

Estates/Wills/Trust Supplement

aw	Firm Name:					
1.	Name of attorney(s) practicing i	n this area:				
2.	Please complete the following information for the firm's top five (5) largest Estates/Wills/Trust clients.					
	Attorney	Client	Value	Percent of Firm Billings	Years as a Client of the Firm	
3.	Please describe what services	are provided on behalf of the	client:			
4.	Does the firm, or any member of the firm, have the authority to write checks, make investments, provide investment advice or have discretionary control of funds?					
5.		Does the firm, or any member in the firm, receive any kind of compensation (other than legal fees) from the purchase or sale of investments to or on behalf of any Estate or Trust?□ Yes □ No				
6.	Explain how the firm handles tax advice:					
7. Does any attorney serve as Executor/Administrator/Personal Representative or Trustee?						
8.	Does the firm utilize engagement or scope of service letters to clearly define the services that are to be provided? ☐ Yes ☐ No					
9.	Does the firm, or any member of	of the firm, receive gifts or be	quests from Estates a	nd Trusts clients?	'□ Yes □ No	
C	or residents of all states except CO: Any perso ontaining any materially false information or co efraud, commits a fraudulent insurance act, wh	nceals, for the purpose of misleading, inf	formation concerning any fact m	aterial thereto or knowing		
d k p	colorado: It is unlawful to knowingly provide fals efraud the company. Penalties may include im nowingly provides false, incomplete, or mislead olicyholder or claimant with regard to a settlem repartment of Regulatory Agencies.	prisonment, fines, denial of insurance an ding facts or information to a policyholder	d civil damages. Any insurance or claimant for the purpose of c	company or agent of an lefrauding or attempting	insurance company who to defraud the	
	rofessional liability insurance offered through Ansurance Company).	Attorney Shield is underwritten by Profess	sional Solutions Insurance Com	pany (doing business in	California as PSIC	
-5	Signature/Title of Law Firm Represer	ntative	Date			
_	Soliciting Agent		Agency Name			



Mail to: 14001 University Avenue Clive, Iowa 50325 Questions:

Phone: 800-510-8240 Fax: 800-480-2232