



- o DEERFIELD INSURANCE COMPANY
- o ESSEX INSURANCE COMPANY
- o EVANSTON INSURANCE COMPANY
- o MARKEL AMERICAN INSURANCE COMPANY
- o MARKEL INSURANCE COMPANY

**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. Full name of Applicant(s) (list all trustees and proposed trustees of the trusts listed in Question 1.b. below):  
\_\_\_\_\_
- b. List all trusts and acts performed on behalf of each, by the individuals listed in 1.a. above:  
Trusts: \_\_\_\_\_  
Acts Performed: \_\_\_\_\_
- c. Name a trustee from Question 1.a. above who will act on behalf of all Insureds for the following: giving and receiving of notice(s) to and from the Company regarding payment of premium; payment of deductible; exercise of the Extension Period; cancellation; receipt of return premiums; other notices as required by the policy.  
Authorized Trustee: \_\_\_\_\_  
Principal business premise address of the Authorized Trustee:  
\_\_\_\_\_  
(Street) (County)  
\_\_\_\_\_  
(City) (State) (Zip)

**2. TRUST INFORMATION**

For each trust in Question 1b. provide type and value of trust assets as follows:

a. (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	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>

- b. Itemize income and expenses of each trust listed in Question 1b. and attach on separate sheet. Include fees paid to trustees.
- c. Itemize all trust distributions that were made during the last fiscal year from each trust listed in Question 1b. and attach on separate sheet. Include item distributed, its value, and to whom it was distributed.
- d. As in Question 2.b., itemize anticipated distributions for the current fiscal year and attach on a separate sheet.
- e. With respect to each trust listed in Question 1.b., attach a copy of each trust agreement including any amendments thereto, and a list of each trust's beneficiaries.
- f. With respect to any trust listed in Question 1.b., will any applicant act as fiduciary or administrator under the Employee Retirement Income Security Act of 1974?.....[ ] Yes [ ] No

**3. APPLICANT HISTORY**

Please attach details of all "Yes" answers below.

- a. Has any applicant or any present or former partner, executive officer, director, stockholder or employee of any applicant ever been convicted of a violation of any law or ordinance (other than minor traffic violations)? .....[ ] Yes [ ] No
- 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? .....[ ] Yes [ ] No
- c. Has any claim or suit ever been brought against any applicant or any present or former partner, executive officer, director, stockholder or employee of any applicant? .....[ ] Yes [ ] No
- d. Is any applicant or any present or former partner, executive officer, director, stockholder or employee of 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? .....[ ] Yes [ ] No
- e. Is the applicant or any present or former partner, executive officer, director, stockholder or employee of any 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?.....[ ] Yes [ ] No
- f. With respect to any trust listed in Question 1b., did any applicant participate in the creation and/or drafting of the trust agreement?.....[ ] Yes [ ] No
- g. List trustees professional liability or any similar type of 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
_____	_____	_____	_____	_____	_____	_____	[ ]	[ ]
_____	_____	_____	_____	_____	_____	_____	[ ]	[ ]
_____	_____	_____	_____	_____	_____	_____	[ ]	[ ]
_____	_____	_____	_____	_____	_____	_____	[ ]	[ ]

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 the underwriting manager, Company and/or affiliates thereof.

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

\*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.