

Application for Funeral Directors' Professional Liability Insurance

All questions are to be answered as completely as possible. If a question is not applicable to your situation state N.A. If insufficient space, attach full details.

1. Name of Applicant:

Address:

(Number)

(Street)

(City)

(Prov.)

(Postal Code)

Location of Operations:

2. Applicant is an ☐ Individual ☐ Partnership ☐ Corporation ☐ Employee ☐ Other (give details)

3. Applicant is a ☐ Franchisee ☐ Franchisor

4. How long has Applicant been engaged in his/her current occupation or business?

Has Applicant operated under a different name in the past?

☐ Yes

☐ No

If yes, give details:

5. Principals:

Name	Qualifications	Date of Licensing

6. Is Applicant engaged in any business or profession other than a Funeral Director?

☐ Yes

☐ No

If yes, please explain:

7. Total number of: Principals, Partners or Directors

Licensed Morticians

Others

8. Total number of funerals annually:

9. Does the Applicant operate a crematorium?

☐ Yes

☐ No

If yes, provide the location and annual gross receipts:

10. Does the Applicant provide services or perform activities outside of Canada? ☐ Yes ☐ No
If yes, give full details indicating the services provided as well as the location and gross annual receipts:

11. Is the Applicant, or his/her employees, a member of a Professional Association? ☐ Yes ☐ No
If yes, give full details:

12. (a) Does Applicant issue guarantees and/or warranties to customers? ☐ Yes ☐ No
If yes, attach full details and copy of Applicant's form of guarantee or warranty.

- (b) Does Applicant agree to hold any person or organization harmless against claims or suits arising out of Professional Liability? ☐ Yes ☐ No
If yes, give full details:

13. Give particulars of all professional liability insurance held by the Applicant for past three (3) years.

Type of Policy		Policy Number	Insurer	Policy Limit	Policy Period
Claims made	Occurrence				
*					
*					
*					

*If the policy is subject to a Retroactive Date, give details:

14. Give details of all Professional Liability claims brought against the Applicant during past five (5) years:

Date of Accident	Amount		Details
	Paid	Outstanding	

15. Has the Applicant any knowledge of any circumstances which could result in claim or suit being brought against the Applicant? ☐ Yes ☐ No



If yes, give details:

16. Limits of Insurance desired: \$ Each Occurrence

\$ Aggregate

\$ Deductible

I/We declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I/We declare that the statements made herein are in every respect true and correct and hereby apply for contract of insurance to be based upon the truth of the said statements.

Signed by:

Date

:

Position:

Broker:

Signing of this form does not bind the Applicant to complete the insurance.