



Thank you for your trust in PPIB to support you with your Insurance needs. We're thrilled to do business with you and help protect what matters most to you. To get started, please follow these steps:

### **How to Submit Application**

1. Complete Application -- Fill out the required information on the next few pages.
2. Save Application -- Once completed, save a copy to your computer so you can email it.
3. Sign Application -- Ensure it is signed by the business owner, either electronically or printed and signed.
4. Submit Application -- Send signed application to **submissions@ppibcorp.com**.

### **What to Expect Next?**

After receiving your application, we will send you a confirmation email acknowledging receipt.

Within 3-5 business days, one of our insurance experts will reach out to you with any follow-up questions or a quote, depending on the status of your submission.

If you need the quote expedited, please indicate this when you submit your application via email.

If you need further assistance with the application, or have additional questions, please feel free to contact us at:

PHONE:  
415.475.4300  
877.655.0123

Submissions: [submissions@ppibcorp.com](mailto:submissions@ppibcorp.com)

FAX:  
415.475.4303

## **Let's Get Started**

Fill Out Application on Next Page



# CREMATORY APPLICATION



Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Address (1): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Type of Facility: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Business Address (2): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Type of Facility: \_\_\_\_\_ Square Footage: \_\_\_\_\_

*If more than 2 business locations, list all other on a separate sheet of paper*

How long in business: \_\_\_\_\_ Annual Gross receipts from all operations: \$ \_\_\_\_\_

Business operated as:  Corporation  Partnership  LLC  Individual  Independent Contractor

Business Type:  In Funeral Home  Stand Alone Facility  On Cemetery Property

Do you need General Liability?  Yes  No If no, what Company insures your General Liability coverage? \_\_\_\_\_

Are you required to name any other person or entity as an Additional Insured on your policy?  Yes  No

a. If yes, provide Name and mailing Address: \_\_\_\_\_

b. What is the interest of the Additional Insured:  Landlord  City/ Government Agency  Lessor  Franchisor  
 Other: \_\_\_\_\_

c. Does they require the following:  Primary/Non Contributory Wording  Waiver of Subrogation

Does the business have all required State Licenses/Certifications for all States where services are performed and/or State(s) of origin where services are contracted from?  Yes  No

Do you contract with any out of state funeral homes?  Yes  No  
 If yes, list State (s): \_\_\_\_\_

**RECORD KEEPING & IDENTIFICATION**

1. Do you use an Authorization form to obtain the family's permission to cremate remains?  Yes  No  
 I will only use State-Issued form(s) OR  My forms are State-Compliant and have been reviewed by an attorney Initial: \_\_
2. Do you have policies & procedures in place for Chain of Custody & Identification of remains?  Yes  No
3. Do you have policies & procedures in place regarding Documentation & Document Retention?  Yes  No
4. Does the crematory have a policy for packaging, shipping, and delivering cremated remains?  N/A  Yes  No
5. Do you train all workers on all of the above the policies & procedures?  Yes  No

**OPERATIONS & PROFESSIONAL SERVICES:**

Name (s) of Certified Operators	Years of Experience
Name (s) of ALL other Operators	Years of Experience

