



APPLICATION

For Lawyers Professional Liability Insurance
A Claims Made & Reported Policy

Estate / Probate / Wills / Trust 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: _____

- Total numbers of Estates / Trusts handled by the Firm in the past 12 months: _____
- Please list the estimated number of Estates / Trusts for which the Firm provided legal services in the past (5) years:

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

- Does any member of the Firm act as Trustee, Executor, and/or Personal Representative for any Estate/Trust for which the Firm has provided legal services? _____

4. Does the Firm have authority to:

- Write checks on behalf of any Estates / Trusts? Yes* No

***If yes, please explain** _____

- Provide investment advice and/or make investments on behalf of any Estates / Trusts? Yes* No

***If yes, please explain** _____

- Purchase or sell securities and/or real estate on behalf of any Estates/Trusts? Yes* No

***If yes, please explain** _____

- Does the Firm obtain conflict waivers when handling a Trust(s) for both spouses or for multiple family members? Yes No

6. Do Firm members acting as Trustees/Personal Representatives/Executors engage in the following activities:

- Use of Trust funds to invest in entities related in any way to the Firm? Yes* No
- Employment by the Trust of a person related in any way to a Firm member? Yes* No
- Use of Trust funds as loans to any Firm client, Firm member, or person related in any way to a Firm member? Yes* No
- Delegation of Trustee duties to others? Yes* No

***If yes to any of the above, please explain:**

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)