

## Post Mortem Services Supplemental Application

1. Applicant name:
  
2. a. Please specify the services provided by the applicant and percentage of gross revenues derived:
 

i. Embalming	<input style="width: 80px; height: 20px;" type="text"/> %
ii. Cremation	<input style="width: 80px; height: 20px;" type="text"/> %
iii. Funeral home	<input style="width: 80px; height: 20px;" type="text"/> %
iv. Cemetery	<input style="width: 80px; height: 20px;" type="text"/> %
v. Pre-need sales	<input style="width: 80px; height: 20px;" type="text"/> %
vi. Casket and other product sales	<input style="width: 80px; height: 20px;" type="text"/> %
vii. Other (please specify): <input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/> %
  
- b. If only embalming and cremation services are provided:  
 Is the applicant an owner, employee or independent contractor of a funeral home? Yes  No   
 If Yes, please provide the name of the funeral home and advise on the professional and general limits of liability coverage it maintains:
  
3. Where are embalming services performed? On-site  Off-site
  
4. Number of bodies handled per year:
  
5. Is the applicant responsible for:
 

a. Picking up remains from hospitals, nursing homes, hospices or individual homes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Shipping remains to out-of-state locations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Picking up remains from airports, railroads or shipping facilities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
  
6. Is the applicant licensed in all states where services are performed? Yes  No
  
7. What procedures are in place to ensure that family requests for post mortem treatment are fulfilled?
  
8. Please attach a copy of the consent form used by the embalmer to obtain the family's permission to cremate remains (if applicable).

## Post Mortem Services Supplemental Application

It is understood and agreed that this supplemental application shall become part of the application for Professional Liability Errors and Omissions Insurance.

Name of applicant:

Signature of person authorized to execute on behalf  
of the applicant:

Date:

**A copy of this application should be retained for your records.**