

RISK PROFILE

- Funeral Homes / Funeral Parlours arranging funerals, burials, and cremations and related services under the direction of a Funeral Director or Undertaker, operating on either a For Profit or Not for Profit basis.
- Licensed in their jurisdiction by the appropriate Authority.
- Facilities purpose built for occupancy post 1950. (If older than 25 years all services upgraded or inspected on a regular basis)
- Operations in Canada only.

GENERAL INFORMATION

Name of broker and producer					
Full legal name of the applicant					
Risk location address					
Address					
City		Province		Postal code	
Mailing address (if different from above)					
Address					
City		Province		Postal code	
Name & Mailing Address of Mortgagee/Loss Payee					
Name					
Address					
City		Province		Postal code	
Applicant's Website Address					
Contact Name					
Title					
Telephone					
Email address					
Is Applicant classified as:	For Profit	<input type="checkbox"/>	Not-for-Profit	<input type="checkbox"/>	
Is Applicant a:	Franchisee	<input type="checkbox"/>	Franchisor	<input type="checkbox"/>	N/A <input type="checkbox"/>
Is Applicant an:	Individual	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Corporation <input type="checkbox"/>
Is Applicant a member of any association(s):	FSAC	<input type="checkbox"/>	PROV SAC	<input type="checkbox"/>	NFDA <input type="checkbox"/> Other <input type="checkbox"/> (please specify)
Year in which current management commenced operation at this location					

PREVIOUS INSURANCE AND CLAIMS EXPERIENCE INFORMATION

Current property insurer		Policy Number		Expiry date of policy	
Current CGL Insurer		Policy Number		Expiry date of policy	
Give particulars of all Professional Liability Insurance held by the Applicant for past three (3) years.					
Type of Policy					
Claims Made	Occurrence	Policy Number	Insurer	Policy Limit	Policy Period
*					
*					
*					
* If the policy is subject to a Retroactive Date, give details:					

Has any Insurer cancelled or declined to renew an insurance policy for Applicant?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, please provide details of the circumstances			
Are you the incumbent broker?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Number of Years Insured with current Insurer(s)			
Please provide information for all claims in the last five (5) years, by coverage.		If no claims, please check <input type="checkbox"/>	
Date of claim	Description	Amount Paid or Reserved	
		\$	
		\$	
		\$	
PROPERTY COVERAGES – RISK INFORMATION (please complete this section for each location to be insured)			
Building Construction (Select one, If mixed construction, please indicate percentage applicable to each type)			
a) Fire resistive (concrete walls, roof, floors)		%	
b) Masonry non-combustible (masonry walls, steel deck roof, concrete floors)		%	
c) Masonry (masonry walls, wood floors and roof) Includes Mill construction		%	
d) Non-Combustible (Steel on steel)		%	
e) All other (including Brick Veneer and Frame)		%	
Year built		Number of buildings	
(If there is more than one building please provide diagram showing separation distance between each building, in metres or feet).			
Number of storeys			
Is there a basement?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If there is a basement please describe what it is used for (e.g. storage, kitchen etc.):			
Total area of building (all floors, including basement)		m ² <input type="checkbox"/>	ft ² <input type="checkbox"/>
If the building was constructed over 25 years ago, have the following been upgraded or replaced?			
Roof	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes, year
Electrical	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes, year
Plumbing	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes, year
Heating	Y <input type="checkbox"/>	N <input type="checkbox"/>	If yes, year
Type of heating system (please select one)		Steam <input type="checkbox"/>	Hot Water <input type="checkbox"/>
Fuel		Gas <input type="checkbox"/>	Electric <input type="checkbox"/>
		Oil <input type="checkbox"/>	Other <input type="checkbox"/> Please describe:
Type of secondary heating, if any		Not Applicable <input type="checkbox"/>	
Is the building protected by an automatic sprinkler system?		Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, extent of protection		100% <input type="checkbox"/>	Partial <input type="checkbox"/>
Is sprinkler system connected to monitored alarm?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there a fire alarm system?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Is fire alarm monitored?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Does facility have carbon monoxide detectors?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Is the building protected by an intrusion alarm?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Is the intrusion alarm monitored?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there camera surveillance of the premises?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Full kitchen facilities		Y <input type="checkbox"/>	N <input type="checkbox"/>

