

FUNERAL DIRECTORS/CEMETERY SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Describe all business operations conducted by you:

2. Indicate Gross Receipts:	Estimated Next 12 Months: \$
	Last 12 Months: \$
	Prior 12 Months: \$

3. During the past 5 years, has your name been changed or has any other business been purchased, merged or consolidated with you? Yes No

If yes, provide details:

4. Is the business in compliance with licensing standards or safety codes? Yes No N/A

If yes, provide details:

FUNERAL DIRECTORS

1. Partners and Staff	Number of Partners and Staff		Licensed	
			Yes	No
a. Principals/Partners			<input type="checkbox"/>	<input type="checkbox"/>
b. Funeral Directors			<input type="checkbox"/>	<input type="checkbox"/>
c. Embalmers			<input type="checkbox"/>	<input type="checkbox"/>
d. Interns			<input type="checkbox"/>	<input type="checkbox"/>
e. Other Employees (describe):			<input type="checkbox"/>	<input type="checkbox"/>
2. Does the funeral home offer any of the following:			Yes	No
a. Sale of caskets or urns?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, indicate receipts from: Sales: \$ Rentals: \$				
b. Sale of headstones, including engraving?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, indicate receipts from sales: \$				
If yes, provide details:				
c. Do you perform cremations?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, are you operating the crematory?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide details:				
d. Do you perform eye enucleation (the removal of eyes from a deceased person for transplants)?			<input type="checkbox"/>	<input type="checkbox"/>
3. Do you lease/rent caskets?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, indicate receipts from this service: \$				
4. Do you lease or rent from vendors?			<input type="checkbox"/>	<input type="checkbox"/>
5. Do you ship the deceased to or from other locations?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, indicate receipts from this service: \$				
If yes, provide details:				
6. Do you offer prepaid funeral services or sales of "special" life insurance policies?			<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide details:				

7. Do you offer limousine rental/service? Yes No

If yes, provide details of services:

Confirm coverage is in force and indicate automobile carrier information:

CEMETERIES (If Owned)

1. Number of plots in cemetery:

2. Total number of acres:

3. Annual Burials:	Estimated Next 12 Months:
	Past 12 Months:
	Prior Year:

4. Indicate who is responsible for site preparation, burial and maintenance:

	Yes	No
5. Is there a mausoleum on-site?	<input type="checkbox"/>	<input type="checkbox"/>
6. Number of disinterments in the past 12 months:		
7. Are the following approvals required for disinterments:		
a. State Cemetery Control Board	<input type="checkbox"/>	<input type="checkbox"/>
b. Municipal Authority	<input type="checkbox"/>	<input type="checkbox"/>
c. Next of Kin	<input type="checkbox"/>	<input type="checkbox"/>

Explain procedures followed to locate the next of kin if they are not found:

8. Hours cemetery is open to the public:

	Yes	No
9. Security		
a. Does the cemetery have a fence and gates?	<input type="checkbox"/>	<input type="checkbox"/>
b. Are the gates locked after business hours?	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the cemetery use guards to patrol the premises?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide details including if the security guards are employees or subcontractors:		
d. Are security guards armed?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide details:		
e. Does the cemetery use dogs for security?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide details:		

Provide copies of all contracts utilized for services provided.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address