



- Deerfield Insurance Company
- Evanston Insurance Company
- Essex Insurance Company
- Markel American Insurance Company
- Markel Insurance Company
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 Get It Done Right. Now.
 All Risks, Ltd
 501 W State Street, Suite 205
 Geneva IL 60134
 Toll Free Phone: 877-334-8786
 Fax: 630-208-4941

FIDUCIARY AND TRUSTEE SUPPLEMENT

Name of Applicant: _____

Total number of Fiduciary or Trustee Services clients: _____

NOTE: Complete and attach one form for each client for whom Fiduciary or Trustee Services are performed. If space is insufficient to answer any question completely, please attach a separate sheet.

1. Name of client or trust: _____
2. Accounting services provided: _____
3. Date that services began: _____
4. Is a signed agreement or engagement letter in place specifying the duties and limitations of the services provided? [] Yes [] No
5. Amount of funds handled per year: \$_____
6. Does any member of the Applicant have sole authority to sign checks? [] Yes [] No
 If Yes, provide details of the nature of disbursements and any limitations on check-signing authority: _____

7. Does any member of the Applicant have authority to invest client funds? [] Yes [] No
 If Yes, provide details of the types of investments and the extent of the Applicant's authority: _____

8. Is the Applicant bonded for handling of client funds? [] Yes [] No
 If Yes, provide details of the bond in place: _____

9. Please describe the safeguards in place to ensure proper handling of client funds, including internal procedures used to prevent misappropriation and the nature of reports made to the client.

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by owner, partner, principal or shareholder within 60 days of the proposed effective date.

 Signature of Applicant

 Date

 Name of Applicant (Please Print)

 Title

PRODUCED BY (Insurance Agent or Broker):	
Producer Name: _____	Producer Signature: _____
Producer License No.: _____	Date: _____

Notice to Colorado Applicants: 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Notice to Florida Applicants: 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.

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

Notice to New Jersey Applicants: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Notice to Oklahoma Applicants: WARNING: 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.

Notice to Oregon Applicants: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Notice to Pennsylvania Applicants: 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.

Notice to Tennessee and Virginia Applicants: 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.

Notice to Applicants of all other states: 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 the person to criminal and civil penalties.