



Cooper & McCloskey Inc.
 111 Pine Street, Suite 915
 San Francisco, CA 94111
 Toll-Free: 877.433.2800
 Phone: 415.433.7700
 Fax: 415.433.7707

TrusteeSecure™

**APPLICATION FOR TRUSTEES PROFESSIONAL
 LIABILITY INSURANCE**

(CLAIMS MADE BASIS)

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.
 (PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

a. Name of all Trustees	Addresses and Telephone Numbers:	Status of Trustee: (Select All That Apply)	
_____	_____ _____ () _____	<input type="checkbox"/> Sole Trustee	<input type="checkbox"/> Individual
		<input type="checkbox"/> Initial Trustee	<input type="checkbox"/> Corporate
		<input type="checkbox"/> Co-Trustee	<input type="checkbox"/> Other
		<input type="checkbox"/> Successor Trustee	
_____	_____ _____ () _____	<input type="checkbox"/> Sole Trustee	<input type="checkbox"/> Individual
		<input type="checkbox"/> Initial Trustee	<input type="checkbox"/> Corporate
		<input type="checkbox"/> Co-Trustee	<input type="checkbox"/> Other
		<input type="checkbox"/> Successor Trustee	
_____	_____ _____ () _____	<input type="checkbox"/> Sole Trustee	<input type="checkbox"/> Individual
		<input type="checkbox"/> Initial Trustee	<input type="checkbox"/> Corporate
		<input type="checkbox"/> Co-Trustee	<input type="checkbox"/> Other
		<input type="checkbox"/> Successor Trustee	
_____	_____ _____ () _____	<input type="checkbox"/> Sole Trustee	<input type="checkbox"/> Individual
		<input type="checkbox"/> Initial Trustee	<input type="checkbox"/> Corporate
		<input type="checkbox"/> Co-Trustee	<input type="checkbox"/> Other
		<input type="checkbox"/> Successor Trustee	

b. Coverage requested: _____ (per claim) _____ (aggregate) _____ Deductible

c. Please list all trusts managed by each trustee identified in 1(a) above and attach complete copies of each trust and all amendments:

d. If more than one trustee is identified in Question 1(a) above, please identify which of the trustees will act as the "Insurance Matters Trustee" on behalf of all trustees for all purposes under the policy, such as giving and receiving of notice(s) to and from the Company, payments or receipts of premiums and deductibles, exercise of the extension periods; cancellation; and other notices or actions.

Insurance Matters Trustee: _____
 Address: _____ City/State/Zip _____
 Phone: () _____

e. Names of Beneficiaries: (Attach Sheet if necessary)	Status of Beneficiary (Select One)		Beneficiary's Interest in Trust Estate: (Select All Appropriate Categories)	
_____	<input type="checkbox"/> individual (adult)	<input type="checkbox"/> corporation	<input type="checkbox"/> Income	<input type="checkbox"/> fixed
	<input type="checkbox"/> individual (minor)	<input type="checkbox"/> partnership	<input type="checkbox"/> remainder	<input type="checkbox"/> percentage
	<input type="checkbox"/> trust	<input type="checkbox"/> charity	<input type="checkbox"/> present	<input type="checkbox"/> future
	<input type="checkbox"/> other		<input type="checkbox"/> lifetime	<input type="checkbox"/> term of years
				<input type="checkbox"/> discretionary
_____	<input type="checkbox"/> individual (adult)	<input type="checkbox"/> corporation	<input type="checkbox"/> Income	<input type="checkbox"/> fixed
	<input type="checkbox"/> individual (minor)	<input type="checkbox"/> partnership	<input type="checkbox"/> remainder	<input type="checkbox"/> percentage
	<input type="checkbox"/> trust	<input type="checkbox"/> charity	<input type="checkbox"/> present	<input type="checkbox"/> future
	<input type="checkbox"/> other		<input type="checkbox"/> lifetime	<input type="checkbox"/> term of years
				<input type="checkbox"/> discretionary
_____	<input type="checkbox"/> individual (adult)	<input type="checkbox"/> corporation	<input type="checkbox"/> Income	<input type="checkbox"/> fixed
	<input type="checkbox"/> individual (minor)	<input type="checkbox"/> partnership	<input type="checkbox"/> remainder	<input type="checkbox"/> percentage
	<input type="checkbox"/> trust	<input type="checkbox"/> charity	<input type="checkbox"/> present	<input type="checkbox"/> future
	<input type="checkbox"/> other		<input type="checkbox"/> lifetime	<input type="checkbox"/> term of years
				<input type="checkbox"/> discretionary

