

Welcome to the Ahern Insurance Brokerage eForms.

After completing this application please follow these simple instructions:

- 1) Click "Save Application," navigate to your desktop and save a copy of the completed application
- 2) Print & sign the application
- 3) To expedite the application process, email or fax a copy of the completed application to AIB

Fax: (858) 571-9010

Email: Info@AhernInsurance.com

- 4) Please mail the original to:

Ahern Insurance Brokerage
9655 Granite Ridge Drive
Suite 500
San Diego, CA 92123

For additional support you can email techsupport@aherninsurance.com or consult the help file at: <http://www.aherninsurance.com/applications/help.htm>

IMPORTANT!

Once you have filled out your application completely, you must **PRINT, SIGN AND MAIL THE ORIGINAL**

WILLS, TRUSTS & ESTATES SUPPLEMENT

1. List the top five largest clients to whom the firm provided legal services in the previous 12 months:

Client Name	Attorney	Approximate Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- a. What services are provided for the client? (check all that apply)
- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Preparation of Wills | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Probate | <input type="checkbox"/> Trust Administration |
| <input type="checkbox"/> Corporation Formation | <input type="checkbox"/> Tax Opinions | <input type="checkbox"/> Taxation | <input type="checkbox"/> Asset Protection |
| <input type="checkbox"/> Guardianship | <input type="checkbox"/> Medicaid Planning | <input type="checkbox"/> Litigation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |

b. Does the firm, or any member of the firm, have the authority to write checks, provide investment advice, make investments, or have discretionary control of funds for clients?..... Yes No
If yes, please provide a detailed narrative

2. Does any one client account for 10% or more of an attorney's annual billings?..... Yes No
If yes, provide name and percent of revenue

3. Does any attorney currently serve as Executor/Personal Representative/Administrator or Trustee?..... Yes No
If yes, provide a list by attorney with: Name of client, approximate value and services provided.

4. Is there a member of the firm that is a Certified Legal Specialist in estate planning and/or taxation?..... Yes No

5. Is it the firm's policy to include a cold review by a second attorney when drafting all new wills and trusts? Yes No

6. a. How does the firm handle tax advice given in conjunction with estate and trust work?
- Firm out-sources all of its tax work
 - Firm out-sources most tax work, but retains some
 - Firm employs accountant(s) (CPA) who handle all tax matters
 - Firm employs accountant(s) (CPA) who advises on all tax matters
 - Firm employs tax attorney(s) who handle all tax matters
 - Firm employs tax attorney(s) who advises on all tax matters
 - Nature of firm's estate & trust work does not require tax advice
 - Other: _____

b. Does the firm obtain a Certificate of Insurance for outsourced work?..... Yes No

c. How does the firm stay up to date on changes to the tax code?

Important Reminder

The coverage for which you are applying is written on a CLAIMS-MADE basis. Only claims first made against you and reported to the Company during the policy period are covered, subject to the policy provisions. The limits of liability stated in the policy are reduced by defense expenses. Defense expenses may also be applied to the deductible, if any. If you have any questions about the coverage, please discuss them with your agent.

Representation and Acknowledgement of Firm's Continuing Duty to Inform

The undersigned is authorized by the firm to sign this application and represents and acknowledges that all information provided by the firm including the application, submits, its supplements, attachments, and answers to any questions our underwriter asks:

- will be relied upon the Company in determining whether to insure the firm and at what rate to insure it;
- are true, correct, accurate, and complete;
- and will be considered a part of any ensuing insurance contract.

Furthermore, the undersigned understands and agrees that the firm has a continuing duty through policy inception and throughout the life of any ensuing insurance contract to update this application, its supplements, attachments, and answers to any questions our underwriter asks.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant Firm: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent/Broker Name:
Agent/Broker License Number: _____

INCOMPLETE, UNSIGNED AND UNDATED APPLICATIONS WILL BE RETURNED FOR COMPLETION.