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- o MARKEL AMERICAN INSURANCE COMPANY
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PO Box 768 · Hendersonville, TN 37075  
 (T) 800-768-7475 · (F) 615-264-3980  
 www.bsrrins.com

### SUPPLEMENT FOR POST MORTEM SERVICES

All questions MUST be completed in full.

If space is insufficient to answer any question fully, attach a separate sheet.

1. Full name of Applicant: \_\_\_\_\_

2. (a) Services provided by the Applicant and percentage of gross revenues derived:

		<b>Percentage</b>
(i) Embalming	[ ] Yes [ ] No	_____ %
(ii) Cremation	[ ] Yes [ ] No	_____ %
(iii) Funeral Director	[ ] Yes [ ] No	_____ %
(iv) Funeral Home	[ ] Yes [ ] No	_____ %
(v) Cemetery	[ ] Yes [ ] No	_____ %
(vi) Pre-Need Sales	[ ] Yes [ ] No	_____ %
(vi) Casket and Other Product Sales	[ ] Yes [ ] No	_____ %
(vii) Other (specify) _____		_____ %
TOTAL		100%

(b) If only embalming and cremation services are provided answer the following.

(i) Is the Applicant an owner of or an employee of a funeral home?..... [ ] Yes [ ] No  
 If Yes, provide the name of the funeral home and advise of the general and professional liability insurance and limits of liability they maintain.

\_\_\_\_\_  
 \_\_\_\_\_

(ii) Does the embalmer have a contract with any funeral home? ..... [ ] Yes [ ] No  
 If Yes, provide the name of the funeral home and advise of the general and professional liability insurance and limits of liability they maintain.

\_\_\_\_\_  
 \_\_\_\_\_

(c) If any pre-need sales are provided answer the following:

(i) Are pre-need sales insured? ..... [ ] Yes [ ] No

(ii) If No, provide complete details of how such sales are financed. \_\_\_\_\_

(iii) If Yes, provide the names of all insurance companies that insurance is placed with. \_\_\_\_\_

(iv) Attach a copy of the Applicant's insurance license(s).

3. Does the Applicant contract with any out of state funeral homes? ..... [ ] Yes [ ] No

If Yes, list the states. \_\_\_\_\_

4. Is the Applicant responsible for:

(a) picking up remains from hospitals, hospices or nursing homes?..... [ ] Yes [ ] No

(b) shipping remains out of state? ..... [ ] Yes [ ] No

(c) picking up remains from any means of transportation? ..... [ ] Yes [ ] No

5. Is the Applicant licensed in all states where services are performed?..... [ ] Yes [ ] No

6. Where are embalming services done:

			<b>Percentage</b>
(i) At the embalmer's own facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %
(ii) At another location? (specify) _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ %

7. How many bodies are handled per year? \_\_\_\_\_

8. Describe the procedures that are used to ensure that bodies are given the arranged-for post mortem treatment.

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9. Attach a copy of the consent form used by the embalmer to obtain the family's permission to cremate remains (if applicable).

Signing this Supplement does not bind the Company to provide or the Applicant to purchase the insurance.

It is understood that information submitted herein becomes a part of our application for insurance and is subject to the same declarations, representations and conditions.

Must be signed by director, executive officer, partner or equivalent within 60 days of the proposed effective date.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



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**APPLICATION FOR SPECIFIED PROFESSIONS PROFESSIONAL LIABILITY INSURANCE AND  
 SERVICE AND TECHNICAL PROFESSIONAL LIABILITY INSURANCE  
 (Claims Made Basis or Claims Made and Reported Basis)**

If space is insufficient to answer any question fully, attach a separate sheet.