- f. Status of Trust: (1) revocable or irrevocable; (2) continuing or terminating.
- If the Trust is a continuing Trust, please indicate the remaining term as: lifetime of primary beneficiary; fixed term (indicate length of term: _____); or other: _____
- g. Event creating Trust estate: death of Settlor Inter Vivos transfer (gift) other: _____
- Date: _____

2. TRUST INFORMATION

- a. For each trust identified in Question 1(c), please provide all available information from the following items that apply:

i) 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	\$ _____	\$ _____
Stock and Bonds	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL :	\$ _____	\$ _____

ii) 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	\$ _____	\$ _____
Stock and Bonds	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL :	\$ _____	\$ _____

iii) Name of Trust _____

Type	Value at Beginning of Last Fiscal Year	Value at Beginning of This Fiscal Year
Real Estate	\$ _____	\$ _____
Stock and Bonds	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL :	\$ _____	\$ _____

- iv) If other than first accounting period for the trust, attach copies of most recent trust accountings for the prior accounting periods (up to the three prior periods).
- v) If other than first accounting period for the trust, attach copies of most recent federal and state income tax returns for trust (up to the three prior periods).
- vi) Beginning balance sheet and statement of estimated cash flows for current accounting period.
- b. As to Question 2(a), itemize anticipated distributions for the current fiscal year and attach on a separate sheet.
- c. Will the Trustee provide an annual accounting for the Trust?.....Γ Yes Γ No

3. APPLICANT HISTORY (Please attach details of all "Yes" answers below.)

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Has any applicant ever been convicted of a violation of any law or ordinance (other than minor traffic violations)? | Γ | Γ |
| b. Has any insurance company or Lloyd's ever canceled, declined, refused to renew or accepted only on special terms your trustees professional liability insurance or any similar insurance? | Γ | Γ |
| c. Has any claim or suit ever been brought against any applicant? | Γ | Γ |
| d. Is any applicant 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? | Γ | Γ |
| e. Is the applicant 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? | Γ | Γ |
| f. Is/Are the Trustee(s) represented by legal counsel? | Γ | Γ |
| If Yes, please provide name, address and telephone number of legal counsel. | | |
| Name of legal counsel _____ Address _____ | | |
| City/State/Zip _____ Phone Number _____ | | |
| g. If legal counsel is identified in Question 3(f) above, is legal counsel a certified specialist in Estate Planning Trust & Probate Law by the State Bar of California? | Γ | Γ |
| h. Will the Trustee delegate investment/management functions to a Professional Asset Manager? | Γ | Γ |
| i. List trustees professional liability or any similar type of fiduciary insurance carried for each of the past four years. Show current policy and preceding three years. IF NONE, STATE NONE. | | |

Insurance Company	Policy Number	Limits of Liability	Deductible (if any)	Premium	Inception Mo/Day/Yr	Expiration Mo/Day/Yr	Was this a Claims Made Form?	
							YES	NO
_____	_____	_____	_____	_____	_____	_____	Γ	Γ
_____	_____	_____	_____	_____	_____	_____	Γ	Γ
_____	_____	_____	_____	_____	_____	_____	Γ	Γ

REPRESENTATION: I/We represent that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company/Underwriters evidence its acceptance of this application by issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to Stand Morahan & Company, Inc., Ten Parkway North, Deerfield, Illinois 60015.

NOTICE TO APPLICANT: In applying for coverage, the applicant agrees that in the event of covered losses, the applicant will be required to be defended by the Company's/Underwriter's appointed lawyers. If the applicant elects to handle a claim without involving the Company/Underwriters, then no coverage for such claim is afforded the applicant under the policy.

I understand and accept that the policy applied for provides coverage on a "claims made" basis for ONLY THOSE CLAIMS THAT ARE MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE and that coverage ceases with the termination of the policy unless I exercise the options available and in accordance with the terms of the policy.

Signatures of Trustees*:

Name Entity

Signature Title Date

Name Entity

Signature Title Date

Name Entity

Signature Title Date

Name Entity

Signature Title Date

Name Entity

Signature Title Date

*Signing this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.