

**NEW HAMPSHIRE INSURANCE COMPANY**  
**Administrative Offices: 175 Water Street 18<sup>th</sup> Floor, New York, NY 10038**



**CPA Protector Plan**  
**Trustee and Estate Supplemental Application**

**Florida**

1. Provide information for each trust or estate:

Name of Trust or Estate	Start date	Type*	Value of Assets	Annual Income of Assets	Number of Beneficiaries	Beneficiary Interest**? Y/N

\* Type – Estate, Personal/Family Trust, Business Trust, Foundation, Charities or Real Estate

\*\* Beneficiary interest means any personal interest you or a relative might have as heir or beneficiary of the trust or estate funds, other than customary fees as trustee, administrator, executor or personal representative to which you are entitled.

2. What specific internal controls are in place to ensure the quality of the Trustee and Estate services? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. For each trust please complete the questions on page 2 and 3 of this supplement.

**Complete a separate sheet for each Trust listed in question 1 of this supplement**

1. Name of Trust \_\_\_\_\_  
 Name of Trustee \_\_\_\_\_  
 Name of Co-Trustees (if any) \_\_\_\_\_

2. Does the firm have a signed engagement letter or written trust agreement with the trust listed above? Yes \_\_\_ No \_\_\_ If no, please explain: \_\_\_\_\_

\_\_\_\_\_

3. Fees for Trustee services are determined by  
Trust Agreement  Direct Billing to Trustor  Other  describe \_\_\_\_\_

4. Do Trustee fees inure to the benefit of the Trustee or the Firm? \_\_\_\_\_

5. List the specific duties of the Trustee and/or Co-Trustee or attach a copy of the Trustee Duties section of the trust document: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Does the Trustee delegate any Trustee duties to others? Yes \_\_\_ No \_\_\_  
If yes, please provide procedures in place to monitor the acts of others performing Trustee Services: \_\_\_\_\_  
\_\_\_\_\_

7. Is an accounting provided to all beneficiaries? Yes \_\_\_ No \_\_\_  
If yes, how frequently \_\_\_\_\_ If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

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

- a. Discretionary use of funds Yes \_\_\_ No \_\_\_
- b. Have Legal Power of Attorney for a beneficiary Yes \_\_\_ No \_\_\_
- c. Have Medical Power of Attorney for a beneficiary Yes \_\_\_ No \_\_\_

9. Does the Trustee invest Trust Funds? Yes \_\_\_ No \_\_\_

If yes, does the Trustee/Executor have discretionary authority to make individual investments?  
Yes \_\_\_ No \_\_\_

10. Does the Trustee authorize loans for the Trust? Yes \_\_\_ No \_\_\_

Please describe the composition of any investments and/or loans if any.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. If the Trustee invests funds or authorizes loans for the Trust please advise if
- a. Trust funds been invested in entities which the Trustee, Firm or related individual or entity is involved Yes \_\_\_ No \_\_\_
  - b. Used Trust funds as loans to the Trustee, owners or employees of the Firm or the Firm itself Yes \_\_\_ No \_\_\_

If yes, please describe controls in place to prevent conflict of interest:  
\_\_\_\_\_  
\_\_\_\_\_

12. What was the relationship prior to the Trusteeship?  
Family Member  New Client  Long time client  No relationship prior to Trustee   
Other  describe \_\_\_\_\_

**NOTICE TO FLORIDA APPLICANTS:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

The applicant understands the information submitted herein and attached pages becomes a part of the applicant's application and is subject to the same representations and conditions.

\_\_\_\_\_  
Signature of Authorized Representative of the Firm

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title (must be signed by managing partner or managing executive of the Firm)

Attest \_\_\_\_\_

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