



**PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION (RENEWAL ONLY)**

- Current Loss Information – 4 Years
- Financials of the last closed fiscal year
- **Note: All Questions and All Page Must Be Completed**
- **Application Must Be Signed and Submitted by Broker**

Policy Number:  Effective Date:

Line of Business:  General Liability  Professional Liability  Auto  Property  Inland Marine  Crime  Excess

\*\*\*We accept all Acord applications along with excel and/or word document schedules and additional information.\*\*\*

- Insured Company Name: \_\_\_\_\_  
*(Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)*
- DBA(s): \_\_\_\_\_  
*(List any and all names insured's company is Doing Business As [DBA] & please list additional named insureds on separate sheet for whom this proposed policy will provide coverage)*
- Address (If there are changes to the physical or mailing address on the policy, please provide below. If no changes, leave blank):  

| NO. | STREET | CITY | STATE | ZIP |
|-----|--------|------|-------|-----|
|     |        |      |       |     |
- Loss Control Inspection Contact: \_\_\_\_\_  
Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- General Liability:** Has there been any changes in exposures, operations or management over the last policy period?  
 Yes  No If yes, please describe or attach updates: \_\_\_\_\_
- Property:** If there are any changes to Buildings or Business Personal Property, please describe or attach schedule.  
a. Has any undeveloped land been developed in the past year?  Yes  No If yes, how many acres? \_\_\_\_\_
- Auto:** Auto will renew as expiring if there are no changes disclosed. Please provide current driver list with MVRs.
- Inland Marine:** Any changes in Inland Marine and/or Mobile Equipment, please describe or attach updated schedule:  
\_\_\_\_\_
- Crime:** Are two authorized signatories required on company checks? If yes, what is the threshold? \_\_\_\_\_
- Financials:** Please provide most recent financials along with annual sales figures for cremation/funeral homes.
- Excess:** We will quote expiring limits unless there is a request for a change in coverage: \_\_\_\_\_
- Have there been any changes in your operation performed since last year?  Yes  No If yes, please explain:  
\_\_\_\_\_
- Have you had any claims or incidents that could lead to a claim that have not been notified? If yes, please give details:  
\_\_\_\_\_

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Call Toll Free: (800) 645-5820 • Phone: (631) 666-5050 • Fax: (631) 666-5723

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.

**Applicable in AL, AR, 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 CA:** For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**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 DC:** 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.

**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, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or 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 of 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, OH and PA:** 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.

**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 NU:** 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 NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance:** 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.

**Applicable in NY: Applicable to all applications and claim forms for automobile insurance:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company 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 value of the subject motor vehicle or stated claim for each violation.

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. This request is for a cost-free, premium quotation only. In signing, I understand I am not obligated to purchase this insurance. This application shall not be binding unless and until confirmation by the company or its duly appointed representatives has been given, and that a policy shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a just, full and true exposition, statement and explanation of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to the applicant, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the insured.

| APPLICANT'S SIGNATURE | TITLE       | DATE    |     |
|-----------------------|-------------|---------|-----|
| BROKER COMPANY        | BROKER NAME | WEBSITE |     |
| ADDRESS               | CITY        | STATE   | ZIP |
| TELEPHONE             | FAX         | EMAIL   |     |

**BROKERS:** To submit complete application, please email PDF to [info@brownyard.com](mailto:info@brownyard.com).

**INSUREDS:** Please save and share with your insurance agent/broker.