21 Maple Avenue • Bay Shore, NY 11706 • www.brownyard.com • info@brownyard.com Call Toll Free (800) 645-5820 • in NY (631) 666-5050 • Fax: (631) 666-5723

NOTE: All Questions Must Be Answered

Memorial pro

PACKAGE & EXCESS APPLICATION FOR CEMETERY PROGRAM

SUBMISSION REQUIREMENTS (If applicable):

ACORD Applications
 Loss Runs for Current Year
 Statement of Values for Property
 (Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.)

1.	Named Insured:						
2.	Other Entity/DBA(s): (Legal name of the entity/primary applicant as it should appear on the policy, including INC., CORP., LTD., ETC.) (Asses D. Corre, D. Individual, D. Isint Venture, D. L. C. D. L. D. D. D. D. D. D. D. D. D. Corre, D. Sele Proprietor, D. True						
3	(Legal name of the entity/primary a	applicant as it shoul	d appear on the policy, including	INC., CORP., LTD., ETC.)			
٥.	□ Assoc □ Corp □ Individual □ Joint Venture □ LLC □ LLP □ LTD □ Partnership □ S-Corp □ Sole Proprietor □ Trust □ Non-Profit □ Other:						
4.	Principal:						
	Direct Phone:	Email:					
5.	Audit Contact:						
	Direct Phone:						
6.							
0.	Mailing Address: NO. STREET		CITY	STATE ZIP			
7.	Physical Address: NO. STREET						
	NO. STREET (*Attach a list if multiple locations)	CITY	STATE ZIP	COUNTY			
8.	Business Phone: Mobile/Ho	ome:	Fax:				
9.	Company Email:	Website	::				
10.	Federal ID Number/FEIN:	License	License Number:				
11.	Policy proposed effective date:	osed effective date: Date established:					
12.	How did you hear about us? ☐ Web surfing ☐ Ad in	d you hear about us? □ Web surfing □ Ad in which publication: □ Other:					
13.	otal number of employees: Full Time: Part Time:						
A.	Years in business: Years under current ownership:						
B.	Check all applicable operations and specify:						
	☐ Cemetery # of Annual Interments:		Total Interments:				
	☐ Mausoleums # of Mausoleums:						
	☐ Crematory # of Cremations:						
	☐ Funeral Home # of Services:		# of Square Feet:				
	☐ Mortician # of Embalmings:		# of Morticians:				
C.							
	# of Acres:	# of Undevelo	oped Acres:				
	Average Width of Roads:	Percentage of Walkways Paved:					
	Is this a perpetual care facility? ☐ Yes ☐ No		early Posted?				
			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 ar	e the hours:				
	Are Pesticides/Herbicides used?						

	ipts From Operations:	Last 12 Months	Next 12 Months		
Cem	netery				
1	mations				
Emb	balmings				
Fune	eral Home				
Mer	rchandise				
Mon	nument				
Othe	er (specify):				
_	Property Information (If Applicable):				
	t security measures are used?				
	ameras				
Are a	any structures/buildings on the National Historic Registry?	Yes No			
Are a	any structures/buildings with special or "unique" features sucl	h as engravings or stained gla	ass? 🗆 Yes 🗀 No		
If yes	s, please describe:				
Is a backup plan in place in case of refrigeration equipment breakdown? \(\begin{align*} \Pi \) Yes \(\begin{align*} \Pi \) No If yes, provide details:					
Auto	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 polices enforced by the second seco					
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?					
Inland Marine Information (If Applicable):					
What training is provided for all machine operators:					
Is equipment stored in a locked location when not in use? \(\sigma\) Yes \(\sigma\) No					
Does equipment travel on public roads for any reason? Yes No If yes, please explain:					
	equipment traver on puone rough for any rough.	Tree II yes, preuse empreum			
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:				
It is s finan					
It is s finance How		ched loss runs:			
It is s finance How	much does the insured request:	ched loss runs:			
It is s finance How	much does the insured request:		:		

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. 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					
APPLICATION MUST BE SUBMITTED BY BROKER								
DDOVEDIO COMPANY	DDOVED NAME	WEDOITE						
BROKER'S COMPANY	BROKER NAME	WEBSITE						
ADDRESS	CITY	-	STATE	ZIP				
TELEPHONE	FAX	EMAIL						