



ACCOUNTANTS PROFESSIONAL LIABILITY INSURANCE
COVERAGE APPLICATION FORM
"CLAIMS-MADE" POLICY

TRUST SERVICES SUPPLEMENTAL APPLICATION

Please complete for each client for whom trustee services are performed.

- 1. Name of client/trust:
2. Nature of services performed:
3. Date that services commenced:
4. Amount of funds handled annually:
5. Did the Applicant issue an engagement letter...
6. Please describe the policies, procedures, and/or safeguards...

If necessary, please provide additional narrative on a separate sheet of paper.

7. Does any member of the Applicant firm have authority to invest client funds? Yes No

If Yes, on a separate sheet of paper, please describe the extent of the authority as well as the nature of the investments made.

8. Does any member of the Applicant firm have sole authority to sign checks? Yes No

If Yes, on a separate sheet of paper, please describe the nature of any disbursements made as well as any limitations on check-signing authority.

9. Is the Applicant bonded for the handling of client funds? Yes No