**I. GENERAL INFORMATION**

1. Full name of Applicant: \_\_\_\_\_
2. Principal business premise address: \_\_\_\_\_  
 (Street) (County)  
 \_\_\_\_\_  
 (City) (State) (Zip)
3. Address(es) of Branch Office(s): \_\_\_\_\_
4. Web Site Address(es): \_\_\_\_\_ 5. Phone Number: \_\_\_\_\_
6. Number of employees including principals: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Total \_\_\_\_\_
7. Business is a: [ ] corporation [ ] partnership [ ] individual [ ] other \_\_\_\_\_
8. Date organized (MM/DD/YYYY): \_\_\_\_\_
9. Is the Applicant controlled by, owned by, or commonly owned, affiliated or associated with any other organization?  
 ..... Yes [ ] No [ ]  
 If Yes, are any services provided to such organization(s)? ..... Yes [ ] No [ ]  
 If Yes, to either of the above, provide details. \_\_\_\_\_
10. During the last year has the Applicant been involved in, or are they presently considering or contemplating:
  - (a) Any merger, consolidation or acquisition? ..... Yes [ ] No [ ]  
 If Yes, provide a complete explanation detailing liabilities assumed and any professional liability coverage purchased by any predecessor organization. \_\_\_\_\_
  - (b) A change in the nature of business operations? ..... Yes [ ] No [ ]  
 If Yes, provide details. \_\_\_\_\_
11. During the last year has the name of the Applicant been changed? ..... Yes [ ] No [ ]  
 If Yes, provide details. \_\_\_\_\_

**II. ADDITIONAL INFORMATION**

1. **If you are a new Applicant with this company**, attach:
  - (a) A list of owners, partners and officers and percentage of ownership of each of the Applicant(s) named in Part I Item 1. above.
  - (b) Latest annual financial statements (annual report or income statement and balance sheet). (Omit if gross revenues are \$500,000 or less.)
  - (c) Professional qualifications (i.e. resume or c.v.) of each of the owners, partners, officers and key employees of the Applicant(s) named in Part I Item 1. above.
  - (d) Professional societies and organizations to which the Applicant and its owners, partners, officers and key employees belong(s).

- (e) Advertisements, brochures, and descriptive literature on the Applicant's business.
- (f) Sample contract for services between the Applicant and its clients.
- (g) A list of and description of affiliations with any organization owned by any owner, partner or officer of any Applicant.

2. **If you are applying for renewal with this company**, attach:

- (a) A list of owners, partners and officers and percentage of ownership of each in the Applicant(s) named in Part I. Item 1. above.
- (b) Latest annual financial statements (annual report or income statement and balance sheet). (Omit if gross revenues are \$500,000 or less.)
- (c) Any changes in any items provided last year pursuant to Items (c), (d), (e), (f) or (g) above.

**III. PROFESSIONAL ACTIVITIES AND SPECIALTY**

1. Describe all professional services performed for others and indicate the percentage of gross revenues derived from each activity.

Professional Services	Percent of Gross Revenues
_____	_____ %
_____	_____ %
_____	_____ %

- 2. (a) Estimated annual gross revenues for the coming year: \$ \_\_\_\_\_
- (b) Percentage of annual gross revenues for the coming year:
  - (i) Domestic: \_\_\_\_\_ %
  - (ii) Foreign: \_\_\_\_\_ %
- (c) Annual gross revenues for the last three years:
  - (i) last twelve months: Year: \_\_\_\_\_ \$ \_\_\_\_\_
  - (ii) 1<sup>st</sup> prior year: Year: \_\_\_\_\_ \$ \_\_\_\_\_
  - (iii) 2<sup>nd</sup> prior year: Year: \_\_\_\_\_ \$ \_\_\_\_\_

3. Describe Applicant's five largest jobs in the last three years:

Client Name	Professional Services	Gross Revenues
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Is the Applicant engaged in any business or profession other than as described in Item 1 above?.....Yes [ ] No [ ]  
 If Yes, explain. \_\_\_\_\_

\_\_\_\_\_

5. Were more than 50% of the Applicant's gross revenues for any of the last three years derived from any one contract? .....Yes [ ] No [ ]  
 If Yes, specify client, professional services and duration of contract. \_\_\_\_\_

\_\_\_\_\_

6. Does the Applicant utilize the services of independent contractors or sub-consultants?.....Yes [ ] No [ ]  
 If Yes, indicate percentage of billings and whether a certificate of professional liability insurance is required of each.

