

- St. Paul Fire and Marine Insurance Company, Saint Paul, Minnesota
- St. Paul Mercury Insurance Company, Saint Paul, Minnesota
- St. Paul Guardian Insurance Company, Saint Paul, Minnesota

Please complete this Supplement and submit it to Travelers along with your completed Lawyers Professional Liability Insurance Application, (form 58459) if instructed to do so. You agree that this Supplement will become part of your application for Lawyers Professional Liability Insurance and is subject to the same terms.

1. Name(s) of Legal Entity(ies) to be insured (as referenced on your letterhead)

2. Name of employee or representative of the Firm designated as trustee or fiduciary:

3. Name of trust: _____

4. Date trust was established: ____ / ____ / ____ Value of the trust: \$ _____

5. Professional services provided to the trust: _____

6. Is a written agreement of the duties as trustee in place? Yes No

7. Are dual signatures required on all trust documents? Yes No

8. Do the activities as trustee include investment decisions resulting in the purchase or sale of:
- a. securities? Yes No
 - b. real estate? Yes No
 - c. other investments? Yes No

If yes to any part of Question 8, please describe: _____

9. Does Firm receive compensation from the purchase or sale in the form of a commission or fee? Yes No

If yes, please describe: _____

10. Is an independent audit of the trust conducted? Yes No

If yes, how often and by whom? _____

11. Is a report to a court or outside authority required? Yes No

If yes, please describe: _____

12. Please provide a narrative description of the purpose of the trust: _____

13. Please describe the controls in place to monitor trust activity by a third party, trust beneficiaries, or other parties who are not trust beneficiaries: _____

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.

KENTUCKY: 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.

For all other applicable state fraud warnings, please see the main application.

NOTICE

Must be signed and dated by an Owner, Partner or Principal as duly authorized on behalf of the Applicant.

Signature of Owner, Partner or Principal	Title	Date
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