

Member Companies of American International Group, Inc.

Name of Insurance Company To Which Application is Made

Name of Insurance Company to which Application* is made (herein called the "Insurer"†)

TRUST ASSURESM

TRUSTEE, RECEIVER & GUARDIAN PROFESSIONAL LIABILITY POLICY APPLICATION

NOTICE: THE LIMITS OF LIABILITY AVAILABLE TO PAY JUDGMENTS OR SETTLEMENTS SHALL BE REDUCED BY AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES. FURTHER NOTE THAT AMOUNTS INCURRED FOR LEGAL DEFENSE AND CLAIMS EXPENSES SHALL BE APPLIED AGAINST THE RETENTION AMOUNT. IF THE POLICY IS ISSUED, SOME COVERAGES WILL BE ON A CLAIMS-MADE AND REPORTED BASIS.

"You," "Your" or "Applicant" refer individually and collectively to the Applicant, subsidiaries, persons, entities, and the authorized agent of all person(s) and entity(s), proposed for this insurance. Some sections of the Application may not apply to You. If this is the case, please mark "not applicable" (N/A). "Proposed policy" shall mean a TRUST Assure policy providing professional liability coverage for professional services as defined. In the event You need more space to fully answer a question, please attach separate sheet(s) to this Application with Your full answer.

Before continuing, please attach copies of:

1. Trust document or order of the Court naming You as Guardian of the Estate or Receiver
2. Current financial statements (e.g, annual report, audit, 10K, pro-forma, schedule of assets, etc.) for the Trust, Estate or entity in Receivership.
3. Loss runs for the past three (3) years (if any claims have been reported for this coverage).
4. Resumes of all trustees, guardians of the estate or receivers if an individual or partnership is the Applicant. If a corporation or other entity is Applicant, attach resume(s) of the significant provider(s) of services, and a copies of any services brochure, contract or agreement, and any advertising materials.
5. Other information that You believe will better help us understand Your services.

I. GENERAL INFORMATION

Full Name of Applicant:			
Mailing Address:			
Applicant entity type:	Individual	Corporation	Partnership Other (describe: :)
Applicant services (hereinafter any service selected shall be referred to as "Professional Services"):	<input type="checkbox"/>	Trustee services	<input type="checkbox"/> Guardian of the Estate services <input type="checkbox"/> Receiver services
Full Name of the trust, guardianship estate or receivership (as applicable)			
Applicant Telephone:		State of incorporation or formation:	<input type="checkbox"/> NA
Applicant Date Established:		No. of Employees:	
Risk Manager/Contact:		Contact E-Mail Address:	
Requested Effective Date:		Requested Retroactive Date:	
Aggregate Limit Requested: \$		Retention Options: \$5,000	\$10,000 \$15,000 \$25,000 \$50,000 \$100,000 \$250,000 Other \$ _____

* Terms appearing in bold type have special meanings. See Clause 2. of the policy for more information.

† If this blank is not completed "Insurer" shall mean the insurer that issues the policy to the Applicant based on this Application.

II. ASSETS UNDER MANAGEMENT INFORMATION			
(Fiscal year basis)	<i>Prior Year</i>	<i>Current Year</i>	<i>Projected Next Year</i>
Cash	\$	\$	\$
Stocks and Bonds	\$	\$	\$
Real Estate	\$	\$	\$
Insurance	\$	\$	\$
Other	\$	\$	\$
TOTAL	\$	\$	\$
If a business is under management as part of the trust, guardianship estate or receivership by You also provide:			
Total U.S. Revenue	\$	\$	\$
Total non-U.S. Revenue	\$	\$	\$
Net Income	\$	\$	\$
Current Assets	\$	\$	\$
Current Liabilities	\$	\$	\$
Total Assets	\$	\$	\$
Total Debt	\$	\$	\$
Identify the name and describe the nature of any on-going business:			
III. REVENUE ALLOCATION <i>Estimate Your total annual projected worldwide revenue for the next fiscal for each:</i>			
<i>Professional services</i>	<i>Projected Annual Revenues</i>		
Professional services selected in Section I. of Application (trust services, guardianship services or receivership services , as applicable)	\$		
<i>Additional Sources of Revenue</i>			
Other professional services, <i>please describe:</i>	\$		
Other, <i>please describe:</i>	\$		
TOTAL:	\$		
IV. LICENSING AND EMPLOYEES			
1. Have You received any training or have You received any certification or licensing for any of the Professional Services ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes," who has provided You training or has issued You certification or a license?			
2. Do You employ any employees to assist You in performing Professional Services ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", how many do You employ?			
V. ASSETS UNDER MANAGEMENT <i>of any trust, guardian estate or receivership identified in Section I</i>			
1. Is there any commingling of the assets of any trust, estate or receivership identified in this Application with the assets You own?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes," explain:			
2. Are You a beneficiary or do You have any ownership interest in the any assets of any trust, guardianship estate or receivership identified in this Application ?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes," explain:			

VI. CLIENT FUNDS

1. Do You handle the collection of any funds on behalf of any trust, guardianship estate or receivership identified in this Application (e.g., rent collection, deposits, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do You employ legal counsel, an accountant or other professionals (e.g., investment advisor, stock broker, financial analyst, etc.) to advise and assist You in providing Professional Services ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes,” please identify:	
3. Do You have discretionary authority in investment of the assets contained within any Trust, Estate or Receivership identified in this Application ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes”, please explain:	
4. Are you an investment advisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes”, please provide a copy of your ADV form.	
5. Is an independent Certified Public Accountant used to prepare and file financial statements and tax forms for any trust, guardianship estate or receivership identified in this Application ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do You have a current loan with, or have You ever received a loan from, any trust, guardianship estate or receivership identified in this Application ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes”, please explain:	
7. Have any distributions been made during the past twelve (12) months or are any distributions anticipated in the next twelve (12 months) from any trust, estate or receivership identified in this Application ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes”, please explain:	

