

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

**GENERAL INFORMATION**

Proposed First Named Insured And Other Named Insureds: \_\_\_\_\_

Proposed Effective Date (mm/dd/yyyy): _____	Proposed Expiration Date (mm/dd/yyyy): _____
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**COVERAGE INFORMATION**

Reporting Basis

Non-Reporting

Monthly

Type and Number of Properties (Annual Average)

Commercial Buildings \_\_\_\_\_

Farms (buildings and dwellings) \_\_\_\_\_

Residential (1 to 4 family dwellings) \_\_\_\_\_

Types of Trust Agreements

Estate                       Testamentary

Special Needs               Other: *explain:* \_\_\_\_\_

**UNDERWRITING INFORMATION**

1. Procedures for new trust premises:

a. Are your procedures documented in writing? .....  Yes  No  
*If no, explain:* \_\_\_\_\_

b. How often do you perform internal audits to ensure compliance with these procedures?  
 Quarterly     Semi-Annually     Annually     Other: \_\_\_\_\_

c. Do you have formal procedures in place to bring any identified errors into compliance with procedures? .....  Yes  No

d. How soon is a physical inspection made of each premises?  
 24 hours     48 hours     72 hours     Other: \_\_\_\_\_

e. How promptly are any necessary repairs made to each premises? \_\_\_\_\_

f. Are third-party property managers utilized? .....  Yes  No  
*If yes, do they perform regular maintenance and property inspections on behalf of the bank? .....  Yes  No*

g. What procedures are taken to secure or remove the following premises hazards? (e.g. locked fencing around swimming pools and hot tubs; swimming pools or hot tubs drained; trampolines removed; etc.)

Swimming pools	_____
Hot tubs	_____
Ponds or lakes	_____
Fitness facilities	_____
Saunas	_____
Playground equipment	_____
Trampolines	_____

- h. After initial inspection, how often are regular physical inspections performed at each premises?  
*Commercial Buildings:*  Weekly  Bi-weekly  Monthly  Other: \_\_\_\_\_  
*Farms:*  Weekly  Bi-weekly  Monthly  Other: \_\_\_\_\_  
*Residential:*  Weekly  Bi-weekly  Monthly  Other: \_\_\_\_\_

i. For vacant properties, what procedures are taken to winterize each premises? (e.g. if not heated, water has been shut off, pipes drained and winterized with anti-freeze; if continuing to heat, a weekly check is made of the heating system, including the pressure relief valve; etc.) \_\_\_\_\_

j. What is the procedure for the placement of insurance on trust properties? \_\_\_\_\_  
 Does this vary by type of property? .....  Yes  No  
 If yes, explain: \_\_\_\_\_

2. Describe the procedure for the placement of insurance on trust properties. \_\_\_\_\_

a. Does this vary by type of property? .....  Yes  No  
 If yes, explain: \_\_\_\_\_

b. How are property insurance amounts determined and how frequently are they updated (e.g., appraisals, inspections, etc.)? \_\_\_\_\_

c. Who is responsible for reporting claims to the insurance company? Trustee (financial institution) or Trustor?  
 \_\_\_\_\_  
 Is this responsibility clearly stated in the trust agreement? .....  Yes  No

3. Is there a standard lease/rental agreement for tenant occupied properties? .....  Yes  No

a. Does such lease/rental agreement require the lessee to maintain liability insurance on the premises? .....  Yes  No  
 If no, explain: \_\_\_\_\_

b. Do all lease agreements contain hold-harmless language in favor of the bank and trust? .....  Yes  No

c. Do all lease agreements require that you be named as an additional insured to the lessee's liability insurance? .....  Yes  No  
 If no, explain: \_\_\_\_\_

d. Do you obtain certificates of insurance initially and annually thereafter? .....  Yes  No  
 If no, explain: \_\_\_\_\_

e. Do you require all leased/rented properties to be equipped with active smoke alarms in accordance with applicable regulations? .....  Yes  No  
 If no, explain: \_\_\_\_\_

4. Continuing operations: Do your procedures allow the continuation of business operations at any trust premises? .....  Yes  No  
 If yes, explain: \_\_\_\_\_

**TRUST PROPERTIES SCHEDULE**

Provide a schedule of all trust property to be insured. Include the following information on each trust item:

- Trust Number and/or Name
- Description of Property (**Address, Number of Stories, Construction, Occupancy**)
- Whether the property is leased (LRO) or an operating business
- Whether the property is occupied or vacant
- Square Footage
- Valuation (**ACV/RC; Limit of Coverage; Date of Valuation**)

**TRUST PROPERTIES LOSS HISTORY – ALL LINES – LAST THREE YEARS**

Line of Business	YEAR			YEAR			YEAR		
	Premium	Losses	Number of Claims	Premium	Losses	Number of Claims	Premium	Losses	Number of Claims
Property	\$	\$		\$	\$		\$	\$	
General Liability	\$	\$		\$	\$		\$	\$	

**Describe all losses or attach a current, detailed loss run:**

Date of Loss	Type/Description of Occurrence or Claim	Amount		CLAIM STATUS	
		Paid	Reserved	OPEN	CLOSED
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> SEE ATTACHED LOSS SUMMARY			

**FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS**

**ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND:** Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**COLORADO:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

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

**KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the insurance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**KENTUCKY, NEW YORK, OHIO, AND PENNSYLVANIA:** 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. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

**LOUISIANA:** 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.

**MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON:** 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.

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

**OKLAHOMA:** 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.

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

**PUERTO RICO:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of

imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

<b>SIGNATURES</b>
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Producer information only required in Florida and Iowa.

Authorized Representative Signature*: <b>X</b>	Authorized Representative Name – Printed:	Date (mm/dd/yyyy):
Producer Signature*: <b>X</b>	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

\* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

<b>ADDITIONAL INFORMATION</b>
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This area may be used to provide additional information to any question. Please reference the question number.