



APPLICATION

For Lawyers Professional Liability Insurance
A Claims Made & Reported Policy

Wills / Estates / Trusts Supplement

Please complete this Supplement if any lawyer listed on the application shows a percentage in the area Estate/Probate/Wills/Trust.

Name of Firm: _____

1. Total number of Wills and/or Trust instruments prepared by the Firm in the last 12 months: _____

2. Total number of Estates and/or Trusts administered by the Firm in the past 12 months: _____

3. Please categorize by asset size the estimated number of Estates / Trusts administered by the Firm in the past three (3) years:

<u>\$0-\$1M</u>	<u>\$1M-\$5M</u>	<u>\$5M-\$10M</u>	<u>> \$10M</u>

4. Does any Firm member act as Executor, Personal Representative, or Trustee of any Estate or Trust? ☐ Yes* ☐ No
- a. Did the Firm member prepare the Will or Trust instrument? ☐ Yes* ☐ No
- b. Did the Firm member delegate his or her duties to persons other than those specifically named as Executor, Personal Representative, or Trustee? ☐ Yes* ☐ No
- c. Did any Firm member use any Estate or Trust funds to invest in anything other than fixed income investments? ☐ Yes* ☐ No
- d. Did any Firm member employ on behalf of the Estate or Trust a person related in any way to a Firm member? ☐ Yes* ☐ No
- e. Did any Firm member loan any Estate or Trust funds to any person or entity? ☐ Yes* ☐ No
5. Does any Firm member have authority to:
- a. Sign checks or disperse money on behalf of any Estates or Trusts? ☐ Yes* ☐ No
- b. Provide investment advice and/or make investments on behalf of any Estates or Trusts? ☐ Yes* ☐ No
- c. Purchase or sell securities and/or real estate on behalf of any Estates or Trusts? ☐ Yes* ☐ No
6. Does the Firm obtain conflict waivers when representing a Trust in which multiple family members are beneficiaries? ☐ Yes* ☐ No

***If yes to any of the above, please explain by separate attachment**

The Authorized Person signing below hereby represents to and assures ALPS Property & Casualty Insurance Company ("ALPS") that the information contained in this application supplement is true and correct and that this application supplement: (i) shall be a material part of the Firm's Application for Lawyers Professional Liability Insurance and is subject to the same terms and conditions; and (ii) shall be deemed incorporated into any insurance policy ALPS may issue to the applicant Firm.

Signature of Authorized Person

Date (mm/dd/yyyy)