

Estate Trustee Liability Insurance Application - Part A

(including Estate Trustees, Executors and Estate Administrators)

Application Date:

Decedent Details

Last Name:		Given Name:		Initial:	
Primary Residence Address:			City:	Province:	Postal Code:
Age at Death:	Date of Death:		Marital Status:		

Details of the Will

1. Is there a will? <input type="radio"/> Yes <input type="radio"/> No If No, proceed to the next section; if Yes, please provide a copy.
2. What is the date of the will? If the will was drafted within the 6 months prior to the date of death, please provide details on Schedule 1.
3. Status of Probate (select one of the following): <input type="radio"/> Probate has been granted <input type="radio"/> Probate application will be filed <input type="radio"/> Probate is not required
4. Is there a secondary will? <input type="radio"/> Yes <input type="radio"/> No If yes, are the Estate Trustees and Beneficiaries the same on each will? <input type="radio"/> Yes <input type="radio"/> No
5. Are there any Beneficiaries residing outside of Canada? <input type="radio"/> Yes <input type="radio"/> No If yes, location(s) of foreign Beneficiaries: <input type="radio"/> US <input type="radio"/> Other:

Estate Assets (Note: Estates over \$3 million will require additional underwriting information)

1. Estimated gross total value of all estate assets from primary and secondary wills:
2. Are there any foreign assets or business assets? <input type="radio"/> Yes <input type="radio"/> No If yes: Approximate value of foreign assets: _____ Approximate value of business assets: _____
3. Were any of the deceased's assets transferred to another party or sold in the 2 years prior to the Date of Death? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown If yes, please provide details on Schedule 1.
4. Is there current physical damage insurance and third party liability insurance on the estate assets where applicable? <input type="radio"/> Yes <input type="radio"/> No
5. Do any of the estate assets consist of stored genetic material? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide details on Schedule 1.
6. Are any investments or real estate passing outside of the estate? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown If yes, please provide details on Schedule 2.
7. Are any assets held jointly with another party? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide details on Schedule 2.

Lawyer/Notary/CEA Details

Firm Name:	
Address:	
Name:	
Phone:	Email:

By completing this form, you acknowledge that HDI Global Specialty SE Canadian Branch and ERAssure® will collect, use and disclose your personal information to third parties, including your lawyer, as necessary for underwriting purposes and to fulfill this contract in accordance with applicable legislation. You also authorize HDI Global Specialty SE Canadian Branch and ERAssure to accept direction relative to this application and subsequent matters related to this application from the lawyer indicated on this form. For more information on why and how we collect, use and disclose your personal information, view our complete privacy statement at www.erassure.com/important-customer-information or contact our Privacy Officer at privacy@erassure.com.

Estate Trustee Liability Insurance Application - Part B

Estate Trustee Information (all questions in this section are relative to the Estate Trustee named below)

Is there more than one Estate Trustee? <input type="radio"/> Yes <input type="radio"/> No If yes, please complete a copy of this page for each Estate Trustee
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Last Name:	Given Name:	Initial:
Age:	Email Address:	
Home Address (Street):	City:	Province: Postal Code:
Home Phone:	Cell Phone:	
Occupation of Estate Trustee:		
Is the Estate Trustee providing professional services to the estate as a Mortgage Broker, Investment Advisor, Real Estate Broker, Insurance Agent or Insurance Broker, Public Accountant or Solicitor? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide the following:		
Company Name:		
Address:		
	Street	
	City	Province/State Postal Code
Phone Number:		
Education Level of the Estate Trustee: <input type="radio"/> High School <input type="radio"/> College/University <input type="radio"/> Graduate School <input type="radio"/> Other:		
Estate Trustee's Relationship to Decedent:		
<input type="radio"/> Spouse	<input type="radio"/> Child	<input type="radio"/> Sibling
<input type="radio"/> Parent	<input type="radio"/> Other:	
1. Was the Estate Trustee appointed in the will? <input type="radio"/> Yes <input type="radio"/> No If no:		
<ul style="list-style-type: none"> • Was the Estate Trustee selected by: <input type="radio"/> Beneficiaries/Family Members <input type="radio"/> Courts/Other • Date of Appointment (if known): 		
2. Is the Estate Trustee also a beneficiary of the estate: <input type="radio"/> Yes <input type="radio"/> No		
3. Did the Estate Trustee perform duties for the Decedent under a Power of Attorney for Property within the last 12 months prior to the date of death? <input type="radio"/> Yes <input type="radio"/> No		
4. Is a testamentary Trust being created? <input type="radio"/> Yes <input type="radio"/> No If yes, is the Estate Trustee also a Trustee of this Trust? <input type="radio"/> Yes <input type="radio"/> No		
5. Are you replacing any previously named Estate Trustee? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide details on the circumstances that led to your appointment on Schedule 1.		
6. Have any claims for damages been made, either verbally or in writing, including any circumstances or threatened action which any reasonable person would expect to give rise to a demand for damages against the estate or any of the estate trustees (past or present)? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide additional details on Schedule 1.		

Estate Trustee Liability Insurance Application - Schedule 1

Part A - Details of the Will

2. For wills drafted within the 6 months prior to date of death, please provide the following information:

a) Was there a prior will? Yes No Unknown If yes, date of prior will:
Please provide a copy of the prior will.

b) Are there material changes to the executor(s), beneficiaries or distributions? Yes No If yes, please provide details.

c) Who drafted the most recent will?

d) Was there a competency test done prior to the will being drafted? Yes No Unknown

Part A - Estate Assets

3. Please identify any of the deceased's assets that were transferred to another party or sold in the 2 years prior to the Date of Death, if the value of the asset transferred or sold exceeds \$50,000 or 10% of the total value of the estate assets:

Transfer	Sale	Date (mm/dd/yyyy)	Description of Asset	Estimated Value of Asset	Reason for Sale/Transfer
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				
<input type="radio"/>	<input type="radio"/>				

5. If any of the estate assets consist of stored genetic material, please provide a detailed description including copies of contract(s) respecting same.

Part B - Estate Trustee Information

5. Please provide details on the circumstances that led to your appointment and replacement of a previously named Trustee:

6. Please provide additional details related to any claims for damages made, either verbally or in writing, including any circumstances or threatened action which any reasonable person would expect to give rise to a demand for damages against the estate or any of the estate trustees (past or present):

Estate Trustee Liability Insurance Application - Schedule 2

Please provide the following information specific to all assets with a designated beneficiary:

Type of Asset (i.e. RRIF, TFSA, Life Insurance, etc.)	Name of Beneficiary	Relationship to Decedent	Estimated Value of Asset	Is asset to be included in Estate?*
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No

Please provide the following information for all assets held by the decedent jointly with another person:

Name	Relationship to Decedent	Description of Asset (Joint bank accounts, real estate, etc.)	Estimated Value of Asset	Is asset to be included in Estate?*
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No

* If you answered “no” to this question for any asset, please provide evidence of the decedent’s instructions to exclude such assets from the estate.

Please forward the completed application via email to info@erassure.com, or mail to:
 Estate Risk Protection Plan Inc.
 30 Duke Street West, Suite 405
 Kitchener, ON N2H 3W5