

Administered by:



**SUPPLEMENTAL APPLICATION I:
Trust/Fiduciary Services
Supplement**

CPA Cover

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INSTRUCTIONS FOR COMPLETING APPLICATION:

1. Please answer all the questions. This information is required to make an underwriting and pricing evaluation. Your answers hereunder are considered legally material to that evaluation.
2. If a question is not applicable, state "N/A". If more space is required to answer a question, please attach exhibit with the question number.
3. Application must be signed and dated by authorized person.

APPLICANT:

1. Please provide the following information for each Trust. DO NOT complete a supplement for Life Insurance Trusts and/or Non-funded Trusts. For these Trusts, in lieu of this application, please provide a list identifying the Trust and Trustee.

Name of Trustee	Name of Trust	Date of Appointment	Trust Assets	Annual Trust Income	# of Beneficiaries	Type of Trust

2. Other than bookkeeping, bill payment or tax return preparation, please provide details of Professional Services rendered:

3. Is the revenue for Trustee Services included in the total gross revenues stated in question 13 of the application?
 Yes No
4. The fee arrangement for the Trust is determined by:
 Trust Agreement Direct billing to Trust Other (describe)

5. Does the Trustee engage in any of the following activities:
 - Use of Trust funds to invest in entities in which the Trustee, any Insured or a related individual have an interest or management role? Yes No
If yes, please explain:

 - Employment by the Trust of any Insured or associates? Yes No
If yes, please explain:

 - Use of Trust funds as loans to the Trustee or the Named insured's owners or employees? Yes No
If yes, please explain:

 - Delegation of any Trustee duties to others? Yes No
If yes, please describe the procedures in place to monitor the acts of others performing Trustee Services:

Please answer the following questions with regard to discretionary authority:

- Do you have discretionary authority to make individual securities investments on behalf of the Trust? Yes No
If yes, please explain:

- Do you employ the services of a professional Money Manager or Investment Adviser? Yes No
If yes, please explain:

- Please describe the composition of the Trust investments:

- If applicable, are all investment goals and portfolio compositions described in the Trust agreement? Yes No
If yes, please explain:

Discretionary Control of Clients' Funds other than as a Trustee

1.

Services provided	Annual Dollar Amount
	\$
	\$
	\$

- 2. Is a countersignature required on all client checks issued by personnel of the Applicant or firm affiliates? Yes No
If No Please describe risk management procedures in place to avoid misuse of client funds:

- 3. Are clients' funds commingled with other funds? Yes No
- 4. Does someone other than the Applicant personnel authorized to deposit or withdraw from the account reconcile all client bank accounts? Yes No
If no, please explain:

5. Is an accounting provided to all beneficiaries?

Yes No

If yes, how frequently? Monthly Quarterly Annually As Requested Other: _____

If additional space is needed, please provide details on a separate attachment.

I understand the information submitted herein becomes a part of my Professional Liability Insurance Application and is subject to the same warranty and conditions.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature of Owner, Officer or Partner

Print or Type Name and Title

Date (month-day-year)