

Funeral Directors Supplemental Application

Account Name: _____ Location Address: _____
 Policy Number: _____ City/State: _____

Prior to quoting, this application must accompany the Acord application and photos for any location(s) with one or more of the following risk characteristics. Please complete the applicable sections. Mark N/A if not applicable.

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|--|---|---|
| <input type="checkbox"/> Buildings older than 30 years | <input type="checkbox"/> Crematorium operations | <input type="checkbox"/> Professional Liability |
| <input type="checkbox"/> Buildings located in a Protection Class 9 | <input type="checkbox"/> Habitation risks on premises | <input type="checkbox"/> Workers Compensation |

1. Buildings Older than 30 Years Original Year Built: _____

	Yes	No	Year
a) Has electrical been updated in last 30 years?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) Has additional capacity been added from the outside?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c) Have new breaker boxes and wiring been added?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d) Has the plumbing been updated in the last 30 years?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e) Has the roof been updated in the last 30 years?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f) Has the heating/cooling system been updated in the last 30 years?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please describe the extent of all updates: _____

	Yes	No
g) Is smoking confined to designated areas with metal ashtray/flame-retardant cigarette receptacles?	<input type="checkbox"/>	<input type="checkbox"/>
h) Are there any permanent fixtures or equipment powered by extension cords?	<input type="checkbox"/>	<input type="checkbox"/>
i) Are any portions of the premises vacant?	<input type="checkbox"/>	<input type="checkbox"/>
▪ If yes, provide total square feet and length of vacancy: _____		
j) Are fire extinguishers mounted, accessible, charged, and serviced annually?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Number of extinguishers: _____		

2. Crematorium Operations:

	Yes	No
a) Are all cremation units equipped with an emergency shut-off switch and automatic safety fuel shut-offs?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is the Crematorium housed in a separate building or separated by a Fire Wall with at least a two-hour rating?	<input type="checkbox"/>	<input type="checkbox"/>
c) Are the Crematorium chamber operators certified by CANA (Cremation Association of North America)?	<input type="checkbox"/>	<input type="checkbox"/>
d) Do all Crematorium chamber operators hold approved certification by the state in which they practice?	<input type="checkbox"/>	<input type="checkbox"/>
e) How frequently is the cremation chamber cleaned? _____		
f) Are flammable and combustible substances (e.g., embalming fluid, formaldehyde) stored in a fire-rated cabinet located away from possible ignition sources?	<input type="checkbox"/>	<input type="checkbox"/>
g) Is a fire extinguisher located at the cremation chamber area?	<input type="checkbox"/>	<input type="checkbox"/>

3. Risks Located in a Protection Class 9

Yes No

- a) Is there a full-time fire department?
 - b) Does the store contract with a privately owned fire department for fire protection services?
 - c) Is there a private water source?.....
 - If 'Yes,' elaborate: _____
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4. Habitation/ Exposure

Yes No

- a) Is there any habitation on the premises?
- b) Is habitation occupied by owner?.....
- c) Is there a personal liability policy in place with limit of at least \$1M?

5. Professional Liability

Yes No

- a) Any history of Professional Liability claims in the past five years?.....
 - If YES, please list how many and explain each occurrence: _____
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- b) Are the Director and all employees licensed as required by law in the state where operations are conducted?.....
 - c) Are special or unusual directives written out, signed, and verified by the individual who is doing the preplanning?
 - d) Is the business in conformance with all local, state, and federal regulations (Pollution, Disposal of Waste)?
 - e) Are records maintained on all the deceased (including name, date of birth, description and services rendered, authorizations, permits, and disposition of the remains)?
 - f) If there are crematorium operations, do you belong to CANA (Cremation Association of North America) and follow their guide for proper cremation procedures?.....
 - g) Is consistent documentation obtained for permission to embalm a body, cremate a body, and for final disposition of the deceased's personal effects?
 - h) Is any embalming, cosmetic work, cremation, or other professional service contracted out to a third party?
 - If YES, please explain and include if Certificates of Insurance are received and if the Third Party is properly licensed and certified to perform such services. _____
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- i) Is there full compliance with the Federal Trade Commission rules regarding general price lists (a full itemized disclosure of all funeral costs)?
- j) Are the temperatures of the refrigerated storage area monitored?
 - If so, is there a preventive maintenance agreement in place?
 - Is there a backup generator in place?
- k) Are background checks performed on employees who manage/invest pre-paid funeral funds?
- l) Are annual audits completed on financial records by an outside party?

6. Workers' Compensation

- a) Do your hiring practices include: Written Application In-person Interviews Check references on all applicants Check references sometimes No reference checks
- b) Do you have a formal safety program in place? No Program Written Policy Written Manual
Do you offer safety training? No Training Informal Training Documented Training
- c) Do you have mandatory team lift procedures or lift devices in place to move bodies and caskets?..... Yes No
 Team Lift Procedures Lift Devices
- d) Do you have proper sharp containers for disposal for the one-time use cutting instruments or removable parts? Yes No
- e) If you have a workers' compensation claim are you willing to offer Return to Work?..... Yes No
Does your Return to Work Program include: Modified Duty Transitional Duty Written Policy and Procedure
- f) Are employees up to date with vaccinations against preventable contagious diseases? Yes No
- g) Are employees properly trained to handle Blood Borne Pathogens? Yes No
- h) Is appropriate Personal Protective Clothing and Gear available and worn during the embalming process (i.e. impervious gowns, face masks, nitrile or double latex gloves, safety goggles or glasses, and foot covering)? Yes No
- i) Do you have documented Hazard Communication training in place for all employees and updated MSDS books? Yes No
- k) Is your preparation room equipped with at least one emergency eye wash station and one drench shower? Yes No
- l) Is your building properly ventilated to consistently meet OSHA air quality standards?..... Yes No

Agent Completing Application: _____

Agency Name: _____

Date: _____