



Trustee Liability Application

Key Contact & Authorized Trustee: _____ Current Date: _____

Address: _____

Tel: _____ Fax: _____

Email: _____ Web Site: _____

Note: The Authorized Trustee is the Trustee who will act on behalf of all insured Trustees for notices, payment of premium and any other rights or obligations under any insurance provided.

Please provide the following information for all related trusts. Use a separate sheet if more room is required.

Trusts: List all Trusts using the full name for each, the date each was established, and the type of trust.

Trustees: List the Trustees of the Trust(s). For each provide their occupation, phone number and address. If the trustees are not exactly consistent for each trust, list the trustees separately for each trust.

Beneficiaries: List the Beneficiaries of the Trust(s) including their % share and relationship to the Grantor, if any. If the beneficiaries are not exactly consistent for each trust, list the beneficiaries separately for each trust.

1. Is any Trustee listed in this application acting as a fiduciary or administrator under the Employee Retirement Income Security Act of 1974? Yes No
2. Did any trustee listed in this application participate in the creation and/or drafting of the trust agreement for any trust listed in this application? Yes No
3. Do trustees make investment decisions resulting in the purchase or sale of trust assets? Yes No
4. Are outside managers used to manage any trust assets? Yes No
If yes, please provide the names, addresses and responsibilities of each.
5. Do any of the trusts listed in this application have any full or part time employees? Yes No
If yes, please provide the names and responsibilities of each.
6. For all trusts listed in this application, combined, please provide the following:



Total Trust Assets: Current Year: _____ Prior Year: _____

Distribution of assets – please provide the value of assets in all trusts listed in this application:

Stocks/Bonds – Publicly Traded _____
 Private Securities _____
 Real Estate _____
 Insurance _____
 Other: _____
 Other: _____

Total Assets: _____ Valuation Date: _____

7. Annual Trustee Fees: _____

8. Have any of the trusts carried professional or trustee liability insurance in the past? Yes No
If yes, provide limit, deductible, insurer, premium, policy period and retroactive date:

9. Has any claim or suit been brought against any trust or trustee listed in this application? Yes No
If yes, please provide full details.

10. Is any trustee listed in this application aware of any circumstances that may result in a claim or suit being made against them that may fall within the scope of the proposed insurance? Yes No
If yes, please provide full details. It is agreed that if such knowledge or information exists, any claim or action arising there from is excluded from this proposed coverage.

11. Is any trustee listed in this application aware of any breach of responsibility, obligation or duty that may result in a claim or suit being made or brought against them? Yes No
If yes, please provide full details. It is agreed that if such knowledge or information exists, any claim or action arising there from is excluded from this proposed coverage.

Please attach the following information for each trust listed in this application:

- A listing of currently valued assets
- An accounting of income and expenses, and distributions, for the most recent accounting period
- The trust agreement

I/We understand that the particulars and statements in this application and any supporting attachments 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 any supporting attachments 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 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 policy and is subject to the same conditions.

Signature

Title

Date