



Funeral Service Providers Application

1. Applicant (full legal) _____
 Contact: _____
 Street: _____ City: _____
 State: _____ Zip: _____ Telephone: _____
 Web Address: _____

2. States of Operation: _____ 3. Year Established: _____

4. Please complete for each member of the staff, including Principals:

Name	Current Status of License	Year First Licensed	Professional Designations	Has License Ever Been Revoked / Suspended
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive			<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Are all Principals and employees required by state law to be licensed currently in good standing? Yes No

If No, please describe:

6. Please list all Professional Associations that the Applicant is currently a member of:

- National Funeral Directors Association
- International Cemetery, Cremation and Funeral Association
- National Funeral Directors & Morticians Association
- Jewish Funeral Directors of America
- Pet Loss Professionals Alliance
- OTHER : _____

7. Are all crematorium operators certified by the Cremation Association of North America (CANA)? Yes No
8. Are all crematoriums operated under CANA guidelines? Yes No
9. Please indicate the total revenue derived from your company for the following years:

Service	Current Year	First Prior Year	Projected Next Year
Cemetery/Burials			
Embalming			
Body Transport			
Funeral Services			
Cremations			
Casket/Container Sales			
Monument Sales			
Service Fees/Merchandise			

10. How many calls for professional services did the firm handle:
 Current Year _____ First Prior Year _____ Projected Next Year _____

11. Is the Applicant fully compliant with the Federal Trade Commission's Funeral Industry Practices – Trade Regulation Rule? Yes No
12. Does the Applicant obtain a signed statement from all clients that they were provided with a General Price List? Yes No
13. Are all special requests memorialized in writing, including associated costs? Yes No
14. Does the Applicant contract with third parties for any embalming, cremation or other professional services Yes No

If Yes, please describe nature of contracted services:

- 15a. If the firm does use third party contractors, are Certificates of Insurance obtained for professional and general liability insurance? Yes No
15. Does the Applicant allow use of cemetery grounds for any purpose other than visitation? Yes No
16. Is the Applicant controlled or owned by, or associated or affiliated with, or does it own any other firm business enterprise? Yes No

If Yes, please explain:

17. Have any of the Applicant's owners, principals, directors, officers or employees ever been the subject of an investigation, disciplinary or criminal action as a result of their professional activity? Yes No

If Yes, please describe:

18. Have any professional liability claims been made against the Applicant, Applicant's owners principals, directors, officers or employees in the past 5 years? Yes No

***If Yes, please complete Claim Supplement for each claim.**

19. Does the Applicant or do the Applicant's owners, principals, directors, officers or employees have any knowledge or information of any act, error or omission which might reasonably give rise to a claim against any potential insured or its predecessors in business? Yes No

***If Yes, please complete a Claim Supplement for each potential claim.**

20. Does the Applicant currently carry Property, Auto and General Liability insurance? Yes No

21. Does the Applicant currently carry Professional Liability insurance? Yes No

***If Yes, and in order to best meet your insurance coverage needs, please provide the following information about your current professional liability policy:**

Carrier: _____ Premium: _____
Limit: _____ Retroactive Date: _____
Retention: _____ Expiration: _____

NOTICE TO APPLICANT ~ PLEASE READ CAREFULLY:

Warranty: The Applicant warrants that the information contained herein is true as of the date of this application is executed and understands that it shall be the basis of the policy of insurance and deemed incorporated herein if the Insurers accept this application by issuance of a policy. It is understood and agreed that this warranty constitutes a continuing obligation to report to the Insurers, as soon as possible, any material change in the circumstances of the applicant's business, including but not limited to size of the firm, area of business engaged in by the firm and information contained on each Supplemental application submitted by the Applicant.

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance containing any materially false information or conceals for the purpose of misleading, the information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

THIS APPLICATION MUST BE SIGNED AND DATED BY AN OWNER, OFFICER OR PARTNER.

Applicant Signature: _____ Date (Mo-Day-Yr): _____

Printed Name and Title: _____