

**LAWYERS PROFESSIONAL LIABILITY INSURANCE
ESTATE AND TRUST SUPPLEMENT**

Medmarc Casualty Insurance Company • PO Box 10809 • Chantilly, VA 20153-0809 • 800.356.6886 • 703.652.1300 • Fax 703.652.1389

Please complete this supplement if any lawyer listed on the application shows a percentage in the Estate Planning, Probate and/or Wills and Trusts areas of practice.

Name of Applicant Firm: _____

1. Please provide the following information for the five largest estates/trusts to which any member of the firm provided legal services in the last twenty-four (24) months.

	Size of Trust/Value of Assets	Name of Attorney	% of Firm Billings	Date Services Began	Description of Services Provided
1					
2					
3					
4					
5					

2. Is a written agreement in place that clearly defines the scope of any estate or trust services provided? Yes No
3. Does a second firm lawyer review all trust and estate documents drafted by a firm lawyer? Yes No
4. For estate and trust clients, does the firm:
- a. Have the authority to write checks? Yes No
 - b. Have discretionary control of funds? Yes No
 - c. Provide investment advice and/or make investments? Yes No
 - d. Receive compensation in the form of a commission or fee from the purchase or sale of investments to or on behalf of any estate or trust? Yes No

If yes to any of the above questions, please explain in detail on a separate sheet of paper.

5. How often is an independent audit or reconciliation of active estates or trusts conducted? _____

6. Do firm lawyers acting as Trustees/Personal Representatives/Executors engage in the following:
- 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 lawyer or employee? Yes No
 - c. Use of trust funds as loans to any firm client, firm lawyer or employee, or person related in any way to a firm member? Yes No
 - d. Delegation of trustee duties to others? Yes No

If yes to any of the above questions, please explain in detail on a separate sheet of paper.

The undersigned represents that the statements set forth herein are true, complete and accurate and that there has been no attempt at suppression or misstatement of any material facts known, or which should have been known, and agrees that this application will be included in the basis of any coverage that may be issued by the Company.

Signature of Partner, Officer or Owner of Applicant Firm: _____ Date: _____

Print or Type Name: _____ Title: _____