

Trust or Estate Questionnaire

Underwritten by The Hanover Insurance Company

NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

I. INSTRUCTIONS

Whenever used in this Questionnaire, the term **Firm** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons and entities proposed for insurance unless otherwise stated.

1. Provide information for each trust or estate with assets greater than \$500,000 where the **Firm** acts as Trustee/Executor/Receiver:

| Name of Trust or Estate | Services Rendered | *Type | Value of Assets | Annual Income of Assets | Engagement Letter Used? | Number of Beneficiaries | Beneficiary Interest? |
|-------------------------|-------------------|-------|-----------------|-------------------------|---|-------------------------|---|
| | | | \$ | \$ | <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"/> 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"/> Yes <input type="checkbox"/> No |
| | | | \$ | \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

* **E** = Estate **P** = Personal/Family Trusts **B** = Business Trusts **F** = Foundations **C** = Charities **R** = Real Estate **I** = Insurance Trusts **O** = Offshore

2. For each trust or estate listed above, does the **Firm** have the most current version of the Trust Agreement (including amendments) and does the **Firm** review it annually for changes in trust terms, trust beneficiaries, or other key items affecting trust administration? Yes No
If no, explain: _____
3. Does trustee or executor service include investment decisions regarding the purchase or sale of real estate, securities or other trust assets? Yes No.
If yes, indicate does an independent investment advisor, money manager or other qualified professional provide oversight? Yes No
If no, explain: _____
4. Does the **Firm** have a written policy requiring that any accounting services be either performed or reviewed by a **Firm** professional other than the executor, administrator, or trustee? Yes No
If no, explain: _____
5. For all trusts serviced, are dual signatures required on the Trust Agreement? Yes No
Are additional sheets attached? Yes No

The undersigned, acting on behalf of all Applicants, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

| | |
|--------------|--|
| Date | Signature / Title |
| (mm/dd/yyyy) | (Chief Executive Officer, President, Financial Officer, Managing Partner or Owner) |
| (mm/dd/yyyy) | (Print Name and Title) |