



Funeral Director / Mortician / Crematory Supplemental Application

1.	Applicant Name:																		
	(Proposed First Named Insured)																		
2.	Services Performed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No																
	<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 70%;">Services Performed</th> <th style="width: 30%;">Percentage of Revenues</th> </tr> </thead> <tbody> <tr> <td>Embalming</td> <td style="text-align: center;">%</td> </tr> <tr> <td>Cremation</td> <td style="text-align: center;">%</td> </tr> <tr> <td>Prepaid Funeral Services</td> <td style="text-align: center;">%</td> </tr> <tr> <td>Funeral Home</td> <td style="text-align: center;">%</td> </tr> <tr> <td>Vault/Casket Product Sales</td> <td style="text-align: center;">%</td> </tr> <tr> <td>Transport of bodies</td> <td style="text-align: center;">%</td> </tr> <tr> <td>Other Services, please explain:</td> <td style="text-align: center;">%</td> </tr> </tbody> </table>	Services Performed	Percentage of Revenues	Embalming	%	Cremation	%	Prepaid Funeral Services	%	Funeral Home	%	Vault/Casket Product Sales	%	Transport of bodies	%	Other Services, please explain:	%		
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Other Services, please explain:	%																		
3.	Is Applicant the owner of a funeral home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																
4.	Does the Applicant provide services to non-owned funeral homes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																
5.	Does the Applicant provide services to any out of state of funeral homes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																
6.	Where are embalming services performed:	on-site <input type="checkbox"/>	off-site <input type="checkbox"/>																
7.	How many bodies are handled per year?																		
8.	Does Applicant have back-up systems in place in case of refrigeration equipment breakdown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																
9.	What procedures are in place to ensure that family requests for post mortem treatment are fulfilled?																		
10.	Does the Applicant assume responsibility for:																		
	a. Picking up remains from hospitals, nursing homes, hospices, or individual homes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																
	b. Shipment of remains to out of state location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																
	c. Picking up remains from airports, railroads, or shipping facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																
11.	Is Applicant licensed in all states where services are performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																

Please attach copy of contract(s) used with out of state vendors and copy of consent form used for embalming services.

THIS FUNERAL DIRECTOR/MORTICIAN/CREMATORY SUPPLEMENT IS ATTACHED TO AND FORMS A PART OF THE MISCELLANEOUS E&O APPLICATION. IT IS SUBJECT TO THE SAME PROVISIONS CONCERNING REPRESENTATIONS AND WARRANTIES MADE AS IN THE BASIC APPLICATION.

 Signature of authorized representative of Applicant

 Title

 Type / Print name of authorized representative

 Date