

PROGRAM APPLICATION - REQUIREMENTS FOR SUBMISSION

- 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 (Renewal ONLY): Effective Date:

Line of Business: ☐ General Liability ☐ Professional Liability ☐ Auto ☐ Property ☐ Inland Marine ☐ Crime
☐ Excess ☐ Workers' Compensation

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)
- ☐ Individual ☐ Assoc ☐ Corp ☐ LLC ☐ LLP ☐ Partnership ☐ C-Corp ☐ S-Corp ☐ Sole Proprietor ☐ Joint Venture
☐ Trust ☐ Non-Profit ☐ Other: _____
- Mailing Address: _____
 NO. STREET CITY STATE ZIP
- Physical Address*: _____
 NO. STREET CITY STATE ZIP
 (*Attach a list if multiple locations)
- Business Phone: _____
- Company Email: _____ Website: _____
- Federal ID Number/FEIN: _____
- Principal: _____ Title: _____
 Direct Phone: _____ Mobile: _____
 Email: _____
- Loss Control Inspection Contact: _____
 Direct Phone: _____ Mobile: _____
 Email: _____
- A. Has the principal(s) of this firm previously operated a similar firm under a different name? ☐ Yes ☐ No
 B. If yes, please provide the former name: _____
- Date established: _____
- How did you hear about us? ☐ Internet Search ☐ Social Media ☐ Ad in which publication: _____
☐ Email ☐ Word of Mouth ☐ Other: _____

OPERATIONS

1. Total number of employees: _____ Full Time: _____ Part Time: _____
2. Years in business: _____ Years under current ownership: _____
3. Complete all sections below for applicable operations and specify:

Death Care Operations	# of Activities (Annual)	Sales (Annual)
Cremations		\$
Funeral Home (# of Services)		\$
Mortuary (# of Embalmings)		\$
Monuments	N/A	\$
Merchandise	N/A	\$
Florist/Greenhouse	N/A	\$
Events/Tours		\$
Other Operations (Specify):		\$

Cemetery Information (If Applicable):

4. # of Acres: _____ # of Undeveloped Acres: _____
5. # of Annual of Interments: _____ # of Total Interments: _____
6. Mausoleums: # of Mausoleums: _____ # of Total Square Feet (of mausoleums): _____
7. Oldest walkways re-pavement year and general plan:
8. Oldest road/parking lot re-pavement year and general plan:
9. What are the hours of operations if outside of dusk till dawn or 9am-5pm?
10. Does the insured allow use of cemetery grounds for any other purposes, such as:
☐ Park Grounds ☐ Picnics ☐ Concerts ☐ Other (Specify): _____
11. Is there any on-site cooking, whether by your own employees or a third party? ☐ Yes ☐ No
If yes, are they employed by you? ☐ Yes ☐ No
If no, are you obtaining a COI and requiring Additional Insured Status? ☐ Yes ☐ No
12. Is alcohol offered? If so please describe:
13. What security measures are used?
☐ Cameras ☐ Night Watchmen ☐ Locked Gates ☐ Motion Detectors ☐ Other: _____
14. Are any structures/buildings on the National Historic Registry? ☐ Yes ☐ No
15. Are any structures/buildings with special or "unique" features such as engravings or stained glass? ☐ Yes ☐ No
If yes, please describe: _____
16. What is the current plan in place to ensure all trees and bushes are maintained in order to prevent excess debris on the grounds and prevent potential of buildings to damage during a storm?
17. What are the procedures to ensure the proper person/body/remains/cremains are; accounted for, transferred, cremated, buried or other to the family's request and approval?
18. Is a backup plan in place in case of refrigeration equipment breakdown? ☐ Yes ☐ No
If yes, provide details: _____
19. Has applicant, or any other person for whom coverage is being requested, had any applications denied, policy cancelled, or non-renewed in the past 5 years? ☐ Yes ☐ No If yes, provide details: _____

INLAND MARINE INFORMATION (If applicable):

20. What training is provided for all machine operators: _____
21. Is equipment stored in a locked location when not in use? ☐ Yes ☐ No
22. Does equipment travel on public roads for any reason? ☐ Yes ☐ No If yes, please explain: _____

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

1. Are employees required to complete incident reports? ☐ Yes ☐ No
2. Are any insured vehicles operating cranes or booms? ☐ Yes ☐ No
3. Are vehicles used for snow plowing? ☐ Yes ☐ No
4. What percentage of driving is within 50 miles? _____
5. Complete chart below as is applicable to company's vehicle operations:

TYPE		Number Owned	Number Non-Owned	Number Leased
Private Passenger				
Trucks/Vans	Light			
	Medium			
	Heavy			
	Ex. Heavy			
Other – Describe:				

6. **Use:**
 - a. How are vehicles used? _____
 - b. Are any explosives, flammables or other dangerous cargo hauled?☐ Yes ☐ No
 - c. Are passengers carried for a fee?☐ Yes ☐ No
7. **Drivers:**
 - a. Are employees allowed to use their personal vehicles for business use? ☐ Yes ☐ No
 - b. If yes, does the insured confirm that minimum limits of personal auto insurance are carried? ☐ Yes ☐ No
 - c. Are employees allowed to use company vehicles for personal use? ☐ Yes ☐ No
 - d. Do family members drive company vehicles? ☐ Yes ☐ No
 - e. Are MVR's checked for all drivers and/or regularly checked during their employment? ☐ Yes ☐ No
 - f. If MVR is poor, what corrective action is taken? _____
 - g. Provide a brief explanation of the driver selection process (i.e. age, MVR review, proof of valid driver's license, etc.):

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 a maximum limit of \$500,000.

How much does the insured request?

COMMERCIAL EXCESS APPLICATION (only if applicable)

1. Check limit of liability desired: ☐ \$1,000,000 ☐ \$2,000,000 ☐ \$3,000,000 ☐ \$4,000,000 ☐ \$5,000,000 ☐ Other: _____
2. Underlying Insurance *(Please provide us with copies of the underlying declarations pages and 4 years of currently valued loss runs for policies not written through our office)*

WORKERS COMPENSATION (only if applicable)

1. Expiring WC policy number (renewal only): _____ Effective Date: _____
2. Description of clients and description of the duties performed:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
3. a. Are autos used in your business? ☐ Yes ☐ No
If yes, please describe how and where they are used: _____

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