



Executor, Administrator and Trustee Supplemental Application

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.

This Application for Accountants Professional Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications.

1. GENERAL INFORMATION						
Name of applicant (Firm)						
2. DESCRIPTION OF ESTATES AND TRUSTS						
a. Provide the number of estates and personal, family, or charitable trusts with assets less than or equal to \$1,000,000:						
b. Complete the following for all: 1) estates and personal, family, or charitable trusts with assets greater than \$1,000,000, and 2) trusts other than personal, family, or charitable, of any size:						
Estate/Trust Name	Type ⁽¹⁾	Start Date of Engagement	Role: Executor, Administrator, or Trustee	Asset Value	Accounting Services Provided ⁽²⁾	Beneficiary Interest?
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
				\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Key: (1) P = Family Trust/Personal; C = Charity/Charities; E = Estate; R = Real Estate; F = Foundation; B = Business; O = Other (please describe) (2) B = Bookkeeping; BP = Bill Paying; T = Tax; O = Other (please describe); N/A = No accounting services						
3. ESTATE AND TRUST RISK MANAGEMENT						
a. Are there trust agreements in place for all trusts that define the specific duties of the trustee? If No, please explain:						<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are any trustee duties delegated to others? If Yes, please describe the procedures in place to monitor the acts of others performing trustee services:						<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Does the firm have a written policy prohibiting:						
(1) the use of trust funds to invest in entities where the trustee, the firm, or a related individual or entity holds a financial interest or management position?						<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) the use of trust funds as loans to the trustee, the firm, the owners or employees of the firm?						<input type="checkbox"/> Yes <input type="checkbox"/> No

If No to c.(1) or c.(2), please explain:		
d. Is an independent audit conducted for all trusts? If Yes, name the individual conducting the audit and the frequency: _____ If No, please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Does the firm have a policy requiring that any accounting services be either performed or reviewed by a firm member other than the executor, administrator, or trustee? If No, please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Do services as trustee include investment decisions resulting in the purchase or sale of securities, real estate or other investments? (1) If Yes, please provide details: (2) If Yes, does the firm, or any of its members, receive a commission or fee from the purchase or sale of such securities, real estate, or other investments? (3) If No, are the services of a professional money manager or investment advisor used to manage investments? (4) If No, please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
CERTIFICATION AND SIGNATURE		
It is understood that this supplemental application shall become a part of the application for Accounts Professional Liability Insurance. Must be signed by a Principal, Partner, Officer or Director of the company.		
Print or Type Applicant's Name		Title of Applicant
Signature of Applicant		Date Signed by Applicant