

APPLICATION MUST BE SUBMITTED BY BROKER

# BROWNYARD GROUP

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**NOTE: All Questions Must Be Answered**



## INSURANCE RENEWAL QUESTIONNAIRE FOR CEMETERY PROGRAM

*(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. Principal: \_\_\_\_\_ Title: \_\_\_\_\_  
Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_
4. Audit Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Direct Phone: \_\_\_\_\_ Email: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_  
NO. STREET CITY STATE ZIP
6. Physical Address: \_\_\_\_\_  
NO. STREET CITY STATE ZIP COUNTY  
*(\*Attach a list if multiple locations)*
7. Business Phone: \_\_\_\_\_ Mobile/Home: \_\_\_\_\_ Fax: \_\_\_\_\_
8. Company Email: \_\_\_\_\_ Website: \_\_\_\_\_
9. Policy proposed effective date: \_\_\_\_\_ Annual Sales/Revenue: \$ \_\_\_\_\_
10. Total number of employees: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_
11. Annual Interments: \_\_\_\_\_ Total Interments: \_\_\_\_\_
12. **General Liability:** Has there been any changes in operations or management over the last policy period?  Yes  No  
If yes, please describe or attach updates: \_\_\_\_\_
13. **Property:** If there are any changes to Buildings or Business Personal Property, please describe or attach updated schedule: \_\_\_\_\_  
Has any undeveloped land been developed in the past year?  Yes  No
14. **Auto:** Auto coverage will renew as expiring if there are no changes disclosed. \_\_\_\_\_
15. **Inland Marine:** Any changes in Inland Marine including Mobile Equipment please describe or attach updated schedule: \_\_\_\_\_
16. **Crime:** Are your records audited annually by an accounting firm?  Yes  No If yes, please attach most recent audit report/financials.
17. **Excess:** We will quote expiring limits unless there is a request for a change in coverage. \_\_\_\_\_
18. **D&O/EPL:** If you have D&O, EPL, or Fiduciary coverage you may be automatically renewed. Larger risks may receive requests for updated financials and applications.
19. Have there been any changes in your operations performed since last year?  Yes  No If yes, please explain:
20. In the past year have you had any claims or incidents that could lead to a claim?  Yes  No If yes, give details:

APPLICANT'S SIGNATURE

TITLE

DATE