



**FUNERAL HOMES 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"/> 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 border="0"> <thead> <tr> <th></th> <th align="center"><u>Number</u></th> <th align="center"><u>Licensed</u></th> </tr> </thead> <tbody> <tr> <td>a)</td> <td align="center">_____</td> <td align="center">YES/NO</td> </tr> <tr> <td>b)</td> <td align="center">_____</td> <td align="center">YES/NO</td> </tr> <tr> <td>c)</td> <td align="center">_____</td> <td align="center">YES/NO</td> </tr> <tr> <td>d)</td> <td align="center">_____</td> <td align="center">YES/NO</td> </tr> <tr> <td>e)</td> <td align="center">_____</td> <td align="center">YES/NO</td> </tr> <tr> <td></td> <td align="center">_____</td> <td align="center">YES/NO</td> </tr> <tr> <td>Total</td> <td align="center">_____</td> <td></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	_____	
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6. a) Furnish the following information on all principals and key employees:	6. a)																								
<table border="0"> <thead> <tr> <th align="left"><u>Full Name</u></th> <th align="center"><u>No. Years Experience</u></th> <th align="center"><u>Professional Qualifications</u></th> <th 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> </tbody> </table>	<u>Full Name</u>	<u>No. Years Experience</u>	<u>Professional Qualifications</u>	<u>How Long a Principal</u>	_____				_____																
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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>7. a) Furnish estimated gross receipts and number of funerals for the NEXT fiscal year;</p> <p>b) Furnish gross receipts and number of funerals for the current year and the past TWO years.</p>	<p>7. a)                    <b>Gross Receipts</b>                    <b>Funerals</b>                                    \$ _____                    _____</p> <p>b) 19____ \$ _____                    _____                                    19____ \$ _____                    _____                                    19____ \$ _____                    _____</p>		
<p>8. a) Does the Applicant have prepaid funeral funds?</p> <p>b) 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?</p>	<p>8. a) YES/NO</p> <p>b)  1) \$ _____  2) _____  3) _____</p>		
<p>9. Does the funeral home perform the following functions:</p> <p>a) Sale of caskets;</p> <p>b) Cremations;</p> <p>c) Shipping of the deceased to or from other locations;</p> <p>d) Eye enucleation.</p>	<p>9.</p> <p>a) YES/NO  If "Yes", percent of receipts _____%</p> <p>b) YES/NO</p> <p>c) YES/NO</p> <p>d) YES/NO</p>		
<p>10. Furnish the following:</p> <p>a) A sample contract for funeral services;</p> <p>b) Copies of sales brochures outlining the services rendered;</p> <p>c) Have the contract and brochures been reviewed by an attorney to make sure they conform to FTC and state regulations?</p>	<p>10.</p> <p>a)</p> <p>b)</p> <p>c) YES/NO</p>		
<p>11. a) Furnish the following information about other insurance carried by the Applicant:  1) General Liability;  2) Auto Liability.</p> <p>b) Does the general liability insurance include personal injury coverage?</p> <p>c) Does the general liability insurance include products/completed operations coverage?</p> <p>d) Does the automobile liability coverage include non-owned and hired car coverage?</p>	<p>11. a) <b>Insurance Co.</b>                    <b>Policy Limit</b>                    <b>Expiration Date</b>  1) _____                    \$ _____                    _____  2) _____                    _____                    _____</p> <p>b) YES/NO</p> <p>c) YES/NO</p> <p>d) YES/NO</p>		

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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>																								
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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"> <li>1) Date the Claim was made;</li> <li>2) Name of the Claimant;</li> <li>3) Value of the Claim;</li> <li>4) If the Claim is settled or outstanding;</li> <li>5) Amount of the settlement;</li> <li>6) Brief description.</li> </ol>	<p>16. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> <li>1) _____</li> <li>2) _____</li> <li>3) _____</li> <li>4) _____</li> <li>5) _____</li> <li>6) _____</li> </ol>
<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"> <li>1) Date the Applicant first became aware of any such alleged negligent act, error or omission;</li> <li>2) Name of the potential Claimant;</li> <li>3) Estimated value;</li> <li>4) Brief description.</li> </ol>	<p>17. a) YES/NO</p> <p>b)</p> <ol style="list-style-type: none"> <li>1) _____</li> <li>2) _____</li> <li>3) _____</li> <li>4) _____</li> </ol>
<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.***