



**THE CPA ADVANTAGE™
ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
APPLICATION
FIDUCIARY SERVICES SUPPLEMENT**



**All questions must be answered completely
Please DO NOT use pencil.
Supplement must be signed by principal of the firm.**

Applicant Firm Name _____

Section A. – Trustee Services

1. Please provide the following information for each Trust. DO NOT complete a supplement for Life Insurance Trusts and/or Non-funded Trusts.

Name of Trustee	Name of Trust`	Date of Appointment	Trust Assets	Annual Trust Income	# of Beneficiaries	Type of Trust
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		
			\$	\$		

2. Other than bookkeeping, bill payment or tax return preparation, please provide details of Professional Services rendered:

3. Revenue for Trustee Services is included in the total gross revenues stated in question 9a of the application: **Yes** **No**

4. The fee arrangement for the Trust is determined by: **Trust Agreement** **Direct billing to Trust** **Other (describe)**

5. Does the Trustee engage in any of the following activities:

◆ Use of Trust funds to invest in entities in which the Trustee, any Insured or a related individual have an interest or management role? **Yes** **No** If “yes”, please explain:

◆ Employment by the Trust of any Insured or associates? **Yes** **No** If “yes”, please explain

◆ Use of Trust funds as loans to the Trustee or the Named Insured’s owners or employees? **Yes** **No** If “yes”, please explain. _____

◆ Delegation of any Trustee duties to others? **Yes** **No** If “yes”, please describe the procedures in place to monitor the acts of others performing Trustee Services:

6. Please answer the following questions with regard to discretionary authority:

◆ Do you have discretionary authority to make individual securities investments on behalf of the Trust?

Yes No If "yes", please explain: _____

◆ Do you employ the services of a professional Money Manager or Investment Adviser? Yes No

If "yes", please explain:

◆ If applicable, are all investment goals and portfolio compositions described in the Trust agreement?

Yes No If "yes", please explain:

Section B. – Discretionary Control of Clients' Funds other than as a Trustee

1.

Services provided	Annual Dollar Amount
	\$
	\$
	\$

2. Is a countersignature required on all client checks issued by personnel of the firm or firm affiliates?

Yes No **If No** Please describe risk management procedures in place to avoid misuse of client funds:

3. Are clients' funds commingled with other funds? Yes No

4. Does someone other than the firm personnel authorized to deposit or withdraw from the account reconcile all client bank accounts? Yes No **If no, please explain:**

Signature of Owner, Officer or Partner: _____ Date Signed: ___/___/_____