

ESTATE/TRUST SUPPLEMENTAL APPLICATION

NOTICE: THIS APPLICATION IS FOR A CLAIMS-MADE AND REPORTED POLICY. TO BE COVERED, A CLAIM MUST BE FIRST MADE AGAINST AN INSURED AND REPORTED TO THE COMPANY IN WRITING DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF ANY, AND IS SUBJECT TO THE POLICY PROVISIONS.

INSTRUCTIONS

This Supplemental Application is to be completed by the Applicant Firm ("Firm") on behalf of itself, its Predecessor Firm, and all persons proposed for this insurance. Answer all questions completely. **If space is insufficient to fully answer any question, complete the answer on Firm letterhead, sign and date that letter, and attach it to this Application.**

Full Legal Name of the Firm:

Policy Number (if ISBA Mutual Insured):

Estate/Trust Information

Please provide the following information for each Estate/Trust to which any Lawyer has provided legal services on behalf of the Firm:

#	Size of Trust/Value of Assets	Name of Lawyer	Date Services Began	Description of Services Provided	Does the Firm/Lawyer have any equity or management interest in any Trust or Assets	Does the Firm or Lawyer manage a business held by the Trust or on behalf of the ward?	If Yes, what kind of business?	Is the Firm or any Lawyer a beneficiary of any Trust or Guardianship assets?
1.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
4.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
5.					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO

Additional Information

1. Does the Firm exercise authority to write checks?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , does the Firm ensure that all checks are reconciled by someone outside the Firm?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Does the Firm provide investment advice, make investments or have discretionary authority of funds for the Estate/Trust clients?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , does the Firm obtain written approval from the client before any investment decisions, purchase or transaction is made?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Is compensation received in the form of a commission or fee from the purchase or sale of investments to or on behalf of any Estate/Trust clients?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , please provide complete details on Firm letterhead, signed and dated.	
4. Is separate investment advisor's professional liability coverage carried for the Firm or any proposed person providing such services as indicated in question 3 above?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , please attach Declarations Page evidencing coverage.	
5. Are any Lawyers court appointed administrator for any Estates or Trusts?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes , please provide complete details:	
6. How often is an independent audit or reconciliation of active Estate or Trust conducted?	
7. Does the Firm require all Lawyers who provide Estate/Trust services on behalf of the Firm to complete continuing education classes on Estates/Trusts?	<input type="checkbox"/> YES <input type="checkbox"/> NO

REPRESENTATIONS AND WARRANTIES

The Firm understands and agrees that the following representations and warranties are material and that the Company is relying on the truthfulness of these representations and warranties, which are made the basis of and a condition for the Company's acceptance of the risks covered by this insurance. The Firm further understands and agrees that if any of the following material representations and warranties are false, or if Firm fails to comply with any of the following representations and warranties at any time during the policy period, the Firm shall be deemed to have breached the insurance policy issued by the Company.

The Firm hereby represents and warrants that the following is true and correct as of the inception date of the policy:

The information contained in this Application, all material and information submitted to the Company in connection with this Application, and all material that is created and submitted to the Company by the Firm in connection with this insurance is a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured.

ACKNOWLEDGEMENTS

The undersigned declares that to the best of his or her knowledge, the statements set forth herein are true and accurate and that reasonable efforts have been made to obtain sufficient information from all persons proposed for this insurance to facilitate the proper and accurate completion of this Application. The signing of the Application does not bind the Company to complete the insurance, but it is agreed that this Application, all material and information submitted to the Company in connection with this Application, and all material that is created by the Firm and submitted to the Company in connection with this insurance are the representations of the Firm and are material and shall be the basis of the contract should a policy be issued.

The undersigned further agrees that if any significant adverse change in the condition of the Firm is discovered between the date of completion of this Application and the date that coverage was bound with the Company, and such change renders this Application inaccurate or incomplete, notice of such change will be reported in writing to the Company immediately.

This Application shall be considered attached to and part of the Policy. Any material submitted with the Application shall be maintained on file with the Company and shall be deemed to be attached hereto as if physically attached.

SIGNATURE

Signature of Owner, Officer, Partner, Shareholder, or Member

Name:

Title:

Email Address:

SIGNATURE ►

DATE ►