SHAND MORAHAN & COMPANY, INC.
MARKEL®
Ten Parkway North, Deerfield, IL 60015
(847) 572-6000 Fax (847) 572-6137
Underwriting Manager
A Markel Company

- DEERFIELD INSURANCE COMPANY
- EVANSTON INSURANCE COMPANY
- ESSEX INSURANCE COMPANY
- MARKEL AMERICAN INSURANCE COMPANY
- MARKEL INSURANCE COMPANY

APPLICATION FOR TRUSTEES PROFESSIONAL LIABILITY INSURANCE

(CLAIMS MADE BASIS)

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer requires detail, please attach a separate sheet.
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.

(PLEASE TYPE OR PRINT IN INK)

1. APPLICANT INFORMATION

a. Full name of Applicant(s) (list all trustees and proposed trustees of the trusts listed in Question c . below) :

_____

_____

b. List all trusts and acts performed on behalf of each, by the individuals listed in 1(a) above:

_____

_____

c. Name a trustee from Question 1(a) above who will act on behalf of all Insureds for the following: giving and receiving of notice(s) to and from the Company regarding payment of premium; payment of deductible; exercise of the Extension Period; cancellation; receipt of return premiums; other notices as required by the policy.

Authorized Trustee: _____

Principal business premise address of the Authorized Trustee:

_____
(Street) (County)

_____
(City) (State) (Zip)

2. TRUST INFORMATION

For each trust in Question 1b. provide type and value of trust assets as follows:

a. (i) Name of Trust _____

Type	Value at Beginning of Last Fiscal Year	Value at Beginning of this Fiscal Year
Real Estate	$_____	$_____
Stock and Bonds	$_____	$_____
Insurance	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
TOTAL:	$_____	$_____

(ii) Name of Trust _____

Type	Value at Beginning of Last Fiscal Year	Value at Beginning of this Fiscal Year
Real Estate	$_____	$_____
Stock and Bonds	$_____	$_____
Insurance	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
TOTAL:	$_____	$_____

(iii) Name of Trust _____

Type	Value at Beginning of Last Fiscal Year	Value at Beginning of this Fiscal Year
Real Estate	$_____	$_____
Stock and Bonds	$_____	$_____
Insurance	$_____	$_____
_____	$_____	$_____
_____	$_____	$_____
TOTAL:	$_____	$_____

b. Itemize income and expenses of each trust listed in Question 1b. and attach on separate sheet. Include fees paid to trustees.

c. Itemize all trust distributions that were made during the last fiscal year from each trust listed in Question 1b. and attach on separate sheet. Include item distributed, its value, and to whom it was distributed.

d. As in Question 2b., itemize anticipated distributions for the current fiscal year and attach on a separate sheet.

e. With respect to each trust listed in Question 1b., attach a copy of each trust agreement including any amendments thereto, and a list of each trust's beneficiaries.

f. With respect to any trust listed in Question 1b., will any applicant act as fiduciary or administrator under the Employee Retirement Income Security Act of 1974? .....[ ] Yes [ ] No

3. APPLICANT HISTORY

Please attach details of all "Yes" answers below.

a. Has any applicant or any present or former partner, executive officer, director, stockholder or employee of any applicant ever been convicted of a violation of any law or ordinance (other than minor traffic violations)? .....[ ] Yes [ ] No

b. Has any insurance company or Lloyd's ever canceled, declined, refused to renew or accepted only on special terms your trustees professional liability insurance or any similar insurance? .....[ ] Yes [ ] No

c. Has any claim or suit ever been brought against any applicant or any present or former partner, executive officer, director, stockholder or employee of any applicant?.....[ ] Yes [ ] No

d. Is any applicant or any present or former partner, executive officer, director, stockholder or employee of any applicant of any applicant aware of any circumstances that may result in a claim or suit being made or brought against them that may fall within the scope of the proposed insurance? .....[ ] Yes [ ] No

e. Is the applicant or any present or former partner, executive officer, director, stockholder or employee of any applicant aware of any neglect or breach of responsibility, obligation or duty that may result in a claim or suit being made or brought against them? .....[ ] Yes [ ] No

f. With respect to any trust listed in Question 1b., did any applicant participate in the creation and/or drafting of the trust agreement?.....[ ] Yes [ ] No

g. List trustees professional liability or any similar type of insurance carried for each of the past four years. Show current policy and preceding three years. IF NONE, STATE NONE.

Insurance Company	Policy Number	Limits of Liability	Deductible (if any)	Premium	Inception Mo/Day/Yr	Expiration Mo/Day/Yr	Was this a Claims Made Form? Yes	No
							[ ]	[ ]
							[ ]	[ ]
							[ ]	[ ]
							[ ]	[ ]

REPRESENTATION: I/We represent that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Company/Underwriters evidence its acceptance of this application by

issuance of a policy. I/We hereby authorize the release of claim information from any prior insurer to Stand Morahan & Company, Inc., Ten Parkway North, Deerfield, Illinois 60015.

NOTICE TO APPLICANT: In applying for coverage, the applicant agrees that in the event of covered losses, the applicant will be required to be defended by the Company's/Underwriter's appointed lawyers. If the applicant elects to handle a claim without involving the Company/Underwriters, then no coverage for such claim is afforded the applicant under the policy.

I understand and accept that the policy applied for provides coverage on a "claims made" basis for ONLY THOSE CLAIMS THAT ARE MADE AGAINST THE INSURED WHILE THE POLICY IS IN FORCE and that coverage ceases with the termination of the policy unless I exercise the options available and in accordance with the terms of the policy.

Signatures of Trustees*:

Name	Entity	
Signature	Title	Date
Name	Entity	
Signature	Title	Date
Name	Entity	
Signature	Title	Date
Name	Entity	
Signature	Title	Date

*Signing this application does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance, but one copy of this application will be attached to the policy, if issued.

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DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE AND ELECTION FORM

RE:
Risk ID. No.:

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act* ("Terrorism Coverage"): The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that Terrorism Coverage required to be offered by the Act for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this Terrorism Coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE

PLEASE ENTER "X" IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.

Florida, Georgia and Oklahoma Applicants: Please be advised that in the event a policy is purchased, the policy premium will include a 1% surcharge for Terrorism Coverage unless you elect to decline Terrorism Coverage. You need to enter an "X" below if you wish to decline Terrorism Coverage.

	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy premium will include a 3% surcharge for this coverage.
	I decline to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy will be endorsed to exclude the Terrorism Coverage required to be offered under the Act.

Name of Applicant _____ Title (Officer, partner, etc.) _____

Signature of Applicant _____ Date _____

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.