



One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004

**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:	<b>Past Fiscal Year</b>	<b>Current Fiscal Year</b>	<b>Estimate for Next Year</b>
	\$	\$	\$

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.**

\_\_\_\_\_  
Signature

Date