

3. Gross Billings Details:

a. What are your annual gross billings, whether received or not. (If you are a startup, please estimate your first year's gross billings)?

b. Please provide the active case count, approximate typical and maximum trust/estate sizes and the percentage of gross billings for each of your service capacities:

Professional Service Capacities	Count	Avg. \$ Size	Max. \$ Size	%
Guardian or Conservator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Executor or Estate Administrator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
POA Agent or Attorney in Fact	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trustee or Trust Administrator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bankruptcy Administrator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Representative Payee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daily Money Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Care Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Receiver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other <input style="width: 200px;" type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please Describe

c. Do you generate and send out billing statements on at least a monthly basis? Yes No

4. What percent of your cases:

a. include responsibility for health care management?

b. are court appointed?

5. What is the total approximate dollar amount of:

a. surety bonding for the applicant and its members?

b. liquid assets under management?

c. real property under management?

d. other illiquid assets under management?

6. Within the past five (5) years has:

a. any applicant member participated as an owner, officer, director or employee of any business, company, trade or profession other than the Applicant? Yes No

b. any applicant member acted in a co-trustee or co-agent capacity? Yes No

c. the applicant handled any cases without written instructions or court orders detailing your scope of authority? Yes No

d. the applicant, any of its member or predecessors been subject to any professional liability claim? Yes No

e. any current or past applicant member been subject to professional discipline? Yes No

f. the applicant or any predecessor had a professional liability policy cancelled or non-renewed by an insurer? Yes No

g. a surety company surcharged a bond issued to the applicant or any of its members? Yes No

h. the applicant brought any suits for the collection of fees? Yes No

i. the applicant failed to encrypt protected health and credit card data you store digitally? N/A Yes No

- j. the applicant failed to maintain computer virus, firewall and secure backup protection? Yes No
 - k. the applicant performed services for any family member of its employed fiduciaries? Yes No
 - l. any family member of applicant's employed fiduciaries provided services to applicant's clients other than as an employee of applicant? Yes No
 - m. the applicant had any branch offices or a separate mailing address? Yes No
7. Is any applicant member aware of any pending:
- a. objection to an accounting issued by the applicant? Yes No
 - b. demand for a reduction or waiver of the applicant's fees? Yes No
 - c. demand for the removal of applicant or any of its members from a fiduciary role? Yes No
 - d. demand that a bond issued to the applicant or any of its members be surcharged? Yes No
 - e. circumstances which may result in a claim against the applicant, a predecessor or member? Yes No

8. Please explanation a negative response to question 3.c and any positive responses within questions 6 and 7.

Additional Information

9. List the states and counties in which your wards, conservatees or other clients reside:

State 1: County, County; State 2: County.

By and through the undersigned, the applicant firm acknowledges, agrees and declares to the best of its knowledge and belief that:

1. The information set forth herein is true and any change in circumstances prior to the effective date of the insurance applied for, which may render inaccurate, untrue, or incomplete any statement or disclosure made herein, will immediately be reported in writing to underwriters who may in turn withdraw or modify any outstanding offer of insurance;
2. Underwriters are hereby authorized, but not required, to make an investigation and inquiry in connection with the information provided in this application, understanding that any failure to do so shall not abridge any such rights nor estop underwriters from relying upon any of applicant's representations herein;
3. The submission and review of this application shall not serve to bind applicant to purchase, nor underwriters to issue, any policy of insurance;
4. in the event that an insurance policy is issued to applicant, in doing so, underwriters shall be entitled to rely upon all material representations contained within this application which forms the basis for such insurance and shall be attached to and become a part of any such policy;
5. Subject to all other policy terms and conditions, coverage under any policy issued by will only apply to claims first made against the applicant firm and reported to underwriters during the policy period, or extended reporting period;
6. Subject to all other policy terms and conditions, the limit of liability available to pay damages shall be reduced and may be completely exhausted by payment of claims expenses; moreover, damages and claims expenses shall be applied against the applicable deductible;
7. Any person who knowingly and with intent to defraud files an application for insurance containing any materially false information, or for the purpose or misleading conceals any material fact, may be held criminally liable depending upon the laws of the applicable jurisdiction; moreover, any misrepresentation or misstatement of material facts may void coverage under the proposed insurance; and
8. Pursuant to the provisions of the Electronic Signatures in Global and National Commerce Act (E-SIGN, 2000) and the Uniform Electronic Transactions Act (UETA, 1999), execution of this application form by means of typing my name, title and date below carries the same weight and legal effect as traditional paper documents and handwritten signatures.

Authorized Signer

Signer's Title

Date Executed

Available Endorsements for Professional Fiduciaries

(If you are interested in any of the following coverages please circle them)

Additional Assured	\$100
Debt Counselor	7.5%
Deletion of Co-Trustee/Co-Agent Restriction	Free
Expert Witness	10%
Fiduciary Trainer (Requires Underwriter Approval)	10%
General Liability Coverage (\$125k/\$125k to \$1mil/\$2mil)	\$300 - \$500
Grant Writer	5%
Hired Auto and Non-Owned Auto Liability (Available only with General Liability Coverage)	\$54 - \$184 per driver
Medication Coordinator	2.5%
Neutral Facilitator	10%
Notary Public	Free
Payroll Processor	5%
Predecessor Firm (Requires Underwriter Approval)	Varies
Professional Organizer	5%
Retroactive Date Extension (only available at 1st renewal)	25% - 75%
Tax Preparer	10%