Firm

Executor/Trustee/Receiver ­­– Estate/Trust/Receivership Supplement S-4

1. Complete for each Firm member serving in an executor, trustee, receiver, conservator or similar position.

|  |  |  |
| --- | --- | --- |
| **Name** | **Number of Years - experience in these capacities** | **Number of hours CPE completed that was related to trustee services in the last 3 years.** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Does the Firm have procedures in place to ensure that all partners are aware of any Estate, Trust,

Receivership or similar engagement prior to any firm member’s acceptance of a position as a Trustee,   
Executor, Conservator or similar position?  Yes  No

1. Does the Firm have a written policy prohibiting:
   1. The use of Trust funds to invest in entities in which the Trustee, Firm, or related individual or entity   
      is involved?  Yes  No
   2. Use of Trust funds as loans to the Trustee, owners or employees of the Firm or any Predecessor   
      Firm or as loans to the Firm or any Predecessor Firm, itself.  Yes  No

If “No”, to either a. or b., please explain on a separate sheet.

1. Does the Firm have a policy requiring that any accounting services (bookkeeping, tax, etc.) performed   
   under the name of the firm be either performed or reviewed by a firm member other than the executor,   
   trustee or receiver?  Yes  No

Are engagement letters required for such services?  Yes  No

1. Do all fees earned as executor, trustee or receiver inure to the benefit of the Firm?  Yes  No

If “No”, please provide the names of any estates, trusts and receiverships for which such fees do not   
inure to the benefit of the Firm.

1. Does any firm member manage, operate or control any business entity contained within a trust for which

any firm member acts as trustee?  Yes  No

If “Yes”, please explain.

1. Does any firm member serve as trustee as part of the firm’s family office services?  Yes  No

If “Yes”, please explain.

1. Complete for any receivership and for funded trusts and estates with asset values in of $500,000 or more.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Estate/Trust Name** | **Date Appointment Accepted** | **1 Type** | **Executor/Trustee Name (s)** | **Position Held** | **Asset value ($)** | **Asset Composition** | **2 Related to other listed estates or trusts** | **Number of Beneficiaries** | **3 Beneficiary Interest** | **Executor/Trustee Services Provided** | **CPA Firm Services Provided** |
|  |  |  |  |  |  |  | Yes  No |  | Yes  No |  |  |
|  |  |  |  |  |  |  | Yes  No |  | Yes  No |  |  |
|  |  |  |  |  |  |  | Yes  No |  | Yes  No |  |  |
|  |  |  |  |  |  |  | Yes  No |  | Yes  No |  |  |
|  |  |  |  |  |  |  | Yes  No |  | Yes  No |  |  |
|  |  |  |  |  |  |  | Yes  No |  | Yes  No |  |  |
|  |  |  |  |  |  |  | Yes  No |  | Yes  No |  |  |

**1** E – Estate; P – Personal/Family Trusts; B – Business Trusts; C – Charities; F – Foundations; R – Real Estate; X – Receivership (Court Appointed); Z – Receivership (Other)

**2**  If “Yes”, indicate which listed trusts/estates are related to each other.

**3**  Check “Yes”, if a firm member or relative has any personal interest as heir or beneficiary of the trust or estate funds.

1. Provide the following information for each Estates/Trusts or group of related estates/Trusts with total asset value of $2,500,000 or more.
   1. Discretionary Investment Authority  Yes  No
      1. If “Yes”, how is it exercised?
      2. If applicable, are all investment goals and portfolio composition described in the Trust?  Yes  No

If “No”, please explain:

* 1. How often are reports made to beneficiaries?
  2. Is there an independent annual audit performed?  Yes  No
  3. Are any trustee duties delegated to others?  Yes  No
  4. If a professional Money Manager or Investment Adviser is used to manage investments, provide name:

I recognize that information submitted on this supplement becomes a part of my application for coverage and is therefore subject to all of the representations and conditions of that application.

Completion of this supplement does not guarantee that coverage will be automatically granted. Any coverage will be subject to underwriting review.

**WARNING – Residents of Maryland**

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature Date