

E A KELLEY COMPANY

**APPLICATION
CEMETERIES AND MEMORIAL PARKS ERRORS AND OMISSIONS INSURANCE
CLAIMS MADE POLICY**

THIS IS AN APPLICATION FOR A POLICY WITH LIMITS OF LIABILITY WHICH INCLUDE BOTH DAMAGES AND CLAIM EXPENSES. IF THERE IS ANY QUESTION, PLEASE CONSULT WITH YOUR AGENT, BROKER, OR ATTORNEY.

QUESTIONS	ANSWERS
1. Full name and address of Applicant.	1.
2. Address(es) of Branch Office(s).	2.
3. Date Established.	3. _____
4. The Applicant is:	4. <input type="checkbox"/> For Profit <input type="checkbox"/> Not For Profit
5. Furnish the number of Staff: a) Managers; b) Sales Counselors; c) Groundskeepers/Grave Diggers; d) Other Employees _____ _____	5. <u>Number</u> <u>Licensed</u> a) _____ YES/NO b) _____ YES/NO c) _____ YES/NO d) _____ YES/NO Total _____ YES/NO
6. Furnish the following information on all principals and key employees:	6.
<u>Full Name</u>	<u>No. Years Experience</u>
<u>Professional Qualifications</u>	<u>How Long a Principal</u>
_____	_____
_____	_____
_____	_____
7. Furnish the gross receipts/number of burials: a) Estimate for NEXT fiscal year; b) CURRENT year; c) LAST fiscal year.	7. <u>Gross Receipts</u> <u>Number of Burials</u> a) 19____ \$ _____ _____ b) 19____ \$ _____ _____ c) 19____ \$ _____ _____

QUESTIONS	ANSWERS
8. Furnish the number of deceased bodies in the cemetery as of the end of the LAST fiscal year.	8. _____
9. Furnish the following: a) Last year-end balance sheet and income statement, including list of investments; b) Sales contract for sales of burial lot; c) Brochure detailing services offered; d) Have the contract and brochures been reviewed by an attorney to make sure they conform to FTC and state regulations?	9. a) b) c) d) YES/NO
10. Does the cemetery perform the following functions? a) Cremation; b) Mausoleum.	10. a) YES/NO b) YES/NO
11. Procedures for disinterments: a) Number done in past 12 months; b) Are the following approvals required before beginning? 1) State Cemetery Control Board; 2) Municipal authority; 3) Next of kin. c) Describe in detail the procedures followed to locate the next of kin if they are not found.	11. a) _____ b) 1) YES/NO 2) YES/NO 3) YES/NO c)
12. a) What hours is the cemetery open to the public? b) Does the cemetery have a fence and gates? c) Are the gates locked after business hours? d) Does the cemetery use guards to patrol the premises? e) If "YES", are the guards employees or an outside security service?	12. a) _____ b) YES/NO c) YES/NO d) YES/NO e) <input type="checkbox"/> Employees <input type="checkbox"/> Outside Security Service

QUESTIONS	ANSWERS																								
<p>13. a) Furnish the following information about other insurance carried by the Applicant:</p> <p>1) General Liability;</p> <p>2) Fidelity;</p> <p>3) Auto Liability.</p> <p>b) Does the general liability insurance include personal injury coverage?</p>	<p>13. a) Insurance Co. Policy Limit Expiration Date</p> <p>1) _____ \$ _____ _____</p> <p>2) _____ _____ _____</p> <p>3) _____ _____ _____</p> <p>b) YES/NO</p>																								
<p>14. a) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?</p> <p>b) If "Yes," furnish full details.</p>	<p>14. a) YES/NO</p> <p>b)</p>																								
<p>15. a) During the past FIVE years has the name of the Applicant been changed or has any other business been purchased, merged or consolidated with the Applicant?</p> <p>b) If "Yes," furnish full details.</p>	<p>15. a) YES/NO</p> <p>b)</p>																								
<p>16. a) Has the named Applicant had errors and omissions insurance previously; either under their existing name, or that of any predecessor in business?</p> <p>b) If "Yes," furnish full details of errors and omissions coverage for the last THREE years.</p>	<p>16. a) YES/NO</p> <p>b)</p>																								
<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Insurer</u></th> <th style="text-align: left;"><u>Policy No.</u></th> <th style="text-align: left;"><u>Limits of Liability</u></th> <th style="text-align: left;"><u>Deductible</u></th> <th style="text-align: left;"><u>Premium</u></th> <th style="text-align: left;"><u>Expiration Mo./Day/Yr.</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		<u>Insurer</u>	<u>Policy No.</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Mo./Day/Yr.</u>	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Insurer</u>	<u>Policy No.</u>	<u>Limits of Liability</u>	<u>Deductible</u>	<u>Premium</u>	<u>Expiration Mo./Day/Yr.</u>																				
_____	_____	\$ _____	\$ _____	\$ _____	_____																				
_____	_____	_____	_____	_____	_____																				
_____	_____	_____	_____	_____	_____																				
<p>c) Is the Applicant's expiring policy a CLAIMS MADE policy?</p> <p>d) If "Yes," furnish the retroactive date and attach a copy of the expiring policy.</p>	<p>c) YES/NO</p> <p>d) _____</p>																								

QUESTIONS	ANSWERS
<p>17. a) Has any application for this type of insurance made by the Applicant or their predecessors in business ever been declined, or has any similar insurance ever been canceled, non-renewed, refused, or had special terms imposed?</p> <p>b) If "Yes," furnish full details.</p>	<p>17. a) YES/NO</p> <p>b)</p>
<p>18. a) Has any Claim been made during the last FIVE years against the Applicant, any of their past or present owners, officers, partners, directors, or employees, either individually or otherwise on account of errors and omissions?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Claim was made; 2) Name of the Claimant; 3) Value of the Claim; 4) If the Claim is settled or outstanding; 5) Amount of the settlement; 6) Brief description. 	<p>18. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____
<p>19. a) Is the Applicant aware of any circumstances, or any allegation or contentions, as to any incident which may result in a Claim being made against the Applicant or any past or present owners, partners, officers, employees, or predecessors in business?</p> <p>b) If "Yes," furnish the following:</p> <ol style="list-style-type: none"> 1) Date the Applicant first became aware of any such alleged negligent act, error or omission; 2) Name of the potential Claimant; 3) Estimated value; 4) Brief description. 	<p>19. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____
<p>20. a) Are there any other facts which, if disclosed to the Company, may influence their assessment of this Application?</p> <p>b) If "Yes," furnish full details.</p>	<p>20. a) YES/NO</p> <p>b)</p>

QUESTIONS	ANSWERS
21. Does the Applicant agree that this Application is for a CLAIMS MADE policy?	21. YES/NO
22. a) Limit of Liability required? b) Amount of deductible required?	22. a) \$ _____ Each Claim/Aggregate b) \$ _____

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that this declaration shall be the basis of the contract between me/us and the Company and that this Application will form a part of the policy.

* Name of Firm: _____

By: _____
(Owner, Partner, or Senior Officer)

Title: _____

Date: _____ 19____

** Signing this form does not bind the Applicant or the Company to complete the insurance.*