

LAWYERS PROFESSIONAL LIABILITY

ESTATE / TRUST SUPPLEMENT

	Full Name of Applicant	Firm:												
Ple	Please complete this Supplement if any lawyer listed on the application shows a percentage in the Estate/Trusts area of practice.													
1.	Please list the five large	st trusts to which a	any member	of the firm	provided lega	al services ir	n the last 24	months.						
	Name of Trust	Name of Attorney	Trustee/ Personal Rep/ Executor Y/N	Co- trustee? Y/N	Description/ Type Of Trust	Size of Trust/ Value of Assets	Date Services Began	Annual Firm Billings	% of Firm Billings	Description of Services Provided				
1.	Does your firm have the	•	hecks, provid	e investme	nt advice, make	e investments	s, or have dis	scretionary	control of f	unds?	Yes		No	
2.	• •		clearly define	the scope of	of the services	that will be pr	rovided?				Yes	П	No	
3.	<u> </u>	Does the firm use engagement letters that clearly define the scope of the services that will be provided? Does a second firm member review all trust and estate documents drafted by a firm member?											No	
4.	Do firm members acting				•		ng activities:							
	a) Use of Trust funds to invest in entities related in any way to the firm?										Yes		No	
b) Employment by the Trust of anyone related in any way to a firm member?									Yes		No			
	c) Use of Trust funds a	•	lient, firm me	mber or pe	rson related in	any way to a	firm membe	r?			Yes		No	
	d) Delegation of Truste										Yes		No	
	If yes to any of the above	e, please explain:												
Ci-	mature of Officer or Dartin	u of Firm		rint name a	f Officer or Part		Dota							
Signature of Officer or Partner of Firm			Р	rint name o	i Officer of Part	ner	Date							