FUNERAL HOME SUPPLEMENTAL

Covers funeral homes, including on-site crematories, removal services, and preneed sales. Cemeteries use CWCO-SUP-CEMETERY. Complete with ACORD 125, 126, and 127 (vehicles). Attach the General Price List and the most recent state inspection report.

1 APPLICANT / BUSINESS INFORMATION

LEGAL BUSINESS NAME	DBA / FUNERAL HOME NAME	FEIN	YEARS IN BUSINESS

MAIN LOCATION ADDRESS	CITY / STATE / ZIP	WEBSITE

Entity type:

☐ Sole proprietor ☐ Partnership ☐ LLC ☐ Corporation ☐ Part of a larger group

PRIMARY CONTACT / TITLE	PHONE	EMAIL

FUNERAL ESTABLISHMENT LICENSE NO.	CREMATORY LICENSE NO. (IF ANY)	PRENEED SELLER LICENSE NO. (IF ANY)

2 OPERATIONS

SERVICE	% OF ANNUAL REVENUE

Services: traditional funerals with burial; cremation with services; direct cremation; direct burial; preneed sales; memorial and celebration events; trade services for other funeral homes; removal and transport; pet cremation; green burial; other.

CALLS (DEATHS SERVED) PER YEAR	NUMBER OF LOCATIONS	REFRIGERATION CAPACITY (BODIES)	LICENSED FUNERAL DIRECTORS

2-1 Does the applicant operate a crematory, on site or at another location? ☐ Yes ☐ No

IF YES, EXPLAIN

2-2 Does the applicant perform embalming, cremation, or removals for other funeral homes (trade work)? ☐ Yes ☐ No

IF YES, EXPLAIN

2-3 Does the applicant send remains to a third-party crematory or use outside removal services? ☐ Yes ☐ No

IF YES, EXPLAIN

2-4 Does the applicant own or operate a cemetery? ☐ Yes ☐ No

IF YES, EXPLAIN

If yes, also complete CWCO-SUP-CEMETERY.

3 EXPOSURE & RISK QUESTIONS — IDENTIFICATION, CUSTODY & CARE OF REMAINS

Misidentification, a wrong cremation, or improper storage produces emotional-distress claims that general liability usually excludes. The Colorado Return to Nature case, with about 190 improperly stored bodies, led to new state oversight laws and decades-long prison sentences.

3-1 Is every decedent tagged at removal, with identity checked and documented at every transfer and before any service? ☐ Yes ☐ No
IF YES, EXPLAIN

3-2 Is refrigeration capacity sufficient for peak census, with written maximum holding times and temperature logs? ☐ Yes ☐ No
IF YES, EXPLAIN

3-3 Before cremation, is written authorization from the legal next of kin obtained, any state waiting period observed, and identity verified? ☐ Yes ☐ No
IF YES, EXPLAIN

3-4 Does a metal ID disc stay with the remains through cremation and processing, with only one cremation at a time per chamber? ☐ Yes ☐ No
IF YES, EXPLAIN

3-5 Are crematory operators certified, and is the retort maintained and inspected on a schedule? ☐ Yes ☐ No
IF YES, EXPLAIN

3-6 Is there a written procedure when next of kin disagree about disposition? ☐ Yes ☐ No
IF YES, EXPLAIN

3-7 Has any family alleged misidentification, mishandled or damaged remains, wrong cremated remains, or improper storage? ☐ Yes ☐ No
IF YES, EXPLAIN

4 EXPOSURE & RISK QUESTIONS — EMBALMING, CHEMICALS & INFECTION CONTROL

Formaldehyde is a known carcinogen. OSHA sets a limit of 0.75 ppm over 8 hours, with medical surveillance required at 0.5 ppm, and requires drench showers and eyewash where splash is possible.

4-1 Is formaldehyde air monitoring done in the preparation room, with results documented and within OSHA limits? ☐ Yes ☐ No
IF YES, EXPLAIN

4-2 Does the preparation room have local exhaust ventilation, a quick-drench shower, and an eyewash station? ☐ Yes ☐ No
IF YES, EXPLAIN

4-3 Is there a written bloodborne pathogens exposure control plan, with Hepatitis B vaccine offered and sharps containers in place? ☐ Yes ☐ No
IF YES, EXPLAIN

4-4 Are written procedures followed for remains with infectious diseases, and for autopsied or traumatic cases? ☐ Yes ☐ No
IF YES, EXPLAIN

