

**TRUSTEE  
SUPPLEMENTAL APPLICATION**



**Instructions to the applicant:**

- 1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation**
- 2. If a question is not applicable, state N/A. If more space is required to answer a question, please attach exhibit with the question number.**
- 3. Application must be signed and dated by authorized person.**

APPLICANT: \_\_\_\_\_

1.

List all trustees and proposed trustees.	Court Appointed?	Judicial Authority
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. List all trusts and acts performed on behalf of each, by the individuals listed above.

_____	_____
_____	_____
_____	_____

3. Identify which trustee listed in (1) above will act on behalf of all insureds for the following:  
Giving and receiving notices to and from the Company regarding payment of premium; payment of deductible; exercise of the ERP; cancellation; receipt of return premiums and other notices as required by the policy.

\_\_\_\_\_

4. For each trust listed in (2) above, provide type and value of trust assets as follows:

<b>Name of Trust:</b>		
<u>Type</u>	<u>Value at Beginning of Last Fiscal Year</u>	<u>Value at Beginning of This Fiscal Year</u>
Real Estate		
Stocks and Bonds		
Insurance		
Testamentary		
<b>TOTAL:</b>		

**Name of Trust:** \_\_\_\_\_

<u>Type</u>	<u>Value at Beginning of Last Fiscal Year</u>	<u>Value at Beginning of This Fiscal Year</u>
Real Estate		
Stocks and Bonds		
Insurance		
<b>TOTAL:</b>		

<b>Name of Trust:</b>		
<u>Type</u>	<u>Value at Beginning of Last Fiscal Year</u>	<u>Value at Beginning of This Fiscal Year</u>
Real Estate		
Stocks and Bonds		
Insurance		
<b>TOTAL:</b>		

5. Itemize income and expenses of each trust listed above and attach on separate sheet. Include fees paid to trustees.
6. Itemize all trust distributions that were made during the last fiscal year from each trust listed above and attach on separate sheet. Include item distributed, its value, and to whom it was distributed.
7. Itemize all anticipated distributions for the current fiscal year and attach on separate sheet.
8. Attach a copy of each trust agreement listed above, including any amendments thereto, and a list of each trust's beneficiaries.
9. With respect to any trust listed above, will any applicant act as fiduciary or administrator  Yes  No under the Employee Retirement Income Security Act of 1974? If yes, indicate which trust.  
\_\_\_\_\_
10. With respect to any trust listed above, did any applicant participate in the creation or drafting of the trust agreement?  Yes  No  
If yes, indicate which trust.  
\_\_\_\_\_
11. Does the applicant have discretionary authority or control of client investments?  Yes  No  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

If additional space is needed, please provide details on a separate attachment.

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I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

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Signature of Owner, Officer or Partner

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Print or Type Name and Title

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Date (m-d-y)