

Fiduciary Activities Supplement

Firm: _____ Policy No.: _____

Use letterhead if space is insufficient. "Firm" on the Fiduciary Activities Supplement includes lawyers of the Firm.

1. Is the Firm applying for a new policy with ISBA Mutual? Yes No

If **yes**, then provide the information below for the period of the past **3 years**.

If **no**, then provide the information below for the period of the past **12 months**.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Date representation began	Name of Trust or Guardianship	Does the Firm act as a trustee? Yes/No	\$ Value of Trust or Guardianship assets	Is there a co-trustee? Yes/No	Does Firm select investments? Yes/No	Name of Investment Advisor	Does the Firm have an equity or management interest in any Trust or Guardianship assets? Yes/No	Does the Firm manage a business held by the Trust or on behalf of the Ward? Yes/No	If "Yes" answer in column "i", what kind of business?	Is the Firm a beneficiary of any Trust or Guardianship assets? Yes/No
			\$							
			\$							
			\$							
			\$							
			\$							

I/We affirm that after an inquiry of all lawyers of the Firm, the information contained herein is true and complete to the best of my/our knowledge and that it shall be the basis of the policy of insurance and deemed incorporated therein.

Signature of Owner, Partner, or Officer (Lawyer Only) _____ Date _____

Print Name _____ Title _____