MILLENNIAL SPECIALTY INSURANCE

TRUST AND ESTATE SUPPLEMENTAL APPLICATION

CLEAR FORM

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.

2.

3.

4.

5.

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 ☐

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Occupancy information:

Will any part of the dwelling or property be used for any form of business or commerce? (Including property rental) **(If yes, specify the details)**	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. 2. 3.	4. 5. 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: