

# ISBA MUTUAL INSURANCE COMPANY

## FIDUCIARY ACTIVITIES SUPPLEMENT

PLEASE TYPE OR PRINT IN INK. If space is insufficient to answer any question, please use applicant letterhead. Please answer all questions completely.

Applicant Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

1. a. Do you have discretionary investment authority over any client assets?  Yes  No
- b. If **YES** to a. above, in what capacity do you hold investment authority:
- bankruptcy trustee
  - guardian
  - trustee (other than bankruptcy trustee)
  - other \_\_\_\_\_ (Please Specify)

If you checked YES to 1a, please complete reverse side of this Supplement.

2. Do you serve as a trustee for any client?  Yes  No

If YES, please complete reverse side of this Supplement.

I/We affirm that the information contained herein is true and complete to the best of my/our knowledge and that it will be the basis of the policy of insurance and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy.

Signature of Owner, Partner, or Officer \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