If Yes, is there an automatic extinguishing system with a valid semi-annual maintenance contract in place?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Heating and warming of food only (No full kitchen facilities)	Y <input type="checkbox"/>	N <input type="checkbox"/>
Smoking: Permitted in designated interior smoking area?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Municipal water supply	Y <input type="checkbox"/>	N <input type="checkbox"/>
Number of fire hydrants within 150 metres		
Distance to fire hall	km	
Fire hall: Full-time <input type="checkbox"/> or Volunteer <input type="checkbox"/>		
Is there a Crematorium? If Yes, please complete supplement at end of application	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there any habitation on the premises?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Does the applicant manufacture or finish caskets?	Y <input type="checkbox"/>	N <input type="checkbox"/>

CRIME COVERAGES – RISK INFORMATION

Are cheques countersigned?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Are bank accounts reconciled by someone not authorized to withdraw or deposit?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If yes, how often?		
Maximum amount of cash kept on premises at any one time	\$	
Are cash and other securities kept in a money-safe with a combination lock?	Y <input type="checkbox"/>	N <input type="checkbox"/>

LIABILITY COVERAGES – RISK INFORMATION

Occupation/Nature of work	# of Employees	
Licensed Directors/Morticians/Embalmers		
Management (Not included above)		
Clerical/Administrative		
Housekeeping/Maintenance		
Other (please describe)		
Total		
Total annual gross revenues:	Current 12 months	\$
	Previous 12 months	\$
Total annual payroll :	Previous 12 months	\$
Are employees members of a professional association?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there a written contract in place with a qualified contractor for removal of snow and ice?	Y <input type="checkbox"/>	N <input type="checkbox"/>
If Yes, are certificate(s) of liability insurance obtained from contractor(s)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Are all employees enrolled in a Provincial Worker's Compensation programme?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Does the Applicant own a cemetery, mausoleum, or columbarium, memorial gardens or any type of burying grounds?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Does the Applicant perform any digging, cemetery grounds care, or maintenance?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Please list any outside parties who provide services at the facility (gardeners, contractors, Hairdressers, Beauticians etc.)		
Do they provide evidence of their own Liability insurance (including Professional Liability)?	Y <input type="checkbox"/>	N <input type="checkbox"/> Not applicable <input type="checkbox"/>

PROFESSIONAL LIABILITY

Name of the regulatory body which oversees the operation			
Date of last accreditation			
Details of all professional operators – Directors, Morticians and Embalmers. If insufficient space, please attach list.			
Name		Qualifications	
Date of Licencing			
# of funerals services performed annually		# of cremations performed annually	
Is Applicant engaged in any business or profession other than providing funeral services?			Y <input type="checkbox"/> N <input type="checkbox"/>
If Yes, please explain and advise revenue derived from other operations:			
Are all operators licenced by the provincial/ territorial agency having jurisdiction?			Y <input type="checkbox"/> N <input type="checkbox"/>
If No, explain and list any operators not licenced			
Are there any licencing conditions or limitations imposed on any of the operators?			Y <input type="checkbox"/> N <input type="checkbox"/>
If Yes, provide full details:			
Have any operator(s) ever received a reprimand, revocation, suspension, cancellation or termination of their licence?			Y <input type="checkbox"/> N <input type="checkbox"/>
If Yes, provide full details:			
Does the Applicant perform activities outside of Canada?			Y <input type="checkbox"/> N <input type="checkbox"/>
Has the Applicant any knowledge of any circumstance which could result in claim or suit being brought against the Applicant?			Y <input type="checkbox"/> N <input type="checkbox"/>
If Yes, give details:			
NON-OWNED AUTOMOBILE			
Number of employees who regularly use their personal vehicles for business			
Are passenger vehicles, vans or buses rented or chartered for funeral services?			Y <input type="checkbox"/> N <input type="checkbox"/>
If Yes, please provide details including any trips to the U.S.A, radius of operations, type of vehicle and frequency			

COVERAGES/LIMITS** REQUIRED – PROPERTY & LOSS OF BUSINESS INCOME

	Location 1	Location 2
BUILDING REPLACEMENT COST (INCLUDING TENANT'S IMPROVEMENTS)	\$	\$
CONTENTS REPLACEMENT COST (EQUIPMENT AND STOCK)	\$	\$
LOSS OF BUSINESS INCOME (Automatic 'Basket' limit of \$250,000 is included)	\$	\$
Property Deductible (other than Flood, Earthquake, Sewer Back-Up):	\$1,000 <input type="checkbox"/>	\$2,500 <input type="checkbox"/>
	\$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/>
	\$25,000 <input type="checkbox"/>	
Earthquake coverage	Y <input type="checkbox"/>	N <input type="checkbox"/>
Flood coverage	Y <input type="checkbox"/>	N <input type="checkbox"/>
Sewer back-up coverage	Y <input type="checkbox"/>	N <input type="checkbox"/>

** Please refer to product highlight brochure for details of Automatic Extensions of Coverage Included for Property and Loss of Income

EQUIPMENT BREAKDOWN COVERAGE REQUIRED?

