

FUNERAL HOMES

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"/> Individual; <input type="checkbox"/> Partnership; <input type="checkbox"/> Corporation; <input type="checkbox"/> _____.																								
5. Furnish the number of Partners and Staff: a) Principals/Partners; b) Funeral Directors; c) Embalmers; d) Interns; e) Other Employees _____ _____.	5. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: center;"><u>Number</u></th> <th style="text-align: center;"><u>Licensed</u></th> </tr> </thead> <tbody> <tr> <td>a) _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">YES/NO</td> </tr> <tr> <td>b) _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">YES/NO</td> </tr> <tr> <td>c) _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">YES/NO</td> </tr> <tr> <td>d) _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">YES/NO</td> </tr> <tr> <td>e) _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">YES/NO</td> </tr> <tr> <td>_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">YES/NO</td> </tr> <tr> <td>Total _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">YES/NO</td> </tr> </tbody> </table>		<u>Number</u>	<u>Licensed</u>	a) _____	_____	YES/NO	b) _____	_____	YES/NO	c) _____	_____	YES/NO	d) _____	_____	YES/NO	e) _____	_____	YES/NO	_____	_____	YES/NO	Total _____	_____	YES/NO
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e) _____	_____	YES/NO																							
_____	_____	YES/NO																							
Total _____	_____	YES/NO																							
6. a) Furnish the following information on all principals and key employees:	6. a)																								
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_____	_____	_____	_____																						
_____	_____	_____	_____																						
b) If business is not more than TWO years old, attach resumes of the principals and key employees.	b)																								

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<p>12. 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>12. a) YES/NO</p> <p>b)</p>																								
<p>13. 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>13. a) YES/NO</p> <p>b)</p>																								
<p>14. 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>14. a) YES/NO</p> <p>b)</p> <table border="0" data-bbox="131 1014 1442 1192"> <thead> <tr> <th data-bbox="131 1014 444 1087"><u>Insurer</u></th> <th data-bbox="444 1014 651 1087"><u>Policy No.</u></th> <th data-bbox="651 1014 857 1087"><u>Limits of Liability</u></th> <th data-bbox="857 1014 1045 1087"><u>Deductible</u></th> <th data-bbox="1045 1014 1227 1087"><u>Premium</u></th> <th data-bbox="1227 1014 1442 1087"><u>Expiration Mo./Day/Yr.</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="131 1087 444 1121">_____</td> <td data-bbox="444 1087 651 1121">_____</td> <td data-bbox="651 1087 857 1121">\$ _____</td> <td data-bbox="857 1087 1045 1121">\$ _____</td> <td data-bbox="1045 1087 1227 1121">\$ _____</td> <td data-bbox="1227 1087 1442 1121">_____</td> </tr> <tr> <td data-bbox="131 1121 444 1155">_____</td> <td data-bbox="444 1121 651 1155">_____</td> <td data-bbox="651 1121 857 1155">_____</td> <td data-bbox="857 1121 1045 1155">_____</td> <td data-bbox="1045 1121 1227 1155">_____</td> <td data-bbox="1227 1121 1442 1155">_____</td> </tr> <tr> <td data-bbox="131 1155 444 1188">_____</td> <td data-bbox="444 1155 651 1188">_____</td> <td data-bbox="651 1155 857 1188">_____</td> <td data-bbox="857 1155 1045 1188">_____</td> <td data-bbox="1045 1155 1227 1188">_____</td> <td data-bbox="1227 1155 1442 1188">_____</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>	_____	_____	\$ _____	\$ _____	\$ _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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<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>																								
<p>15. 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>15. a) YES/NO</p> <p>b)</p>																								

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<p>16. 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>16. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____
<p>17. 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>17. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> 1) _____ 2) _____ 3) _____ 4) _____
<p>18. 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>18. a) YES/NO</p> <p>b)</p>
<p>19. Does the Applicant agree that this Application is for a CLAIMS MADE policy?</p>	<p>19. YES/NO</p>
<p>20. a) Limit of Liability required?</p> <p>b) Amount of deductible required?</p>	<p>20. a) \$ _____ Each Claim/Aggregate</p> <p>b) \$ _____</p>

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.*