



Kinsale Insurance Company  
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 Richmond, VA 23226  
 (804) 289-1300  
[www.kinsaleins.com](http://www.kinsaleins.com)

**TRUST/TRUSTEE SUPPLEMENTAL  
 PROFESSIONAL LIABILITY APPLICATION**  
 (SUBMIT WITH LAWYERS PROFESSIONAL LIABILITY APPLICATION)

Firm Name: \_\_\_\_\_

*Please provide the following regarding Trustee services. Complete a separate supplement for each Trust. Note: Do not complete for nonfunded Trust. For these Trusts, in lieu of an application, please provide a list of identifying the Trust and Trustee.*

**PART 1 – TRUSTEE INFORMATION**

1. Name of the Trust: \_\_\_\_\_

2. Name of Trustee: \_\_\_\_\_

3. Does the Trustee engage in any of the following activities? If so, please provide an explanation in the space provided on the second page of this supplement.

- (a) Use the Trust funds to invest in entities in which the Trustee, Firm, or related individual or entity is involved. Yes  No
- (b) Employment by the Trust of persons or agents who are owners or employees of the firm or related to the Trustee or Firm. Yes  No
- (c) Use of Trust funds as loans to the Trustee, owners, or employees of the Firm or the Firm itself. Yes  No

4. Firm's Services:

Services	Yes or No	Provided by Trustee	Provided by Other Firm Member	Reviewed By	Position in the Firm
Bookkeeping	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Bill Paying	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Tax	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Investment Decisions	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Other (describe): _____	Yes <input type="checkbox"/> No <input type="checkbox"/>				

5. The relationship prior to the Trusteeship:

<input type="checkbox"/> Family Member	<input type="checkbox"/> New Client
<input type="checkbox"/> Long Time Client	<input type="checkbox"/> No relationship prior to Trusteeship
<input type="checkbox"/> Other (describe): _____	

6. Fees for Trustee services are determined by:

- Trust Agreement       Direct Billing to Trustor       Other (describe): \_\_\_\_\_

7. Do Trustee fees inure to the benefit of the Trustee or to the Firm? Yes  No



**PART 2 – TRUST INFORMATION**

1. Please provide the following for any current or prior trust work for the past 36 months:

Date Appointment Accepted	Asset Value of Trust	Annual Trust Income	Number of Trust Beneficiaries	Type of Trust
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

2. Is an accounting provided to all beneficiaries? Yes  No   
If "YES", how frequently?  Monthly  Quarterly  Annually  As Requested  
 Other: \_\_\_\_\_

3. Does anyone else receive a copy of the accounting? Yes  No   
If "YES", who? \_\_\_\_\_

**PART 3 – RESPONSIBILITIES**

1. Please list specific duties of the Trustee, or provide a copy of the Trustee duties section of the Trust document.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does the Trustee delegate any Trustee duties to others? Yes  No   
If "YES", please describe the procedures in place to monitor the acts of others performing Trustee services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 4 – TRUST INVESTMENTS**

1. Please describe the extent of the Trustee's authority to invest funds and/or authorize loans. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please describe the composition of the Trustee investments. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## FRAUD WARNING

**NOTICE TO ALABAMA, ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, DELAWARE, GEORGIA, IDAHO, ILLINOIS, INDIANA, IOWA, KANSAS, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MISSOURI, MONTANA, NEBRASKA, NEVADA, NEW HAMPSHIRE, NORTH CAROLINA, NORTH DAKOTA, OREGON, RHODE ISLAND, SOUTH CAROLINA, SOUTH DAKOTA, TEXAS, UTAH, VERMONT, WASHINGTON, WEST VIRGINIA, WISCONSIN, AND WYOMING APPLICANTS:** In some states, 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

**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 policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA 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 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 the purpose of defrauding the company. Penalties may include imprisonment, fines, or 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 APPLICANTS:** Any person who knowingly and with intent to defraud an 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 also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he/she 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 a 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 a 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 the person to criminal and civil penalties.

**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.

**The Applicant acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation. The Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.**



The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

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 of this application.

Applicant: \_\_\_\_\_ Title: \_\_\_\_\_  
(Must be signed by a Principal, Partner, or Officer of the Firm)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent/Broker Name: \_\_\_\_\_

