

**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. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%; text-align: center;"><u>Number</u></th> <th style="width: 50%; 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>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	Total	_____	YES/NO
	<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.																		
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;"><u>Full Name</u></th> <th style="width: 15%; text-align: center;"><u>No. Years Experience</u></th> <th style="width: 20%; text-align: center;"><u>Professional Qualifications</u></th> <th style="width: 30%; text-align: center;"><u>How Long a Principal</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	<u>Full Name</u>	<u>No. Years Experience</u>	<u>Professional Qualifications</u>	<u>How Long a Principal</u>	_____				_____				_____						
<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. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>Gross Receipts</u></th> <th style="width: 20%; text-align: center;"><u>Number of Burials</u></th> </tr> </thead> <tbody> <tr> <td>a) 19__ \$ _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b) 19__ \$ _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c) 19__ \$ _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		<u>Gross Receipts</u>	<u>Number of Burials</u>	a) 19__ \$ _____	_____	_____	b) 19__ \$ _____	_____	_____	c) 19__ \$ _____	_____	_____						
	<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>	<table border="1"> <thead> <tr> <th data-bbox="812 121 1136 210">13. a) <u>Insurance Co.</u></th> <th data-bbox="1140 121 1299 210"><u>Policy Limit</u></th> <th data-bbox="1302 121 1494 210"><u>Expiration Date</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="812 214 1136 283">1) _____</td> <td data-bbox="1140 214 1299 283">\$ _____</td> <td data-bbox="1302 214 1494 283">_____</td> </tr> <tr> <td data-bbox="812 287 1136 325">2) _____</td> <td data-bbox="1140 287 1299 325">_____</td> <td data-bbox="1302 287 1494 325">_____</td> </tr> <tr> <td data-bbox="812 329 1136 367">3) _____</td> <td data-bbox="1140 329 1299 367">_____</td> <td data-bbox="1302 329 1494 367">_____</td> </tr> </tbody> </table> <p>b) YES/NO</p>	13. a) <u>Insurance Co.</u>	<u>Policy Limit</u>	<u>Expiration Date</u>	1) _____	\$ _____	_____	2) _____	_____	_____	3) _____	_____	_____												
13. a) <u>Insurance Co.</u>	<u>Policy Limit</u>	<u>Expiration Date</u>																							
1) _____	\$ _____	_____																							
2) _____	_____	_____																							
3) _____	_____	_____																							
<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="1"> <thead> <tr> <th data-bbox="118 1474 438 1564"><u>Insurer</u></th> <th data-bbox="441 1474 682 1564"><u>Policy No.</u></th> <th data-bbox="685 1474 876 1564"><u>Limits of Liability</u></th> <th data-bbox="880 1474 1055 1564"><u>Deductible</u></th> <th data-bbox="1058 1474 1234 1564"><u>Premium</u></th> <th data-bbox="1237 1474 1494 1564"><u>Expiration Mo./Day/Yr.</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="118 1568 438 1606">_____</td> <td data-bbox="441 1568 682 1606">_____</td> <td data-bbox="685 1568 876 1606">\$ _____</td> <td data-bbox="880 1568 1055 1606">\$ _____</td> <td data-bbox="1058 1568 1234 1606">\$ _____</td> <td data-bbox="1237 1568 1494 1606">_____</td> </tr> <tr> <td data-bbox="118 1610 438 1648">_____</td> <td data-bbox="441 1610 682 1648">_____</td> <td data-bbox="685 1610 876 1648">_____</td> <td data-bbox="880 1610 1055 1648">_____</td> <td data-bbox="1058 1610 1234 1648">_____</td> <td data-bbox="1237 1610 1494 1648">_____</td> </tr> <tr> <td data-bbox="118 1652 438 1690">_____</td> <td data-bbox="441 1652 682 1690">_____</td> <td data-bbox="685 1652 876 1690">_____</td> <td data-bbox="880 1652 1055 1690">_____</td> <td data-bbox="1058 1652 1234 1690">_____</td> <td data-bbox="1237 1652 1494 1690">_____</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.*