



INSURANCE GROUP

a Berkley Company

FUNERAL HOMES
PROFESSIONAL LIABILITY APPLICATION
(CLAIMS MADE COVERAGE)

1. Name of Applicant: _____

Address: _____
Street City/State Zip

2. Address of Branch Office(s): _____

3. Date Established: _____

4. The Applicant is: [] Individual [] Partnership [] Corporation [] Other:

5. Furnish the number of Partners and Staff:

Table with 5 rows (a-e) and 4 columns: Category, Number, Licensed (Yes/No), and another Yes/No column.

6. Furnish the following information on all principals and key employees:

Table with 4 columns: Full Name, No. Years Experience, Professional Qualifications, How Long a Principal.

*If business is not more than TWO years old, attach resumes of the principals and key employees.

7. a) Furnish estimated gross receipts and number of funerals for the NEXT fiscal year:
Gross Receipts \$ _____ Funerals _____

b) Furnish gross receipts and number of funerals for the current year and past two years:
Year _____ Gross Receipts \$ _____ Funerals _____
Year _____ Gross Receipts \$ _____ Funerals _____
Year _____ Gross Receipts \$ _____ Funerals _____

8. a) Does the Applicant have prepaid funeral funds? Yes No
 If Yes, furnish the following:
- 1) Balance as of the LAST fiscal year end: \$ _____
 - 2) Description of how these funds are invested: _____

 - 3) The procedure for the funeral home to access these funds? _____

9. Does the funeral home perform the following?
- | | | |
|---|-----|----|
| a) Sale of caskets? | Yes | No |
| b) Cremations? | Yes | No |
| c) Shipping of the deceased to or from other locations? | Yes | No |
| d) Eye enucleation? | Yes | No |

10. Furnish the following:
- a) Sample contract for funeral services.
 - b) Copies of sales brochures outlining the services rendered.
 - c) Have the contract and brochures been reviewed by an attorney to make sure they conform to TFC and state regulations? Yes No

11. a) Furnish the following information about other insurance carried by the applicant:

	Carrier	Limits	Premium	Deductible	Expiration Date *MM/DD/YY)
General Liability					
Professional Liability					

- | | | |
|---|-----|----|
| b) Does the general liability insurance include personal injury coverage? | Yes | No |
| c) Does the general liability insurance include products/completed operations coverage? | Yes | No |
| d) Does the automobile liability coverage include non-owned and hired car coverage? | Yes | No |

- 12) Is the Applicant engaged in any other business or profession, or employed by any other firm, full or part-time?
 Yes No
 If Yes, furnish full details.

- 13) 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? Yes No
 If yes, furnish full details.

14. a) Has the named Applicant has errors & omissions insurance previously; either under their existing name, or that of any predecessor in business? Yes No

- b) If yes, furnish details of errors and omissions coverage for the last FIVE years.

Carrier	Policy Number	Limits of Liability	Premium	Deductible	Expiration Date (MM/DD/YY)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- c) Is the Applicant's expiring policy a CLAIMS MADE policy? Yes No
- d) If yes, furnish the retroactive date and attach a copy of the expiring policy _____
15. Has any applicant 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?
 Yes No If yes, furnish full details.
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.
 Yes No
- b) If Yes, furnish the following:
 Date the Claim was made: _____
 Name of the Claimant: _____
 Value of the Claim: _____
 If the Claim is settled or outstanding: _____
 Amount of the settlement: _____
 Brief Description: _____
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? Yes No
- b) If Yes, furnish the following:
 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 _____

- 18) Are there any other facts which, if disclosed to the Company, may influence their assessment of this Application?
 Yes No If yes, furnish full details.
- 19) Does the Applicant agree that this Application is for a CLAIMS MADE policy? Yes No
- 20) a) Limit of Liability require? \$ _____
- Each Claim/ Aggregate
- b) Amount of deductible required? \$ _____

I/We hereby declare that the above statements and particulars are true and that I/we have not suppressed or misstated any material facts and I/we agree that this declaration shall be the basis of the contract between me/us and the Company.

* Name of Firm: _____

By: _____

(Owner, Partner or Senior Officer)

Title: _____

Date: _____

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