Nationwide Trust Questionnaire

Insured's Name: _____

Policy Number: _____

Trust Name: _____

Mailing Address: _____

To determine the eligibility of the trust exposure, please verify the following:

1. Who is the Trustee(s)?

2. Who is the Grantor(s)?

3. What are their relationships to each other?

4. What type of trust is this (living, testamentary, or nominee)?

5. What is the intent/purpose of this trust?

6. Who will be residing in the residence?

7. Provide a list of assets in the trust, including property address(es), number of units, and intent/use of each location: