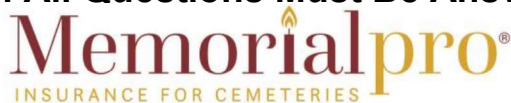


APPLICATION MUST BE SUBMITTED BY BROKER

BROWNYARD GROUP

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



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.)
3. ☐ Assoc ☐ Corp ☐ Individual ☐ Joint Venture ☐ LLC ☐ LLP ☐ LTD ☐ Partnership ☐ S-Corp ☐ Sole Proprietor ☐ Trust
☐ Non-Profit ☐ Other: _____
4. Principal: _____ Title: _____
Direct Phone: _____ Email: _____
5. Audit Contact: _____ Title: _____
Direct Phone: _____ Email: _____
6. Mailing Address: _____
NO. STREET CITY STATE ZIP
7. Physical Address: _____
NO. STREET CITY STATE ZIP COUNTY
(*Attach a list if multiple locations)
8. Business Phone: _____ Mobile/Home: _____ Fax: _____
9. Company Email: _____ Website: _____
10. Federal ID Number/FEIN: _____ License Number: _____
11. Policy proposed effective date: _____ Date established: _____
12. How did you hear about us? ☐ Web surfing ☐ Ad in which publication: _____ ☐ Other: _____
13. Total number of employees: _____ Full Time: _____ Part Time: _____
 - A. Years in business: _____ Years under current ownership: _____
 - B. Check all applicable operations and specify:

<input type="checkbox"/> Cemetery	# of Annual Interments: _____	Total Interments: _____
<input type="checkbox"/> Mausoleums	# of Mausoleums: _____	# of Square Feet: _____
<input type="checkbox"/> Crematory	# of Cremations: _____	Annual/Sales: \$ _____
<input type="checkbox"/> Funeral Home	# of Services: _____	# of Square Feet: _____
<input type="checkbox"/> Mortician	# of Embalmings: _____	# of Morticians: _____
 - C. Cemetery Information (If Applicable):

# of Acres: _____	# of Undeveloped Acres: _____
Average Width of Roads: _____	Percentage of Walkways Paved: _____
Is this a perpetual care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Signs Clearly Posted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Merchandise Sold <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what are sales & percentage of annual income: _____
Is there an Irrigation System? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how old: _____
Are grounds open to public 24 hours? ... <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what are the hours: _____
Are Pesticides/Herbicides used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, are applicators present, certified & registered? .. <input type="checkbox"/> Yes <input type="checkbox"/> No

Does the insured allow use of cemetery grounds for any other purposes, such as:

☐ Park Grounds ☐ Picnics ☐ Concerts ☐ Other (specify): _____

D. Receipts From Operations:

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

E. **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:

F. **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? _____

G. **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:

H. **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: _____

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

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

K. 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:

BROKERS: [Click here to submit application directly to Brownyard.](#)