



**James River Insurance Company**

7130 Glen Forest Drive, Suite 210  
Richmond, VA 23226  
804-289-2700

**Estate/Trust Work Supplemental Application**

**PROFESSIONAL LIABILITY Division**

Email to [PL@jamesriverins.com](mailto:PL@jamesriverins.com) or,  
Fax to 804-287-2816

**APPLICANT'S INSTRUCTIONS:**

- 1. Answer all questions completely. Please attach extra sheets as required. Incomplete or illegible applications may be discarded.

Complete this supplement only if a percentage of practice was listed in Estate/Trust on the Firm Profile section of the application.

- 1. List the Top Five largest Estates/Trusts to which the firm provided legal services in the previous 12 months: (Only to be completed if the value of any such Estates/Trusts have a value above (\$5 million).

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

- 2. Does any one Estate/Trust client account for 10% of an attorney's annual billings?  Yes  No

If yes:

- a. What services are provided for the client?

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

- b. Does the work performed include business formation, management, or other business transactions?  Yes  No

- 3. Does your estate practice include a file review by a second attorney not involved in drafting on all new wills?  Yes  No

- 4. Does any attorney currently serve as Executor/Personal Representative of an estate or Trustee of a trust (not including family related matters)?

If yes, provide a list by attorney with: Name of Estate/Trust, approximate value, description of services provided.

**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: \_\_\_\_\_ Title \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_