

Home Office:

One Nationwide Plaza • Columbus, Ohio 43215

Administrative Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675

**ESTATE/TRUST/PROBATE SUPPLEMENT
Lawyers Professional Liability Insurance**

NAME OF APPLICANT: _____

1. Do **you** require the use of Engagement Letters in Estate/Trust/Probate matters?..... Yes No
If "No," please explain on a separate addendum.
2. Do **you** exercise any authority to write checks?..... Yes No
If "Yes," do **you** ensure that all checks are reconciled by someone other than **you**? Yes No
3. Do **you** provide investment advice, make investments, or have discretionary authority of funds for the estate/trust/probate clients? Yes No
If "Yes," do **you** obtain written approval from the client before any investment decisions, purchase, or transaction is made?..... Yes No
4. Does any of the investment advice, investing, or discretionary authority involve any real estate or securities?..... Yes No
5. Do **you** carry separate investment advisors professional liability coverage? Yes No
If "Yes," please provide coverage details on a separate addendum.
7. Please complete the following chart estimating the percentage of estate/trust work according to the clients total asset size:

Clients Total Assets	Estimated Percentage of Estate/Trust Work
Up to \$1,000,000	%
\$1,000,000 - \$5,000,000	%
Over \$5,000,000	%

8. Are any attorneys Court appointed administrator for any estates or trusts? Yes No
If "Yes," please provide complete details on a separate addendum.
9. Do **you** require all attorneys employed by **you** to complete continuing education classes for estate/trust/probate/will practice areas?..... Yes No
10. Do **you** require an independent third party audit or reconciliation of active estates or trusts? Yes No

11. How many years experience does each attorney that handles estate/trust/probate/will matters have in this area of practice: **Please list below for each attorney.**

Name of Attorney	Years of Experience	No. of Estate/Trust/ Probate matters currently handled

I declare that the information submitted herein is true and accurate. I understand that it becomes a part of my Professional Liability Application.

Signature of Applicant

(Must be signed by Managing Partner or Officer of the Firm)

Title

Date