VII. HISTORICAL INFORMATION

1. Have You , or any director, officer, partner, or employee providing services on Your behalf ever been subject to disciplinary proceeding arising out of professional services activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes,” explain:	
2. Are You aware of any actual or alleged fact, circumstance, situation, error or omission, or issue which might give rise to a claim against You under the proposed policy ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes,” explain:	
3. Has any insurance carrier ever cancelled or non-renewed a policy that provided the same or similar coverage as the proposed policy ? (MISSOURI APPLICANTS NEED NOT REPLY)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes,” explain:	
4. Has any claim , demand, lawsuit, arbitration, litigation, bankruptcy, administrative proceeding or regulatory proceeding been made or initiated against You , that might have given rise to a claim under the proposed policy if the same or similar insurance coverage was in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes,” explain:	
5. Has there been or is there now pending any litigation or claim against or civil, criminal, administrative or regulatory action or proceeding against You arising out of the rendering or failure to render professional services ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If “yes,” explain:	
6. What is the first date of continuous claims-made coverage for professional services liability for You ?	____/____/____ N/A

<p>7. Do You currently have or have You had, over the past five (5) years, any policy providing coverage for professional services liability?</p> <p>If “yes” , attach a separate document which lists for each policy: (a) insurer’s name; (b) the policy period; (c) the policy limits; (d) the retention; and (e) the retroactive date.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Have You reported any occurrences, claims or losses to any insurer in the past five (5) years that provided the same or similar insurance to the proposed policy?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If “yes,” please attach a separate document with respect to each such occurrences, claim or loss providing: (a) a description; (b) the name of the insurer and policy; (c) the amount of damage, expenses or other loss suffered as a result of occurrences, claim or loss; (d) and the amount paid by the insurer to whom notice was provided (if any)</p>	

VIII. ADDITIONAL DOCUMENTS AND INFORMATION INCORPORATED BY REFERENCE

ALL WRITTEN STATEMENTS, MATERIALS OR DOCUMENTS FURNISHED TO THE INSURER IN CONJUNCTION WITH THIS APPLICATION, REGARDLESS OF WHETHER SUCH DOCUMENTS ARE ATTACHED TO THE POLICY, ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF, INCLUDING WITHOUT LIMITATION ANY SUPPLEMENTAL APPLICATIONS OR QUESTIONNAIRES.

IX. LEGAL NOTICE AND SIGNATURES

BEFORE YOU SIGN THIS APPLICATION, READ THESE NOTICES CAREFULLY AND DISCUSS WITH YOUR BROKER IF YOU HAVE ANY QUESTIONS.

FOR THE PURPOSES OF THIS APPLICATION, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF ALL PERSON(S) OR ENTITIES PROPOSED FOR THIS INSURANCE DECLARES THAT, TO THE BEST OF HER/HER KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION, AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE

THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE AGREES THAT IF THE STATEMENTS AND INFORMATION SUPPLIED ON THIS APPLICATION OR INCORPORATED BY REFERENCE CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, HE/SHE (UNDERSIGNED) WILL, IN ORDER FOR THE INFORMATION TO BE ACCURATE ON THE EFFECTIVE DATE OF THE INSURANCE, IMMEDIATELY NOTIFY THE **INSURER** OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATIONS OR AGREEMENTS TO BIND THE INSURANCE.

SIGNING OF THIS APPLICATION DOES NOT BIND THE **APPLICANT** OR THE **INSURER** TO COMPLETE THE INSURANCE, BUT IT IS AGREED THAT THIS APPLICATION AND ANY INFORMATION INCORPORATED BY REFERENCE HERETO, SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IS INCORPORATED INTO AND IS PART OF THE POLICY.

SHOULD **INSURER** ISSUE A POLICY, **APPLICANT** AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR INCORPORATED BY REFERENCE HEREIN. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT OF A MATERIAL FACT, IN THIS APPLICATION, INCORPORATED BY REFERENCE OR OTHERWISE, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED.

NOTICE TO APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

STATE FRAUD DISCLOSURES:

NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO COLORADO APPLICANTS: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AUTHORITIES.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

NOTICE TO FLORIDA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY IN THE THIRD DEGREE.

NOTICE TO KENTUCKY APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE 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.

NOTICE TO LOUISIANA APPLICANTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NOTICE TO MAINE APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

NOTICE TO NEW JERSEY APPLICANTS: ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF 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, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NOTICE TO OHIO APPLICANTS: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY (365:15-1-10, 36 §3613.1).

NOTICE TO PENNSYLVANIA APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF 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 AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

NOTICE TO VERMONT APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR, CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT ACT, WHICH MAY BE A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

The undersigned is a duly authorized representative of the **Applicant** and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

Signed _____
(Duly authorized representative, by and on behalf of the **Applicant**)

Date _____

Title _____ Organization: _____
(Must be signed by an authorized officer)

CBMALAGA
Insurance Services LLC

Return application to:
CB Malaga Insurance Services LLC
1534 N Moorpark Rd., Suite 316
Thousand Oaks, CA 91360
tel: 877-245-5887 fax: 805-426-8540
email: info@cbspecialty.com