



COVER-PROSM 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 Applicants 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? If no, skip questions 12 through 13.	Yes	No
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? If yes, provide details:	Yes	No
---	-----	----

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-Prosm application and is subject to the same conditions as stated on the application.

Name (Please Print/Type)

Title **(Must be 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.

Signature

Date