

APPLICATION

Name: _____

Address: _____ City: _____ Postal Code: _____

Cemetery Acreage: _____ Number of Plots: _____

Property of Every Description (CMP) _____

(to include offices, tool sheds, vaults, pump houses, lawn equipment, office contents, chapel contents, etc.)

Tool Floater Limit: _____

Tombstone Limit (excess of \$50,000.) _____

Commercial General Liability Limit (CGL) _____

Directors and Officers Liability Limit (D&O) _____

Minimum policy premium for D&O \$1,000,000. limits - \$400.00, \$2,000,000 - \$625.00

Minimum policy premium for CGL and D&O \$1,000,000. limits - \$625.00, \$2,000,000 - \$850.00

Minimum policy premium for CMP, CGL and D&O \$1,000,000. limits - \$850.00, \$2,000,000. - \$1,000.00

Please fully describe all the services offered by your cemetery (attach brochures and promotional literature)

Do any of your officers, employees or directors regularly use their own automobiles in the course of employment? Yes No If "Yes", describe the type(s) of vehicles, the number of each type and the nature of their business use. _____

State the number of all partners, officers and employees who do not regularly use their own vehicles. _____

DIRECTORS AND OFFICERS LIABILITY

Please indicate number of employees including contract employees.

FULL TIME _____ PART TIME _____ VOLUNTEERS _____ Limit requested: _____

Does the insured control any FOR PROFIT entity? Yes No

Does another entity own or control the Insured organization? Yes No

Does the Insured have a separate Human Resources department? Yes No

Does the Insured Organization have written policies in place regarding: 1) Sexual Harrassment Yes No 2) Internal Grievance Procedures Yes No 3) Equal Opportunity Employment Yes No

Does the insured enter into standard written employment contracts with any employees? Yes No

Please forward a copy of your current financial report.

WARRANTY INFORMATION

a) Has the applicant or any of its employees ever been investigated by, or suspended from practice by, any body governing the practice of this profession or any other body e.g. a court?

If "Yes", please provide details. _____

b) No person proposed for coverage is aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of the proposed coverage, except as follows: _____

If they have no such knowledge or information, check here:

IT IS AGREED THAT IF SUCH FACTS OR CIRCUMSTANCES EXIST, WHETHER OR NOT DISCLOSED, ANY CLAIM ARISING FROM OR RELATED TO SUCH FACTS OR CIRCUMSTANCES IS EXCLUDED FROM THIS PROPOSED COVERAGE.

The undersigned agrees that: (i) the signing of this application does not bind the undersigned, the cemetery or Royal & Sun Alliance Insurance Company of Canada to effect insurance; (ii) this application and all additional information provided herewith shall be the basis of the contract, should a policy be issued, and shall be deemed to be attached to and shall form part of the policy; (iii) if there is any change to the information supplied on this application between the date of this application and the effective date of the policy, notification will be sent in writing to Royal & Sun Alliance Insurance Company of Canada, and any outstanding quotation may be modified or withdrawn; and (iv) Royal & Sun Alliance Insurance Company of Canada is hereby authorized to make any investigation and inquiry in connection with this application that it deems necessary.

ANY PERSON, WHO KNOWINGLY OR WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING THE INSURER, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUD, WHICH IS A CRIME.

Date: _____ *Signed _____

Corporation: _____ Name & Title (please print): _____

*Please Note: The application must be signed by a Principal, Partner or Executive Officer. A POLICY CANNOT BE ISSUED UNLESS THIS APPLICATION IS PROPERLY SIGNED AND DATED

NON-PROFIT CEMETERIES COVERAGE PACKAGE

thoughtful extras at no additional cost

COVERAGE	LIMIT \$	RATING	FORM #
General Liability Coverage			
Commercial General Liability	\$2,000,000.00	Premium	57300
General Aggregate	\$5,000,000.00	Included	57300
Advertising Liability	\$2,000,000.00	Included	57300
Tenants Legal liability	\$250,000.00	Included	57300
Volunteers as Employees		Included	57247
Non-owned Automobile	\$2,000,000.00	Included	SPF 6
Contractual Liability Endorsement	\$2,000,000.00		SEF 96
Excluding Long Term Leased Vehicles			SEF 99
Property Coverage			
Building	*Selected limit*	Premium	B0001
Contents	*Selected limit*	Premium	B0001
Tomb Stones	\$50,000.00	5000 per item	
Sales Representative Samples	\$25,000.00	Included	B0001
Personal Property of Employees	2,500 per employee	Included	B0001
Contents at Non-Owned Location	\$100,000.00	Included	B0001
Transit	\$50,000.00	Included	B0062
Accounts Receivable	\$50,000.00	Included	B0054
Computer Hardware / Transit	\$25,000.00	Included	B0048
Data & Extra Expense	25% of Hdw. Limit	Included	
Breakdown		Included	B0050
Office Contents Tenants Improvement	\$25,000.00	Included	B0033
Sign	\$5,000.00	Included	B0058
Valuable Papers	\$50,000.00	Included	B0057
Fine Arts	\$5,000.00	Included	B0053
Debris Removal	\$50,000.00	Included	
Growing Plants (max. \$1000 per plant)	\$10,000.00	Included	
Business Interruption Coverage			
Extra Expense	\$50,000.00	Included	B0112
Additional Time Required to Build		Included	B0051
Off Premises Power Extension	\$25,000.00	Included	B0062
Included Extensions			
Newly Acquired Building & Contents (30 days)	\$1,000,000.00	Included	B0001
Automatic Fire Suppression System	\$50,000.00	Included	E0043
Exhibition	\$25,000.00	Included	B0061
Fire Department Service Charges	\$100,000.00	Included	B0045
Leasehold Interest	\$25,000.00	Included	E0113
Master Key	\$25,000.00	Included	E0168
Professional Fees	\$100,000.00	Included	E0173
Blanket Glass	\$10,000.00	Included	G0088
Bylaws		Included	E0052
Inflation Shield		Included	E0035
Replacement Cost	(Same site Exclusion deleted)	Included	E0032
Flood	\$25,000 Deductible	Included	E0020
Earthquake	3% or Minimum \$1,000,000 Deductible	Included	E0038
Sewer Back Up	\$2,500 Deductible	Included	E0040
Crime Coverage			
Comprehensive 3D Rider			D00000
Inside Loss	\$10,000.00	Included	
Outside Loss	\$10,000.00	Included	
Medical Expenses Resulting from Robbery	\$2,500 / 10,000	Included	D0061
Building Damage by Theft	\$50,000.00	Included	
Fidelity Coverage			
Comprehensive 3D Rider			D00000
Employee Dishonesty	\$10,000.00	Included	
Money Orders, Counterfeit Currency	\$10,000.00	Included	
Depositors Forgery	\$10,000.00	Included	
Credit Card Forgery	\$10,000.00	Included	
Directors & Officers			
Directors & Officers	*Selected Limit*	Premium	60000