

# TRUST AND ESTATE SUPPLEMENTAL APPLICATION

THIS APPLICATION MUST BE COMPLETED WHEN THE NAMED INSURED IS A TRUST OR ESTATE

## Applicant & Trust or Estate information:

Current policy number (if endorsing from an Individual to Trust or Estate):

Full name of the Trust or Estate:

List all individuals affiliated with the Trust or Estate and their responsibilities (Trustee, Beneficiary, Grantor, Executor, etc.):

1.

4.

2.

5.

3.

6.

Explain the specific purpose of the formation of the Trust or Estate:

Does, or has the Trust or Estate engaged in any form of business or commerce? (Including property rental)

**YES NO**

**(If yes, specify the details)**

If the Trust or Estate owns residential property rentals, please specify the number of these property types owned:

Has the Trust or Estate been the subject of litigation of any kind?

**YES NO**

**(If yes, specify the details)**

If the entity is in the name of a Trust, is it a "land trust"?

**YES NO**

**Occupancy information:**

Will any part of the dwelling or property be used for any form of business or commerce? (Including property rental) **YES NO**

**(If yes, specify the details)**

What is the Occupancy Type for the property to be insured? (Primary, secondary, rental, short-term rental, business accommodation, etc.)

<p>List the current occupants or future occupants of the dwelling (disregard this question if Occupancy Type is any form of Rental):</p> <p>1.</p> <p>2.</p> <p>3.</p>	<p>4.</p> <p>5.</p> <p>6.</p>
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Explain any affiliation between the Trust or Estate and the occupant(s):

**Applicant's statement:**

**By signing below, I confirm that all the answers to the above questions and the information provided are correct and accurately reflect the Trust or Estate and Occupancy information described. I further understand that the placement of coverage is contingent on the accuracy of these representations.**

Applicant's signature:	Date:
Producer's signature:	Date: