

1. What type of Trust is being administered?

2. What is the value of the assets to be managed in the Trust? \$_____

3. Is there any commingling of the Trust's funds with any other funds? Yes No

4. Is the Trustee a beneficiary? Yes No

5. Is the Trustee Court Appointed? Yes No

6. Does the Trustee have discretionary authority in the investment of the Trust's funds?
If Yes, please attach full details. Yes No

7. Will there be co-administrators besides the Applicant? Yes No

If Yes, will there be a requirement that these independent administrators carry their own Errors and Omissions insurance coverage? Yes No N/A

8. Will the Applicant be retaining independent professionals, such as lawyers, accountants or investment advisors, to assist in the administration of the assets? Yes No

If Yes, please indicate:

_____ Lawyers

_____ Accountants

_____ Investment Advisors

_____ Other, Please describe:

9. Do all retained professionals, referenced in question 8, carry errors and omissions insurance? Yes No N/A

10. Has there been any litigation between and amongst the beneficiaries of the Trust? Yes No N/A

11. As of the date of the signing of this application, has any beneficiary under the subject Trust retained a lawyer in connection with the Will or Trust? Yes No N/A

12. How many beneficiaries are there under the Trust? _____

13. How many years will the Trust be in existence? _____

14. Please attach the following:

- a. The Trust Document
- b. Resumes of all Trustees
- c. The most recent audited Financial Statements of the Trust

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

THE APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Name and Title (Please Print): _____