



Trustee Liability Application – Group Form

Contact: _____ Current Date: _____
Applicant: _____
Address: _____
Tel: _____ Fax: _____
email: _____ Web Site: _____
Address of all other office locations or branches: _____

Number of trusts handled by the applicant: _____
Number of partners and/or employees serving as trustees: _____
The number of partners in the trusts & estates division or department _____
The number of employees in the trusts & estates division or department _____
(please include associates & other non-partner attorneys)
Does the applicant administer, advise or manage the assets of any trust? _____
If yes, please provide a description of the services with the Trust Supplement.

- Please attach the following:
- A list of all trusts
 - A list of all officers, partners and employees of the Applicant serving as trustees
 - A Trust Supplement (attached) for each trust
 - A detailed description of any claim within the last 10 years involving the trusts & estates division or department, any trustee or any trust handled by the Applicant

I/We, the Applicant, hereby declare that the particulars and statements in this Application and accompanying exhibits are true and that I/we have not omitted or suppressed or misstated any material fact and that at the present time, I/we have no reason to anticipate any claim being brought against me/us for any act, error of, or omission on the part of me/us or any proposed insured, except as detailed in this Application, and agree that this Application and accompanying exhibits shall be the basis of any policy of insurance which may be issued and shall be deemed a part thereof.

I/We understand that the coverage provided may apply only to trustees who are officers, partners or employees of the applicant and not to trustees not directly associated with the applicant organization, nor to any other firm, corporation, or other entity. I/We understand that the coverage provided may be different than that requested in this application, and that some trusts and/or trustees may not be included under coverage provided, if any. I/We understand information submitted herein becomes a part of the insurance application and is subject to the same conditions.

Signature Title Date



Trustee Liability Application – Trust Supplement

Complete one Trust Supplement for each trust or group of trusts with common beneficiaries.

Name of Trust(s): _____

Date trust(s) was established: _____ Type of trust: _____

Trustees of the Trust(s) and role with the applicant (ie partner, employee, other):

Beneficiaries: _____

Total Trust Assets: Currently: _____ Last Year: _____

Provide a listing of all trust assets including the type of asset, current value, manager and custodian.

Do the trustees make investment decisions resulting in the purchase or sale of trust assets? _____

Prior professional liability or trustee liability insurance? _____ (if none, state none)

If yes, provide limit, deductible, premium, expiration date, carrier and retroactive date:

Has any claim or suit ever been brought against the applicant or any present or former partner, employee or trustee of the applicant or of this trust (these trusts)? _____

Is any applicant or any present or former partner, employee or trustee of the applicant or of this trust (these trusts) aware of any circumstances that may result in a claim or suit being made or brought against them that may fall within the scope of the proposed insurance? _____

Is the applicant or any present or former partner, employee or trustee of the applicant or of this trust (these trusts) aware of any neglect or breach of responsibility, obligation or duty that may result in a claim or suit being made or brought against them? _____

I/We understand information submitted herein becomes a part of the insurance application and is subject to the same conditions.

Trustee

Date