



Knight Specialty Insurance Company

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 ___



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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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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: _____