

BROWNYARD GROUP

<input type="checkbox"/> New Business
<input type="checkbox"/> RENEWAL

21 Maple Avenue • PO Box 9175 • Bay Shore, NY 11706-9175 • www.brownyard.com
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NOTE: All Questions Must Be Answered



LIABILITY APPLICATION FOR CEMETERY/FUNERAL HOME PROGRAM

SUBMISSION REQUIREMENTS (If applicable):

- ACORD Applications
- Loss Runs for Current Year and 3 Prior Years
- Statement of Values for Property
- Schedule of Autos
- Latest Financial Statements

NAME: _____
 (COMPLETE NAME AS IT SHOULD APPEAR ON THE POLICY, INCLUDING INC., CORP., LTD., ETC.)

Physical Address: _____
 NO. STREET CITY COUNTY STATE ZIP

Mailing Address: _____
 NO. STREET CITY COUNTY STATE ZIP

Policy proposed effective date _____ to _____ (12:01 AM Standard Time at the address above)

Phone: _____ Fax: _____

Email: _____ Website: _____

How did you hear about us? Web surfing Ad in which publication: _____ Other: _____

1. Non-Profit Years in business: _____ *Years under current ownership: _____
 * If less than 3 years, attach a Narrative on current owners prior related experience.

2. Religious Affiliation: _____ Association(s): _____

3. Check all applicable operations and specify:

- Mortician # of Embalmings: _____ # of Morticians: _____
- Cemetery # of Burials/Exhume: _____ # of Acres: _____ # of Undeveloped Acres: _____
- Mausoleums # of Mausoleums: _____ # of Square Feet: _____
- Funeral Home # of Services: _____ # of Square Feet: _____
- Crematory # of Cremations: _____ Where are Ashes Stored/Displayed: _____

4. **Cemetery Information (If Applicable):**

Age of Oldest Grave: _____ Are new internments being placed? Yes No

Average Width of Roads: _____ Percentage of Walkways Paved: _____

Is this a perpetual care facility?..... Yes No Are Signs Clearly Posted?..... Yes No

Is Merchandise Sold Yes No If yes, what are sales & percentage of annual income: _____

Is there an Irrigation System?..... Yes No If yes, how old: _____

Are grounds open to public 24 hours?.... Yes No If no, what are the hours: _____

Are Pesticides/Herbicides used? Yes No If yes, are applicators present, certified & registered? ... Yes No

Does the insured allow use of cemetery grounds for any other purposes, such as:
 Park Grounds Picnics Concerts Other (specify): _____

5. Receipts From Operations:

	Last 12 Months	Next 12 Months
Funeral Home		
Embalming		
Cemetery		
Cremations		
Transport		
Monument		
Sales		
Other (specify):		

6. **Property Information** (If Applicable):

What security measures are used?

Cameras Night Watchmen Locked Gates Motion Detectors Other: _____

Are any structures/buildings on the National Historic Registry? Yes No

Are any structures/buildings with special or “unique” features such as engravings or stained glass? Yes No

If yes, please describe: _____

Is a backup plan in place in case of refrigeration equipment breakdown? Yes No If yes, provide details:

7. **Auto Information** (If Applicable): Please include the following documents with your auto submission.

• Full Fleet & Drivers Schedule including VIN’s and MVR’s • Any formal Driving/Safety policies enforced by the insured • Pre-hire vetting policy • Maintenance Policy • Vehicle take-home policy • Driver training practices

Are employees required to complete incident reports? Yes No

Are any insured vehicles operating cranes or booms? Yes No

Are vehicles used for snow plowing? Yes No What percentage of driving is within 50 Miles? _____

8. **Inland Marine Information** (If Applicable):

What training is provided for all machine operators: _____

Is equipment stored in a locked location when not in use? Yes No

Does equipment travel on public roads for any reason? Yes No If yes, please explain:

9. **Crime Information** (If Applicable):

It is suggested, if not required by state, that cemeteries carry “Employee Theft Coverage” equal to 10% of their total financial assets with a minimum limit of \$15,000 and maximum limit of \$500,000.

How much does the insured request: _____

10. Please disclose all loss information/claims not included on the attached loss runs:

11. Please include any additional detail in regards to large losses within the last 5 years (over 50K):

12. Has applicant, or any other person for whom coverage is being requested, had any application denied, policy cancelled, or non-renewed in the past five (5) years? Yes No If yes, provide details:

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ARKANSAS, LOUISIANA AND NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: 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 in the third degree.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the 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.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTE: THIS APPLICATION MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN OR CEO OF THE APPLICANT ACTING AS THE AUTHORIZED AGENT OF THE PERSON(S) AND ENTITY(IES) PROPOSED FOR THIS INSURANCE.

APPLICANT'S SIGNATURE

TITLE

DATE

APPLICATION MUST BE SUBMITTED BY BROKER

BROKER'S COMPANY

BROKER NAME

WEBSITE

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL