

This application is for a CLAIMS MADE insurance policy. If a policy is issued, this application will attach to and become part of the policy. If additional space is required, please provide complete details on a separate page.

**PART 1 - EXECUTOR / ADMINISTRATOR INFORMATION**

(Number of Executors / Administrators for this estate: \_\_\_ Complete a copy of this page for each)

Applicant Name:			
Address:			
City:		State:	
Zip code:		Phone number:	
Occupation:			
E-mail:			
Applicant relationship to deceased:			
Applicant was:			
<input type="checkbox"/> Court appointed <input type="checkbox"/> Named in Will <input type="checkbox"/> Other (explain):			
Applicant compensation as Executor / Administrator:			
Is the Applicant providing any professional services to the estate other than as an Executor / Administrator? <i>If yes, explain:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Applicant a beneficiary or has any ownership interest in the estate? <i>If yes, explain:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Applicant a debtor of the estate? <i>If yes, explain:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any insurer canceled, rescinded, nonrenewed or declined any similar insurance for the Applicant and/or for any other person or entity proposed for this insurance in the last five years? <i>If yes, attached a copy of such insurer's notice. [Missouri applicants need not respond]</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Applicant aware of any alleged act, circumstance, situation, error or omission which may result in a claim being made against the Applicant which might fall under the proposed insurance? <i>If yes, provide details on a separate page.</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the Applicant, and/or any person or entity proposed for this insurance been involved in or have knowledge of any pending or completed regulatory, investigative, or administrative proceedings? <i>If yes, attach a copy containing details, including outcome of such proceedings.</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
During the last five years, have there been any liability claims against the Applicant and/or against any other person or entity proposed for this insurance? <i>If yes, attach complete details, including description of allegations, status of claim, amounts demanded or paid, and date of claim.</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>

## PART 2 - DECEASED INFORMATION

Name:					
Address:					
City		State:		ZIP:	
Date of Birth:		Date of Death:			

## PART 3 - ASSETS AND LIABILITIES OF ESTATE

Cash and CDs:	\$
Stocks, Bonds, Mutual Funds:	\$
Real Estate:	\$
Insurance and Annuities:	\$
Other (explain):	\$
<b>Total Assets:</b>	<b>\$</b>
<b>Total Liabilities:</b>	<b>\$</b>

## PART 4 - POLICY INFORMATION

Limit of liability requested (per claim/annual aggregate): <input type="checkbox"/> \$250,000/\$250,000 <input type="checkbox"/> \$500,000/\$500,000 <input type="checkbox"/> \$1,000,000/\$1,000,000 <input type="checkbox"/> \$2,000,000/\$2,000,000 <input type="checkbox"/> Other:
Deductible requested: <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> Other:
Policy effective date requested:

### Attach the following documents

- **Resume of each Executor / Administrator**
- **Relevant legal documents**

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or submits a claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Completion of this application does not bind coverage nor does it obligate any insurance company to issue a policy or insure any services. CB Malaga Insurance Services LLC may not be able to obtain quotation from any insurance company on behalf of Applicant. The limit of liability in the policy, if issued, may be reduced or completely exhausted by claim costs and/or legal defense, and, in such event, the insurance company shall not be liable for the costs of legal defense or for the amount of any judgment or settlement to the extent that such exceeds the limit of liability.

The undersigned Applicant further declares that he or she has read and understands the entire application including the applicable fraud warning and that the statements set forth in this application are true and complete and that if the information supplied on this application or attachments changes between the date of this application and the inception date of the policy, the Applicant will immediately notify CB Malaga Insurance Services LLC of such changes.

Applicant's Name	Signature	Date