(If required, please complete following section)

Y N

Any pressure vessels over 24 inches in diameter?

Y N

If Yes, provide full details:

Any equipment breakdown claims within the last 5 years?

Y N

If Yes, provide full details:

COVERAGES/LIMITS** REQUIRED – CRIME

Coverage	Standard Limits	Limit Requested (if in excess of standard)
Employee Dishonesty – Commercial Blanket (Form A)	\$50,000	\$100,000* <input type="checkbox"/>
Broad Form Money & Securities (Inside) (for limits of \$25,000 & above completed crime application required)	\$10,000	\$
Broad Form Money & Securities (Outside) (for limits of \$25,000 & above completed crime application required)	\$10,000	\$
Money Orders & Counterfeit Currency	\$25,000	\$
Depositor's Forgery	\$25,000	\$
Credit Card Forgery	\$25,000	\$
Computer Fraud and Funds Transfer Fraud	\$10,000	\$
Incoming Cheque Forgery	\$10,000	\$

* Separate crime application required for increased limits ** Please refer to product highlight brochure for details of Automatic Extensions for Crime coverages

COVERAGES/LIMITS** REQUIRED – LIABILITY

Coverage	Limit
Commercial General Liability (Each Occurrence)	\$
Tenant's Legal Liability Broad Form (Any one Premises)	\$ (\$1,000,000 limit is Included)
Employers' Liability Extension	\$
Funeral Services Protect Professional Liability Extension	\$
** Umbrella Liability (Each Occurrence/Annual Aggregate)	\$
** Directors & Officers Liability	\$

** Please refer to product highlight brochure for details of Automatic Liability coverages and extensions

**** IF QUOTE(S) FOR UMBRELLA LIABILITY or D & O COVERAGES ARE REQUIRED
PLEASE ATTACH COMPLETED SEPARATE APPLICATIONS**

PLEASE PROVIDE A PHOTOGRAPH OF EACH BUILDING

The undersigned authorized officer of the organization declares that, to the best of his/her knowledge, the statements set forth herein are true. Signing of this application does not bind the insurer to offer, nor the applicant to accept insurance, but, it is agreed that this form shall be the basis of the contract should a policy be issued.

The undersigned, on behalf of the insured organization, acknowledges that any personal information provided in connection with this application (including but not limited to the information contained in this form) has been collected in accordance with applicable privacy legislation and this information shall only be used or shared by the insurer to assess, underwrite and price insurance products and related services, administer and service insurance policies, evaluate and investigate claims, detect and prevent fraud, analyze and audit business results and/or comply with regulatory or legal requirements.

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Ecclesiastical Insurance Office plc's insurance business in Canada.

Signature of authorized officer	
Print name and title of officer signing application	
Date	

CREMATORIUM SUPPLEMENT – RISK INFORMATION (If Crematorium please complete the below)

a) Is the Crematorium located at the premises described in this application?	Y <input type="checkbox"/>	N <input type="checkbox"/>
b) If No to a) please state address of crematorium:		
c) Are all cremation units equipped with an emergency shut-off switch and automatic safety fuel shut-offs?	Y <input type="checkbox"/>	N <input type="checkbox"/>
d) Is the Crematorium housed in a separate building or separated by a Fire Wall with at least a two-hour rating?	Y <input type="checkbox"/>	N <input type="checkbox"/>
e) Are the Crematorium chamber operators certified by CANA (Cremation Association of North America)?	Y <input type="checkbox"/>	N <input type="checkbox"/>
f) Do they follow CANA model guidelines?	Y <input type="checkbox"/>	N <input type="checkbox"/>
g) Is the Crematorium operation/operators licensed by the province in which they practice?	Y <input type="checkbox"/>	N <input type="checkbox"/>
h) How frequently is the cremation chamber cleaned?		
i) Are flammable and combustible substances (e.g., embalming fluid, formaldehyde) stored in a fire-rated cabinet located away from possible ignition sources?	Y <input type="checkbox"/>	N <input type="checkbox"/>
j) Is a fire extinguisher located at the cremation chamber area?	Y <input type="checkbox"/>	N <input type="checkbox"/>
k) Number of cremations performed last year?		