

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) (If yes, specify the details)		YES	NO	
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? (If yes, specify the details)		YES	NO	
Occupancy information:				
Will any part of the dwelling or property be used for any form of busine (If yes, specify the details)	ess or commerce? (Including property rental)	YES	NO	
What is the Occupancy Type for the property to be insured? (Primary, secondary, rental, short-term rental, business accommodation, etc.)				
List the current occupants or future occupants of the dwelling				
(disregard this question if Occupancy Type is any form of Rental):				
1.	4.			
2.	5.			
3.	6.			
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:	