

SUPPLEMENTAL APPLICATION

1. Name of applicant or insured: _____
2. Name of the trustee(s): _____
3. What types of trust(s) are being administered? (select all that apply):
 Beneficiary: Living Trust ☐ Beneficiary: Family Trust ☐ Bankruptcy ☐ Liquidating ☐
 Court Appointed ☐ Charitable ☐ Other (Describe): ☐ _____
4. List all trusts and services performed for each. Attach separate page if needed.

TRUST NAME	ASSET VALUE	TYPES OF ASSETS (REAL ESTATE, STOCKS, BOND, CASH, OTHER)	EXPECTED DATE TRUST TO BE DISSOLVED (IF APPLICABLE)

5. Please attach a copy of the trust document and most recent audited financials of the trust
6. Are the trustee(s) beneficiaries of any of the trusts? ☐ Yes ☐ No
7. Have any of the funds of the trust been invested in any entity, real estate or other venture in which any trustee has an interest either directly or indirectly, or have any trustees had a loan from the trust? ☐ Yes ☐ No
8. Is an independent Certified Public Accountant (CPA) used to prepare and file tax returns for the trust? ☐ Yes ☐ No
9. Do the trustees have discretionary investment authority in investment of trust funds? ☐ Yes ☐ No
10. Is an independent investment counselor used? ☐ Yes ☐ No
11. Are all third-party professionals providing services to the trust (CPAs, Attorneys, Investment Advisors) required to have their own E&O insurance in place? ☐ Yes ☐ No
12. Are all trust documents reviewed by an independent attorney at time of creation? ☐ Yes ☐ No

SIGNATURE IN FULL: _____ DATE: _____

PRINT NAME: _____

ALL QUESTIONS MUST BE ANSWERED AND THE APPLICATION MUST BE SIGNED AND DATED

Agency Name and Address: _____

Person Submitting Application: _____

Telephone Number: _____ Email: _____