



AMERICAN INTERNATIONAL COMPANIES[®]

Name of Insurance Company

To Which Application is Made: _____

(herein called the Insurer)

TRUSTEES SUPPLEMENTAL APPLICATION

- 1. Name of Applicant: _____

- 2. Is there any commingling of the trust's funds with any other funds? Yes No

- 3. Are any of the trustees beneficiaries of the trust? Yes No
If "Yes," provide full details.

- 4. Do the trustees have discretionary authority in investment of the trust's funds?
Yes No If "Yes," provide full details.

- 5. Is an independent investment counselor used? Yes No
If Yes, what is his or her name? _____

- 6. Is an independent Certified Public Accountant used to prepare and file the trust's
financial statements and tax forms? Yes No
If "Yes," what is the name of the Certified Public Accountant? _____

- 7. Do any of the trustees have a current loan, or have they ever had a loan from the
trust? Yes No
If "Yes," provide full details.

Named Applicant _____

Date _____

8. If applicable, in what year is the trust to be dissolved? _____

9. Provide the Asset Value of each trust for which coverage is desired.

Trust Name	Asset Value

10. What type of trusts are being administered?

- Beneficiary Liquidating Bankruptcy

11. The following information should be attached to the submission:

- Trust Document
- Resumes of all Trustees
- Most recent audited financial statements of the Trust.

THIS SUPPLEMENTAL APPLICATION DOES NOT BIND THE APPLICANT TO BUY OR THE INSURER TO ISSUE THE INSURANCE, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO AND BECOME PART OF THE POLICY. THE UNDERSIGNED AUTHORIZED OFFICER OF THE APPLICANT DECLARES THAT THE STATEMENTS SET FORTH IN THIS SUPPLEMENTAL APPLICATION ARE TRUE. THE UNDERSIGNED AUTHORIZED OFFICER AGREES THAT IF THE INFORMATION SUPPLIED ON THIS SUPPLEMENTAL APPLICATION CHANGES BETWEEN THE DATE OF THIS SUPPLEMENTAL APPLICATION AND THE EFFECTIVE DATE OF THE INSURANCE, THE APPLICANT WILL IMMEDIATELY NOTIFY THE INSURER OF SUCH CHANGES, AND THE INSURER MAY WITHDRAW OR MODIFY ANY OUTSTANDING QUOTATIONS AND/OR AUTHORIZATION OR AGREEMENT TO BIND THE INSURANCE.

Signed: _____

Print Name: _____

Date: _____

Title: _____

(must be signed by the President or Chief Executive Officer if a corporation, a general partner if a partnership)

Broker: _____

Address: _____
