



1. Applicant (full legal) _____
Contact: _____
Street: _____ City: _____
State: _____ Zip: _____ Telephone: _____
Web Address: _____

2. States of Operation: _____ 3. Year Established: _____

4. Please complete for each member of the staff, including Principals:

Name	Current Status of License	Year First Licensed	Professional Designations	Has License Ever Been Revoked / Suspended
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive			<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Are all Principals and employees required by state law to be licensed currently in good standing? ☐ Yes ☐ No

If No, please describe:

6. Please list all Professional Associations that the Applicant is currently a member of:

- ☐ National Funeral Directors Association
- ☐ International Cemetery, Cremation and Funeral Association
- ☐ National Funeral Directors & Morticians Association
- ☐ Jewish Funeral Directors of America
- ☐ Pet Loss Professionals Alliance
- ☐ OTHER : _____

7. Are all crematorium operators certified by the Cremation Association of North America (CANA)?

☐ Yes ☐ No

8. Are all crematoriums operated under CANA guidelines?

☐ Yes ☐ No

9. Please indicate the total revenue derived from your company for the following years:

Service	Current Year	First Prior Year	Projected Next Year
Cemetery/Burials			
Embalming			
Body Transport			
Funeral Services			
Cremations			
Casket/Container Sales			
Monument Sales			
Service Fees/Merchandise			

10. How many calls for professional services did the firm handle:

Current Year _____ First Prior Year _____ Projected Next Year _____

11. Is the Applicant fully compliant with the Federal Trade Commission's Funeral Industry Practices – Trade Regulation Rule?

☐ Yes ☐ No

12. Does the Applicant obtain a signed statement from all clients that they were provided with a General Price List?

☐ Yes ☐ No

13. Are all special requests memorialized in writing, including associated costs?

☐ Yes ☐ No

14. Does the Applicant contract with third parties for any embalming, cremation or other professional services

☐ Yes ☐ No

If Yes, please describe nature of contracted services:

15a. If the firm does use third party contractors, are Certificates of Insurance obtained for professional and general liability insurance?

☐ Yes ☐ No

15. Does the Applicant allow use of cemetery grounds for any purpose other than visitation?

☐ Yes ☐ No

16. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own any other firm business enterprise?

☐ Yes ☐ No

If Yes, please explain:

17. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activity? ☐ Yes ☐ No

If Yes, please describe:

18. Have any professional liability claims been made against the Applicant, Applicant's owners principals, directors, officers or employees in the past 5 years? ☐ Yes ☐ No

***If Yes, please complete Claim Supplement for each claim.**

19. Does the Applicant or do the Applicant's owners, principals, directors, officers or employees have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business? ☐ Yes ☐ No

***If Yes, please complete a Claim Supplement for each potential claim.**

20. Does the Applicant currently carry Property, Auto and General Liability insurance? ☐ Yes ☐ No

21. Does the Applicant currently carry Professional Liability insurance? ☐ Yes ☐ No

***If Yes, and in order to best meet your insurance coverage needs, please provide the following information about your current professional liability policy:**

Carrier:	_____	Premium:	_____
Limit:	_____	Retroactive Date:	_____
Retention:	_____	Expiration:	_____

NOTICE TO APPLICANT ~ PLEASE READ CAREFULLY:

Warranty: The Applicant warrants that the information contained herein is true as of the date of this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the applicant's business, including but not limited to size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the Applicant.

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

THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Printed Name and Title: _____



Please complete the application by either entering the required information directly from your keyboard, or printing the application and entering the information by hand. You will need Adobe Acrobat Reader Version 4.0 (at minimum). If you are using version 3.0, you can upgrade it for free at www.adobe.com. Fax or e-mail the completed application to Business Risk Partners at the address noted above.

GENERAL INFORMATION

1. Company Name (Applicant) _____
Street _____

City _____ State _____ Zip _____
Telephone _____ Fax _____
E-mail Address _____
Website _____
2. Please list the states in which the Applicant provides services.

3. Please provide a brief description of the professional services for which coverage is desired.

REVENUE BREAKDOWN

4. Please list the professional services that the Applicant provides and the % of revenue generated by each service.

Professional Service	Percentage of Revenue
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %

DESCRIPTION OF BUSINESS

5. Please indicate the total revenue for the following fiscal years for both the Applicant and any subsidiaries performing professional services sought to be covered under this policy.

Current Year: _____

Last Year: _____

Next Year (projected): _____

6. How many years has the Applicant been in business? _____

7. Please indicate the Applicant's total number of employees. _____

8. How many of these employees provide professional services directly to clients? _____

9. Does the Applicant provide professional services to any client/customer that represents more than 20% of the Applicant's gross annual revenue? ☐ No ☐ Yes

10. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own any other firm business enterprise? If yes, please explain: ☐ No ☐ Yes

11. Does the Applicant have a contract in place with clients?

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ Never

12. Do the Applicant's contracts contain indemnification/hold-harmless clauses running in its favor?

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ Never

13. Does the Applicant do business through independent contractors?

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ Never

14. Does the Applicant contractually require independent contractors to maintain E&O insurance?

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ Never

15. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activities?

☐ No ☐ Yes

If you answered "yes" to the above question, please describe:

16. Have any professional liability claims ever been made against the Applicant, Applicant's owners, principals, directors, officers or employees?

☐

No

☐

Yes

If you answered "yes" to the above question, please describe including name of claimant; type of service provided and allegation made; date claim was made; demand amount and final disposition including indemnity and expense amounts:

17. Does the Applicant or do the Applicant's owners, principals, directors, officers or employees have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business?

☐

No

☐

Yes

If you answered "yes" to the above question, please describe:

It is understood and agreed that if the answer to the previous three queries is "yes", any such claim or potential claim is specifically excluded from this proposed coverage.

18. List any industry associations/memberships with which the Applicant is affiliated.

19. Please indicate desired coverage terms.

Limit

Retention

Retro-Date

If no retroactive date is selected, proposed coverage will begin on the policy effective date.

20. Please attach any additional information we may find helpful in evaluating your risk.

In addition, please attach any special coverage requests.

21. OPTIONAL: In order to best meet your coverage needs, please provide the following information about the Applicant's current policy.

Carrier	_____
Limit	_____
Retention	_____
Premium	_____
Retro Date	_____
Expiration	_____

NOTICE TO APPLICANT: PLEASE READ CAREFULLY

Warranty: The undersigned warrants that the information contained herein is true as of the date this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the Applicant's business including, but not limited to the size of the firm, the area of business engaged in by the firm and the information contained on each Supplemental application submitted by the Applicant.

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance 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.

SIGNATURE: _____

TITLE: _____

DATE: _____