Old Republic Professional Logo

This completed document should be submitted to:

Old Republic Professional Liability, Inc.

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ESTATE ADDENDUM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List the top five largest Estate/Probate/Trust clients the firm provided legal services to in the past twelve months:

|  |  |  |  |
| --- | --- | --- | --- |
| Client | Attorney | Approximate Value | Years as Client |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

1. Check all the services provided by the firm that apply:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Asset Protection |  | Litigation |  | Tax Opinions |  |
| Corporation Formation |  | Medicaid Planning |  | Taxation |  |
| Estate Planning |  | Preparation of Wills |  | Trust Administration |  |
| Guardianship |  | Probate |  | Welfare Benefit Funds |  |

1. Does any one client represent 10% or more of the firm’s annual billings? Yes \_\_\_ No\_\_\_
2. Does the firm have a procedure requiring a review on any new estate, trust or will by a second attorney not involved in such estate, trust or will? Yes \_\_\_ No\_\_\_
3. Does any lawyer serve as Executor/Personal Representative/Trustee of an estate or trust? Yes \_\_\_ No\_\_\_ (Note: do not include family trusts)

If yes, attach a list by lawyer with name of estate or trust, approximate value and years as client.

1. What is the approximate number of Estate/Probate/Trust clients the firm has? \_\_\_\_

What percentage of the firm’s Estate/Probate/Trust clients are new annually? \_\_\_\_

1. Estimate by asset range the percentage and number of Estate/Probate/Trust clients the firm has.

|  |  |  |
| --- | --- | --- |
| Client's Asset Range | Percentage of Estate/Probate/Trust Work | Number of Clients |
| 0M – 5M | % |  |
| 5M – 10M | % |  |
| >10M | % |  |
|  |  |  |

|  |  |
| --- | --- |
| Signature of Officer/Partner | Date |
|  |  |
| Printed Name of Officer/Partner | Name of Applicant/Insured Firm |