



Atlantic Specialty Lines, Inc.

ALLIED MEDICAL FUNERAL HOME SUPPLEMENTAL APPLICATION

SUBMIT WITH ACCORD APPLICATION

GENERAL INFORMATION:

1. Check all applicable operations:

- | | | |
|---|----------------------------|---------------------------|
| <input type="checkbox"/> Mortician | Number of Embalmings_____ | Number of Morticians_____ |
| <input type="checkbox"/> Cemetery | Number of Burials_____ | Number of Acres_____ |
| <input type="checkbox"/> Mausoleums | Number of Square Feet_____ | |
| <input type="checkbox"/> Transport Bodies | Number of Trips_____ | |
| <input type="checkbox"/> Funeral Home | Number of Burials_____ | |
| <input type="checkbox"/> Crematory | Number of Cremations_____ | |

2. Does the insured allow use of cemetery grounds for any other purposes, such as:

- Park Grounds Picnics Concerts Other (specify):_____

3. Are grounds open to public 24 hours?

No Yes

If no, what are the hours opened? _____to_____

4. Is this a perpetual care facility?

No Yes

5. RECEPTS GENERATED FROM OPERATIONS:

	Last 12 Months	Next 12 Months
Funeral Home		
Embalmings		
Cemetery		
Cremations		
Transport		
Monument		
Sales		
Other (specify):		

6. Is a backup plan in place in case of refrigeration equipment breakdown?

No Yes

Provide details: _____

7. During the past five years, have any claims been presented to you, your current carrier or your prior carrier? If yes, please provide full details (include description of claim, amounts paid and reserves):

No Yes

8. Is the applicant, or any other person for whom insurance is being requested, aware of any circumstances which may result in a claim? No Yes
If yes, provide full details: _____

9. Has applicant, or any other person for whom coverage is being requested, had any application for liability insurance denied, policy cancelled, or non-renewed in the past five (5) years? No Yes
If yes, provide full details: _____

10. Additional comments or interests: _____

* 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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.
* not applicable in all states

DECLARATION AND SIGNATURE:

The undersigned declares that to the best of his/her knowledge the statements in this application and its attachments are true. The company is hereby authorized to make any investigation and inquiry deemed necessary in regard to this application.

Applicant's Signature

Sub-Producer

Title/Date

Producer

*SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY OR THE UNDERWRITING MANAGER TO COMPANY THE INSURANCE. Application MUST be currently signed and dated to be considered for quotation.