4-5 Are embalmers enrolled in medical surveillance where exposure reaches the action level? ☐ Yes ☐ No
IF YES, EXPLAIN

5 EXPOSURE & RISK QUESTIONS — REMOVALS, VEHICLES & SERVICES

HEARSES / REMOVAL VEHICLES	LIMOUSINES / FAMILY CARS	DRIVERS ON STAFF

5-1 Are removals from homes, hospitals, and care facilities done by two people with stretchers and lift equipment? ☐ Yes ☐ No
IF YES, EXPLAIN

5-2 Are driver records checked at hire and annually for everyone who drives hearses, removal vans, or limousines? ☐ Yes ☐ No
IF YES, EXPLAIN

5-3 Does the applicant organize funeral processions? ☐ Yes ☐ No
IF YES, EXPLAIN

5-4 If yes to 5-3, is a police or licensed escort used? ☐ Yes ☐ No
IF YES, EXPLAIN

5-5 Are services held at churches, cemeteries, or outdoor sites, with walkways, tents, and graveside areas checked for hazards? ☐ Yes ☐ No
IF YES, EXPLAIN

5-6 Is alcohol served at receptions or visitations? ☐ Yes ☐ No
IF YES, EXPLAIN

6 EXPOSURE & RISK QUESTIONS — PRICING, PRENEED & REGULATORY

6-1 Is the FTC General Price List given at the start of every in-person arrangement discussion, with prices given by phone on request? ☐ Yes ☐ No
IF YES, EXPLAIN

6-2 Are preneed payments placed in trust or funded by insurance as the state requires, with an independent trustee? ☐ Yes ☐ No
IF YES, EXPLAIN

PRENEED TRUST BALANCE ($)	PRENEED CONTRACTS OUTSTANDING	TRUSTEE / INSURER

6-3 Has a state board, attorney general, or FTC inspection found violations or a trust shortfall in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

6-4 Are employees who handle cash or preneed funds covered by a fidelity bond or crime policy? ☐ Yes ☐ No
IF YES, EXPLAIN

7 PAYROLL, SALES & REVENUE

TOTAL ANNUAL PAYROLL ($)	NUMBER OF W-2 EMPLOYEES	PART-TIME / PER-CALL STAFF

PROJECTED ANNUAL GROSS REVENUE ($)	PRIOR YEAR ACTUAL REVENUE ($)	ANNUAL PRENEED SALES ($)

8 PRIOR INSURANCE & LOSS HISTORY

Attach currently valued loss runs for the last 5 years.

CURRENT PROPERTY / GL CARRIER	FUNERAL DIRECTOR PROFESSIONAL LIABILITY CARRIER / LIMITS	AUTO CARRIER

8-1 Has any carrier declined, cancelled, or non-renewed coverage for this operation in the last 5 years? ☐ Yes ☐ No
IF YES, EXPLAIN

8-2 Have there been any mishandling, emotional distress, auto, employee injury, or trust claims? ☐ Yes ☐ No
IF YES, EXPLAIN

DATE OF LOSS	DESCRIPTION	TOTAL INCURRED ($)	OPEN / CLOSED

8-3 Is the applicant aware of any incident, complaint, or circumstance not yet resulting in a claim that could reasonably give rise to one? ☐ Yes ☐ No
IF YES, EXPLAIN

9 RISK MANAGEMENT & SAFETY

9-1 Is there a written plan for a surge in deaths (disaster, pandemic), including added refrigeration? ☐ Yes ☐ No
IF YES, EXPLAIN

9-2 Is there a written procedure for telling a family about an error, including when counsel and the insurer are notified? ☐ Yes ☐ No
IF YES, EXPLAIN

10 SIGNATURE & FRAUD WARNING

The undersigned declares that the statements and answers given in this supplemental are true, complete and correct to the best of their knowledge, and that no material fact has been withheld or misstated. The applicant agrees that this supplemental, together with all ACORD applications and attachments, forms the basis of any submission to insurers and may be relied upon by them. Signing this supplemental does not bind coverage. This supplemental is an intake document prepared by Cory Washington & Co. LLC to support carrier submission; it does not itself provide coverage.

FRAUD NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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. (State-specific fraud warnings apply; see state amendatory notice.)

APPLICANT / AUTHORIZED SIGNATURE (TYPE FULL NAME)	TITLE	DATE

PRODUCER — CORY WASHINGTON & CO. LLC	PRODUCER SIGNATURE (TYPE FULL NAME)	DATE