Click here to clear form.

PERSONAL TRUST

Subject to all of the provisions of this policy, we agree to cover the liability of the Personal Trust and the named **insured** while acting as the trustee(s) of the Personal Trust named below. This coverage applies only while the named **insured** is acting as trustee and shall cease immediately if the named **insured** is replaced as trustee or additional trustees are added.

TRUST DATE:

NAME OF PERSONAL TRUST:

This endorsement is effective:

HOUR MONTH DAY YEAR
(Time and date of signature)

POLICY NUMBER:

Accepted: _____
(Signature of person named in the Declarations)

Accepted: _____
(Signature of person named in the Declarations)

This endorsement is executed by the company stated in the Declarations.

_____
Authorized Representative