



Family Office Liability Supplemental Application

- Markel American Insurance Company
- Evanston Insurance Company

Instructions To The Applicant

- Please answer all questions. This information is required to make underwriting and pricing evaluation. Your answers to these questions are considered material to that evaluation.
- If a question is not applicable, state N/A. If more space is required, please attach a separate exhibit referencing the section and question number.
- Application must be signed and dated by an authorized representative of the company.
- Please attach copies of the following:
 - Complete Schedule of Trusts
 - Complete Schedule of Private Funds
 - Applicant's most recent audited financial statements
 - Complete list of directors and officers of the applicant
 - Organizational structure
 - Each type of contract offered to prospective clients
 - Information indicating overall portfolio performance for the past 5 years for any assets administered, managed, or held in trust
 - Offering documents or memorandums
 - Annual performance returned since inception

Applicant Name: _____

Address: _____

Client Information

1. Applicant is a: Single family office Multiple family office
2. Client profile:
 - a. Total number of family clients: _____
 - b. Total number of institutional clients: _____
 - c. Range of client's net worth: From \$ _____ to \$ _____
 - d. Average client account size: \$ _____
 - e. Minimum client account size: \$ _____
3. Is there any affiliated entity which is to be considered for coverage? Yes No

If yes:

 - a. Name and relationship of affiliated entity: _____
 - b. Please describe in detail the professional service offered by the affiliated entity for which coverage is desired:

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Services Provided

1. Is the applicant engaged in any business other than as a family office? Yes [] No []

If yes, please explain: _____

2. Please indicate the specific types of professional services rendered within the categories listed below based on the annual gross fees collected, and whether services were performed in-house or by an outside service provider.

Administrative	%	In-house	Outside	Investment Management	%	In-house	Outside
Administration of trusts:		%	%	Financial planning:		%	%
Estate planning:		%	%	Asset portfolio management:		%	%
Custodial services:		%	%	Asset allocation:		%	%
Private foundations:		%	%	Performance measurement:		%	%
Trusteeship:		%	%	Manager searches/selection:		%	%
Personal Services	%	In-house	Outside	Family Group Services	%	In-house	Outside
Tax preparation:		%	%	Education/training:		%	%
Strategic tax:		%	%	Transfer of wealth:		%	%
Bill paying:		%	%	Charitable/philanthropic gift planning:		%	%
Insurance administration:		%	%	Business succession:		%	%
Record keeping:		%	%	Insurance management:		%	%
General client services:		%	%	Legal Services	%	In-house	Outside
Real Estate Services	%	In-house	Outside	General consulting/advice:		%	%
Property management:		%	%	Litigation:		%	%
Multiple residence and staff management:		%	%	Family:		%	%
Insurance management:		%	%	Tax:		%	%
Real estate advisory:		%	%	Business legal advice:		%	%
Other Services	%	In-house	Outside	Mergers & acquisitions:		%	%
Please describe:							
		%	%				
		%	%				
		%	%				
		%	%				

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3. Does the applicant administer, manage, recommend, or invest in any of the following specialty investments on behalf of its clients? Yes [] No []

If yes, select all that apply and indicate the percentage of total assets:

Specialty Investments	% of Assets Managed	Specialty Investments	% of Assets Managed
[] Below investment grade bonds (BBB or lower)	%	[] Real estate or real estate investment trusts (REITS)	%
[] Guaranteed investment contracts	%	[] Farms or ranches	%
[] Commodity or other futures	%	[] General or limited partnerships	%
[] Precious metals	%	[] Real estate	%
[] Mortgages, mortgage-based securities	%	[] Any foreign securities	%
[] Oil/gas investments	%	[] Other (describe):	%

4. Complete the following information for all accounts for which the applicant administers, manages, advises, or provides professional services:

	No. of Accounts	Assets (Market)	Managed/ Discretionary	Non-Discretionary	Custodial	Largest Account
Personal Accounts						
Individual management:		\$	%	%	%	\$
Acting as trustee:		\$	%	%	%	\$
Accounts In Trust						
Families:		\$	%	%	%	\$
Trusts:		\$	%	%	%	\$
Estates:		\$	%	%	%	\$
Partnerships:		\$	%	%	%	\$
Closely held business:		\$	%	%	%	\$
Corporate:		\$	%	%	%	\$
General partner to any partnerships:		\$	%	%	%	\$
All other:		\$	%	%	%	\$

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NOTE: This Supplement becomes part of your primary application and must be signed and dated. Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature

Date

Agent's signature

Date

(Florida only) Agent license number: _____

