



**COVER-PRO<sup>SM</sup> APPLICATION**  
**BANKRUPTCY TRUSTEE SUPPLEMENT**

1. Full name of the Applicant firm:
2. Number of years as a Federal Bankruptcy Trustee:
3. Is the Applicant a member of the National Association of Bankruptcy Trustees or the National Association of Chapter Thirteen Trustees? Yes      No
4. Please provide the district(s) of U.S. Bankruptcy Court served:

5. Total Annual Trustee Salary:

	Past Fiscal Year	Current Fiscal Year	Estimate for Next Year
\$	\$	\$	\$

6. Number of confirmed cases:
- |            |                            |                      |
|------------|----------------------------|----------------------|
| Chapter 7  | # of Asset Cases           | # of Non-Asset Cases |
| Chapter 12 | # of Asset Cases           | # of Non-Asset Cases |
| Chapter 13 | # of Newly Confirmed Cases |                      |

7. Please list your three (3) largest cases:
- Trust Name:  
Trust Type:  
Value of Trust: \$
- Trust Name:  
Trust Type:  
Value of Trust: \$
- Trust Name:  
Trust Type:  
Value of Trust: \$

8. Does the Applicant appoint himself/herself for duties other than as a Trustee for cases? Yes      No
- If yes, percentage of cases:                      %
- Description of duties:

9. Is the Applicant currently involved or has previously been involved with any cases in the following areas: (check all that apply)
- Publicly Traded Companies
  - Medical/Pharmaceutical
  - Airline
  - Hazardous Pollution
- If yes, please describe:

10. Provide the following information on the Applicant's lawyers professional liability (E&O) insurance for the past three (3) years:  
 Check here if lawyer/attorney services are not performed by Applicant.  
 Check here if lawyer/attorney services are performed by Applicant but professional liability (E&O) coverage is not in place.

Name of Insurer	Limits of Liability	Deductible	Policy Period	Premium
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

11. Is the Applicant acting as a Trustee in any Chapter 11 cases? Yes    No  
 If no, skip questions 12 through 13.  
**Applicant understands that no coverage exists for Trustee services involving Chapter 11 cases unless specifically endorsed on this policy or a separate case-specific policy.** Yes    No
12. Please list all Chapter 11 trusts to which the Applicant is currently appointed:  
**(To enter more information, please use the Additional Info page below)**  
 Trust Name:  
 Value of Trust: \$  
 Debtor's Nature of Operations:  
 Is the debtor publicly traded, privately held, or non-profit:  
 Is professional liability coverage currently in place for any of the above cases? Yes    No  
 If yes, provide details:

13. The following documents must be attached to this supplement for each Chapter 11 case:  
**Trustee Agreement**  
**Trust Plan**  
**Disclosure Statement**  
**Trust Financial Statements**  
**Court Appointed Document**

**I understand that the information submitted herein becomes a part of my Philadelphia Insurance Companies Cover-Pro<sup>sm</sup> application and is subject to the same conditions as stated on that application.**

Name (Please Print/Type)

Title (MUST BE SIGNED BY A PRINCIPAL PARTNER OR OFFICER)

\_\_\_\_\_  
 Signature

Date

**ADDITIONAL INFORMATION**

**This page may be used to provide additional information to any question on this application. Please identify the question number to which you are referring.**

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Signature

Date