



Trust Policy Application

SECTION 1. Applicant Information

Named Insured & Mailing Address

Producer Name & Mailing Address

Proposed Effective Date: _____ Type of Institution: _____
 Date Institution was established: _____

SECTION 2. Portfolio Information

Types of properties for which you have a fiduciary responsibility:

| Type of Property | No. of Properties | Total Insurable Values | Highest Valued Trust Property/Exposure |
|------------------|-------------------|------------------------|--|
| Residential | | | |
| Farm | | | |
| Commercial | | | |
| Vacant Land | | | |
| Other | | | |

Operating Trusts are NOT eligible.

Please list 5 largest states

| State | No. of Properties | Total Insurable Values |
|-------|-------------------|------------------------|
| | | |
| | | |
| | | |
| | | |

Are all properties included in program? Yes No

If not, what portions are included in program? _____%

Briefly describe procedures for determining when insurance coverage is placed outside of program.

Please provide a current schedule of your properties. Schedule should include property type, address, occupancy (if commercial) and limit of insurance.

SECTION 3. Property Management

Who has authority to make decisions and change procedures regarding insurance and property management? _____

How often are trust properties visited?

Every 6 months Every 12 months Every 18 months Every 24 months Never

How frequently are surveys or inspections performed?

Every year Every 2 years Every 3 years Every 4 years Every 5 years Never

Is a property inspection report completed? Yes No

Who performs inspection? _____

Please describe procedures for managing recommendations (specifically address lead, asbestos and mold) _____

Do you have written procedures for securing and maintaining vacant properties? Yes No

Do you utilize outside property management firms? Yes No

How do you determine property values? _____

How often do you evaluate property values?

Every year Every 2 years Every 3 years Every 4 years Every 5 years Never

How many trust properties have lease agreements? _____

Does your lease agreement require the tenant to hold you harmless from liability arising from bodily injury or property damage at the leased property? Yes No

What insurance requirements are included in the lease? _____

How do you confirm and track tenant's insurance coverage? _____

Please provide a copy of standard lease agreement

Are there farm operations that sell "produce" and/or any other products; and if so, explain the operation and indicate the amount of revenue generated from the activity(ies)?

SECTION 4. Previous Policy and Loss Experience

Do you currently have a reporting form policy for your trust properties? Yes No

If yes, who is the insurer? _____

Has any carrier ever cancelled or non-renewed your coverages in the past? Yes No

If yes, provide details below. _____

Please provide detail on loss experience for the past 3 years.

Check here if loss detail provided in separate attachment.

| | Policy Period | # Claims | Total Loss Amount | Approx. Annual Premium |
|----------------------------|----------------------|-----------------|--------------------------|-------------------------------|
| Most Current Policy | | | | |
| 2 nd Prior Year | | | | |
| 3 rd Prior Year | | | | |

Section 5. Flood and Earthquake Coverages.

Flood

| Type of Property | No. of Properties | Limit Per Asset | Deductible |
|-------------------------|--------------------------|------------------------|-------------------|
| Residential | | | |
| Farm | | | |
| Commercial | | | |
| Vacant Land | | | |
| Other | | | |

Earthquake

| Type of Property | No. of Properties | Limit Per Asset | Deductible |
|-------------------------|--------------------------|------------------------|-------------------|
| Residential | | | |
| Farm | | | |
| Commercial | | | |
| Vacant Land | | | |
| Other | | | |

FRAUD WARNINGS

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO D.C. APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK COMMERCIAL INSURANCE APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and shall be also subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO NEW YORK APPLICANTS FOR FIRE INSURANCE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing an false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of the any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE TO RHODE ISLAND APPLICANTS: Under Rhode Island law, there is a criminal penalty for failure to disclose a conviction of arson.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy may be subject to criminal and civil penalties.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

| |
|-----------------------------------|
| Application Completed By: _____ |
| Title of Applicant: _____ |
| Date application completed: _____ |