



Funeral Home Supplemental – Excess / Umbrella

Name of Applicant:	
Does the funeral director maintain a private residence on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the insured ever arrange to ship the remains of deceased persons – either domestically or internationally? If so, is compliance with all applicable shipping regulations maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the funeral home operate a cremation chamber on the premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FRAUD WARNING:

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 subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ Date _____

AGENT SIGNATURE _____ Date _____