\_\_\_\_\_

7. (a) Does the Applicant, any of its subsidiaries and/or affiliates build, service, repair, install, manufacture or fabricate anything?.....Yes [ ] No [ ]
- (b) Does the Applicant, any of its subsidiaries and/or affiliates sell any product other than computer software? .....Yes [ ] No [ ]
- If Yes, to either (a) or (b) describe. \_\_\_\_\_

8. Is any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant a certified public accountant, an attorney or lawyer, an architect or engineer, a provider of any form of healthcare services or responsible for supervision or management of others who are providers of healthcare services?.....Yes [ ] No [ ]
- If Yes, advise of the name of the individual(s), their position(s) with the Applicant and the nature of services they perform for clients of the Applicant. \_\_\_\_\_

**IV. CLAIMS/HISTORY**

1. During the last five years, have there been any claims or proceedings arising out of professional services against the Applicant, or any of its principals, partners, owners, officers, directors, employees, managers, managing members, its predecessors, subsidiaries, affiliates, and/or against any other person or organization proposed for this insurance? .....Yes [ ] No [ ]
- If Yes, attach complete details including description of allegations, status of claim, amounts demanded or paid, date of claim, and action taken to prevent the same type of claim in the future. \_\_\_\_\_
2. Is the Applicant or any principal, partner, owner, officer, director, employee, manager or managing member of the Applicant or any person(s) or organization(s) proposed for this insurance aware of any fact, circumstance situation, incident or allegation of negligence or wrongdoing, which might afford grounds for any claim such as would fall under the proposed insurance?.....[ ] Yes [ ] No
- If Yes, provide details. \_\_\_\_\_
3. Has any insurer cancelled, rescinded, nonrenewed or declined any similar insurance for the Applicant, its predecessors, subsidiaries, affiliates and/or for any other person or organization proposed for this insurance in the last five years?.....Yes [ ] No [ ]
- If Yes, attach a copy of such insurer's notice. \_\_\_\_\_
4. Has the Applicant and/or any of its principals, partners, owners, officers, directors, managers and/or managing members or employees, its predecessors, subsidiaries, affiliates, and/or any other person or organization proposed for this insurance been involved in or have knowledge of any pending or completed investigative or administrative proceedings or governmental regulatory proceedings, actions or notices?.....Yes [ ] No [ ]
- If Yes, provide details on a separate sheet. \_\_\_\_\_

5. Previous Professional Liability Insurance:

Policy Period	Insurer	Indicate whether Claims Made or Occurrence policy	Limits of Liability	Deductible	Retro Date

6. Does the Applicant carry General Liability Insurance?.....Yes [ ] No [ ]
- If Yes, provide: Insurer: \_\_\_\_\_ Limits: \_\_\_\_\_
- Does coverage include Products/Completed Operations Hazards?.....Yes [ ] No [ ]

**NOTICE TO THE APPLICANT - PLEASE READ CAREFULLY**

No fact, circumstance or situation indicating the probability of a claim or action for which coverage may be afforded by the proposed insurance is now known by any person(s) or entity(ies) proposed for this insurance other than that which is disclosed in this application. It is agreed by all concerned that if there be knowledge of any such fact, circumstance or situation, any claim subsequently emanating therefrom shall be excluded from coverage under the proposed insurance.

The policy applied for is SOLELY AS STATED IN THE POLICY, if issued, which provides coverage on a claims made basis for ONLY THOSE "CLAIMS" THAT ARE FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD, unless the extended reporting period option is exercised in accordance with the terms of the policy. The policy has specific provisions detailing claim reporting requirements.

The underwriting manager, Company and/or affiliates thereof are authorized to make any inquiry in connection with this application. Signing this application does not bind the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application and all previous applications and material changes thereto of which the underwriting manager, Company and/or affiliates thereof receives notice is on file with the underwriting manager, Company and/or affiliates thereof and is considered physically attached to and part of the of the policy if issued. The underwriting manager, Company and/or affiliates thereof will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the underwriting manager, Company and/or affiliates thereof, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**WARRANTY**

I/We warrant to the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to the underwriting manager, Company and/or affiliates thereof.

Must be signed within 60 days of the proposed effective date.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SPECIALTY SUPPLEMENT REQUIRED

- Appraiser – Business or Property Building/Home Inspector
- Collection Agency
- Crane Inspector
- Employment Related Services
- Escrow Only
- Executive Recruiting Consultants
- Freight Forwarder/Customs Broker
- Insurance Related Services
- Media Related Service
- Mortgage Broker
- Premium Finance
- Real Estate Agent/Property Manager
- Testing Lab
- Employment Related Services
- Third Party Administrator
- Title, Escrow & Closing
- Travel Related Services

ALTERNATE APPLICATION REQUIRED

- Association
- Computer Related Other Than Consulting
- Environmental
- Franchisor
- Trustees

Our Supplements and Applications are available at [www.markelshand.com](http://www.markelshand.com).

**Notice to Applicants:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.