



OLD REPUBLIC INSURANCE COMPANY

OLD REPUBLIC INSURANCE COMPANY MISCELLANEOUS PROFESSIONAL LIABILITY

This Supplement should be submitted to:

Chicago Underwriting Group, Inc.
191 N. Wacker Drive
Chicago, IL 60606
(312) 750-8800

TRUSTEES SUPPLEMENT

1. Name of Applicant: _____

2. What type of Trust is being administered?
 Beneficiary Liquidating Bankruptcy
 Other (describe): _____

3. Indicate the following:
Name of Trust:

Acts performed:

4. What is the value of the assets to be managed in the Trust? \$ _____

5. Is there any co-mingling of the Trust's funds with any other funds? Yes No

6. Is the Trustee a beneficiary? Yes No

7. Is the Trustee court appointed? Yes No

8. Does the Trustee have discretionary authority in the investment of the Trust's funds? Yes No
If yes, attach full details.

9. Will there be co-administrators besides the Applicant? Yes No
If Yes, is there be a requirement that all other administrators carry their own E&O insurance? Yes No

10. Will the applicant be obtaining independent professionals such as lawyers, accountants, or investment advisors to assist in the administration of the assets? Yes No
If yes, please indicate independent professionals utilized:

Lawyers Yes No
Accountants Yes No
Investment Advisors Yes No
Other (describe): _____ Yes No

11. Do all retained professionals referenced above carry E&O? Yes No

12. If an independent Investment Advisor is not utilized, indicate what types of investments are used:

13. Does any Trustee currently have, or have they ever had, a loan from the Trust? Yes No
If Yes, provide full details:

14. Has there been any litigation between and amongst the beneficiaries of the Trust? Yes No

15. As of the date of signing this application, has any beneficiary under the subject Trust retained a lawyer in connection with the Will or Trust Yes No

16. How many beneficiaries are there under this Trust? _____

17. How many years will the Trust be in existence? _____

18. Please attach the following:

- a) The Trust document
- b) Resumes of all Trustees
- c) The most recent audited financial statements of the Trust

It is understood and agreed that this supplemental application shall become part of the Application for the policy.

THIS APPLICATION MUST BE SIGNED BY AN OWNER, OFFICER OR PARTNER.

Signature: _____ Date: _____

Name and Title (Please Print): _____