



**Miscellaneous PROtectSM
Trustee Supplemental Application**

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH EITHER **COLONY INSURANCE COMPANY**, **COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY**, AN AUTHORIZED SURPLUS LINES INSURER OR **ARGONAUT INSURANCE COMPANY**, A LICENSED INSURER.

INSTRUCTIONS –

- Answer all questions. The information provided herein is considered material to our underwriting and pricing decision for the policy or additional coverage under consideration at the time this supplemental application is submitted.
- Complete the following information if, within the past two (2) years, any owner, partner, shareholder, principal, officer or employee has received, disbursed, or controlled client funds and/or assets in any capacity.
- Complete one form for each client (copy if necessary).
- This form must be completed, dated and signed by an authorized officer of the Applicant to include this completed form as part of the Application.

1. Applicant Name (as identified in the application submitted for the proposed insurance):

2. The relationship prior to the Trusteeship:

<input type="checkbox"/> Family Member	<input type="checkbox"/> New Client
<input type="checkbox"/> Long Time Client	<input type="checkbox"/> No relationship prior to Trusteeship
<input type="checkbox"/> Other (describe): <input type="text"/>	

3. Fees for Trustee services are determined by:

<input type="checkbox"/> Trust Agreement	<input type="checkbox"/> Direct Billing to Trustor
<input type="checkbox"/> Other (describe): <input type="text"/>	

4. Do Trustee fees inure to the benefit of the Trustee or to the Firm? Yes No

5. Please provide the following about the Trust:

Date Appointment Accepted	Assets of Trust	Annual Trust Income	Number of Trust Beneficiaries	Type of Trust
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Is an accounting provided to all beneficiaries? Yes No
If "Yes", how frequently?

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually	<input type="checkbox"/> As requested	<input type="checkbox"/> Other
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7. Does anyone else receive a copy of the accounting? Yes No
If "Yes", who?

8. a. Complete the following for all individuals who have authority to transact business or handle funds and/or assets for this client:

Name	Capacity	Member Of The Applicant Firm?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Is the individual(s) listed in 8a. bonded for handling client funds and/or assets? Yes No
If "Yes," please attach a copy of the bond. Attached

9. a. Please describe the composition of the Trust investments:

	Prior Year	Current Year	Projected Next Year
Cash	\$	\$	\$
Real Estate	\$	\$	\$
Insurance	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

b. If a business is under management as part of the Trust, Receivership, or Guardianship Estate by you also provide:

	Prior Year	Current Year	Projected Next Year
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 each on-going business:

10. Is the client's signature required on all checks and/or transactions? Yes No

If "Yes", please provide full details.

11. Does the individual(s) listed in 8a. above have the authority to make investment decisions on behalf of the client? Yes No

If "Yes", please provide full details.

12. a. Do you employ professionals to advise and assist you in providing Professional Services? (check all that apply)

<input type="checkbox"/> Lawyer	<input type="checkbox"/> Stock Broker
<input type="checkbox"/> Accountant	<input type="checkbox"/> Financial Analyst
<input type="checkbox"/> Investment Advisor	<input type="checkbox"/> Other:

b. How many do you employ?

13. What risk controls are in place to monitor the handling of client funds and/or assets?

14. Have you received any training or have you received any certification or licensing for any of the Professional Services? Yes No

If "Yes", who has provided you training or has issued you certification or a license?

15. Is an independent Certified Public Accountant used to prepare and file financial statements and tax forms for any Trust, Receivership, or Guardianship Estate identified in this Supplemental Questionnaire? Yes No

16. Does the Trustee engage in any of the following activities:
- a. Use the Trust funds to invest in entities in which the Trustee, Firm, or related individual or entity is involved? Yes No
 - b. Employment by the Trust of persons or agents who are owners or employees of the firm or related to the Trustee or Firm? Yes No
 - c. Use of Trust funds as loans to the Trustee, owners, or employees of the Firm or the Firm itself? Yes No

If "Yes", please provide full details.

17. Is there any commingling of the assets of any Trust, Receivership, or Guardianship Estate identified in this Supplemental Questionnaire with the assets you own? Yes No

If "Yes", please provide full details.

18. Are you a beneficiary or do you have any ownership interest in the assets of any Trust, Receivership, or Guardianship Estate identified in this Supplemental Questionnaire? Yes No

If "Yes", please provide full details.

19. Do you have a current loan with, or have you ever received a loan from, any Trust, Receivership, or Guardianship Estate identified in this Supplemental Questionnaire? Yes No

If "Yes", please provide full details.

20. 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, Receivership, or Guardianship Estate identified in this Supplemental Questionnaire? Yes No

21. Please attach following:
- Trust Document, Receivership order, Guardianship order Attached
 - Resumes of all Trustees, Receivers of Guardians Attached
 - Most recent audited financial statements of the Trust, Receivership or Guardianship Estate Attached

THIS SUPPLEMENTAL APPLICATION IS INCORPORATED BY REFERENCE INTO THE PRIMARY APPLICATION

APPLICANT'S SIGNATURE	DATE