

HiscoxPRO™

Accountants Professional Liability – Trustee Supplemental Application

Applicant name:

1. Complete the following table for any funded trusts and estates with asset values of \$1,000,000 or more:

Estate/Trust Name	Type*	Trustee Name	Asset Value \$	CPA Firm Services Provided	Discretionary Investment Advice
					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"/>

*E – Estate; P – Personal/Family Trusts; B – Business Trusts; C – Charitable Trust
F – Foundations; R – Real Estate

2. Please provide the following information for each Estate/Trust or group of related estates/trusts with total asset value of \$5,000,000 or more:

- a. Are reports made to all beneficiaries at least quarterly? Yes No
- b. Is there an independent annual audit performed? Yes No
- c. Are any trustee duties delegated to others? Yes No
- d. Please provide the name of the Professional Money Manager or Investment Advisor used to manage investments, if applicable:

3. Complete for each firm member serving as executor or trustee:

Individual(s) Name	Number of years experience acting in the capacity as an Executor/Trustee	Number of hours CPE completed related to these services in the last three years

4. Does the Applicant have a policy that requires any accounting services 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

5. With respect to client's funds over which the firm has fiduciary control does the firm:

- a. Require dual signature when funds are disbursed from the account? Yes No
- b. Require all client bank accounts to be reconciled by someone other than the firm personnel authorized to deposit or withdraw from the client's account? Yes No



Hiscox Insurance Company Inc.

HiscoxPRO™

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Please provide us with details of any other information which may be material to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please let us have details. Feel free to attach an addendum to this application if insufficient space is provided below:

APPLICATION DISCLOSURES:

If there is any material change in the answers to the questions in this Application before the proposed policy inception date, you must notify us in writing and any outstanding quote for insurance coverage may be modified or withdrawn.

Your submission of this Application does not obligate us to issue, or you to purchase, a policy. You authorize us to make any inquiry in connection with this Application.

All written statements and materials furnished to us in conjunction with this Application are incorporated into this Application and made a part of it.

Declaration

I declare that (a) this application form has been completed after reasonable inquiry, including but not limited to all necessary inquiries of my fellow principals, partners, officers, directors, and employees, to enable me to answer the questions accurately and (b) its contents are true and accurate and not misleading.

I will undertake to inform you before the inception of any policy issued pursuant to this application of any material change to the information already provided or any new fact or matter that may be material to the consideration of this application for insurance.

I agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

I understand that the information submitted in this supplement becomes a part of my Accountants Professional Liability application and is subject to the same representations and conditions.

* Applicant Signature:

Date:

Title: