

## FUNERAL HOMES PROFESSIONAL LIABILITY APPLICATION (CLAIMS MADE AND REPORTED COVERAGE)

- 1) Name of Applicant:
  
- 2) Address:
  
- 3) Address of Branch Office(s):
  
- 4) Date Established:
- 5) Website:
- 6) Applicant is:  
     Individual                  Partnership                  Corporation  
     Other (Specify):
- 7) Furnish the number of Partners and Staff:

	Number	Licensed	
Principals/Partners		Yes	No
Funeral Directors		Yes	No
Embalmers		Yes	No
Interns		Yes	No
Other:		Yes	No
Total:		Yes	No

- 8) Furnish the following information on all principals and key employees:

Full Name	Years of Experience	Professional Qualifications	Years as a Principal

\*If business is not more than two (2) years old, attach resumes of the principals and key employees.

9) Furnish estimated gross receipts and number of funerals for the NEXT fiscal year:

Gross Receipts: \$

Funerals:

Furnish gross receipts and number of funerals for:

	Gross Receipts	Funerals
Next Fiscal Year	\$	
First Prior Year	\$	
Second Prior Year	\$	
Third Prior Year	\$	

10) Does the applicant have prepaid funeral funds?

Yes No

If yes, furnish the following:

Balance as of the last fiscal year end:

\$

Description of how these funds are invested:

The procedure for the funeral home to access these funds?

11) Does the funeral home perform the following?

Sale of caskets?

Yes No

Cremations?

Yes No

Shipping of the deceased to or from other locations?

Yes No

Eye enucleation?

Yes No

12) Furnish the following:

Sample contract for funeral services.

Copies of sales brochures outlining the services rendered.

Have the contract and brochures been reviewed by an attorney to make sure they conform to the TFC and state regulations?

Yes No

13) Furnish the following information about other insurance carried by the applicant:

	Carrier	Limits	Premium	Deductible	Expiration Date
Professional Liability					
General Liability					

Does the general liability insurance include personal injury coverage?

Yes No

Does the general liability insurance include products/completed operations coverage?

Yes No

Does the automobile liability coverage include non-owned and hired car coverage?

Yes No

- 14) 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 in a separate attachment.
- 15) During the past five (5) 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 in a separate attachment.
- 16) Has the named applicant have errors and omissions insurance previously; either under their existing name or that of any predecessor? Yes    No  
 If yes, furnish details of errors and omissions coverage for the last five (5) years:

Carrier	Policy Number	Limit	Deductible	Premium	Expiration (MM/DD/YYYY)

- Is the applicant's expiring policy a CLAIMS MADE policy? Yes    No  
 If yes, furnish the retroactive date and attach a copy of the expiring policy:

- 17) 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 cancelled, non-renewed, refused, or had special terms imposed? Yes    No  
 If yes, furnish full details in a separate attachment.

- 18) Has any claim been made during the last five (5) years against the applicant, any of their past or present owners, partners, directors, or employees, either individually or otherwise on account of errors and omissions? Yes    No  
 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:

- 19) 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  
 If yes, furnish the following:

Date the applicant first became aware of any such alleged negligent act, error or omission:  
 Name of the potential Claimant:  
 Estimated Value:  
 Brief Description:

- |   |     |    |
|---|-----|----|
| 20) Are there any other facts which, if disclosed to the Company, may influence their assessment of this application?<br>If yes, furnish full details in a separate attachment. | Yes | No |
| 21) Does the applicant agree that this application is for a CLAIMS MADE policy?   | Yes | No |
| 22) Limit of Liability required? (Each Claim/Aggregate)   | \$  |    |
| Amount of Deductible required?  | \$  |    |

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \* Applies in FL only.

**Applicable in KS:** Any person who knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented, to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY only.

**Applicable in ME, TN, VA, and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Applicable in all other States:** Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of Applicant or Authorized Representative:

Title:

Date:

**If you prefer not to return the questionnaire with an electronic signature, please print and sign.**