# CREMATORY APPLICATION



1. How many crematory operators are employed by the crematory? \_\_\_\_\_
2. Is a Criminal background check conducted before a crematory operator is hired?  Yes  No  
If No, Explain: \_\_\_\_\_
3. Are all Crematory Operators certified by CANA?  Yes  No
4. Total # of cases in the past year: \_\_\_\_\_ Projected # for the next 12 months: \_\_\_\_\_  
 # of bodies cremated (flame-based) in the past year: \_\_\_\_\_ Projected # for the next 12 months: \_\_\_\_\_  
 # of bodies cremated (alkaline hydrolysis) - past year: \_\_\_\_\_ Projected # for the next 12 months: \_\_\_\_\_  
 # of bodies embalmed in the past year: \_\_\_\_\_ Projected # for the next 12 months: \_\_\_\_\_  
 # of bodies buried in the past year: \_\_\_\_\_ Projected # for the next 12 months: \_\_\_\_\_  
 # of medical waste/body donation cremations - past year: \_\_\_\_\_ Projected # for the next 12 months: \_\_\_\_\_  
 Total Weight (Lbs.) of animals cremated in the past year: \_\_\_\_\_ Projected # for the next 12 months: \_\_\_\_\_
5. Indicate the year the refrigeration unit built or year of most recent update/repair: \_\_\_\_\_
6. How often is the refrigeration Unit maintained? \_\_\_\_\_
7. Is there a backup plan in case of refrigeration equipment breakdown or if the amount of bodies on hand exceeds maximum capacity?  Yes  No  
If Yes, provide details: \_\_\_\_\_
8. Do you audit the contents of your refrigeration unit(s) routinely?  Yes  No  
If No, explain: \_\_\_\_\_
9. Does the crematory have a policy to inventory personal effects to return to the person(s) with the right to control?  Yes  No
10. If not released same day as processed or inurned, are cremated remains stored under lock & key until released?  Yes  No
11. Does the crematory have a scattering service?  Yes  No  
If yes, describe: \_\_\_\_\_
12. Does the crematory have a contract with a third-party scattering service which names the Crematory as "Additional Insured" on its own separate insurance policy?  Yes  No
13. Does the crematory allow witnessing of the cremation by the public?  Yes  No  
If yes, what type of facility has been set up for the witnesses? \_\_\_\_\_
14. Does the crematory offer tours of the crematory for funeral home personnel/the general public?  Yes  No
15. Do you offer Pre – Need Sales packages?  Yes  No  
If Yes, do you have separate insurance coverage in place for these?  Yes  No
16. Do you have permits/licenses as required for all ancillary services provided? (specialized equipment, music, food service, alcohol, transportation, etc.)  Yes  No  
If No, explain: \_\_\_\_\_

<b>EMBALMING</b>	<b>Not Applicable</b> <input type="checkbox"/>
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1. Are all embalmers licensed?  Yes  No
2. Are you adhering to all Occupational Safety and Health Administration (OSHA) guidelines related to embalming?  Yes  No
3. Is personal protective equipment worn at all times when handling bodies during the embalming process?  Yes  No
4. Are all chemical substances, fluids, & gases used for embalming stored in a fire-rated locked room/cabinet?  Yes  No

<b>ANIMAL CREMATIONS</b>	<b>Not Applicable</b> <input type="checkbox"/>
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1. What type(s) of Animal Cremations do you perform? Check all that apply:  Communal  Private  Separate
2. Are Animal Cremations done in a separate retort that is not used for cremation of human remains?  Yes  No
3. Are Animal Cremations done in a separate building that is not used for cremation of human remains?  Yes  No
4. Do you have a separate Business Entity for Animal Cremations?  Yes  No

# CREMATORY APPLICATION



a. If Yes, do you need insurance coverage for this entity?  Yes  No

b. Name of Entity: \_\_\_\_\_

5. Do you operate at pet/animal establishments and/or veterinary clinics?  Yes  No

**CEMETERY MANAGEMENT** **Not Applicable**

1. Cemetery Inception Date: \_\_\_\_\_ Acreage: \_\_\_\_\_

2. Are you adhering to all Occupational Safety and Health Administration guidelines related to operations?  Yes  No

**FUNERAL DIRECTORS** **Not Applicable**

1. Do you need coverage for this operation?  Yes  No

2. Name(s)/Years of Experience of Licensed Funeral Director(s): \_\_\_\_\_

3. What are the Annual Gross Receipts from Funeral Services? \$ \_\_\_\_\_

**WASTE:**

1. Are you in compliance with all City, County, State & Federal rules regarding Air and/or Water quality standards?  Yes  No

2. Do you have policies & procedures in place for handling of cremated Medical Implants & Non-Organic Waste?  Yes  No

3. Does crematory have plans for Emergency Fire Control, Emergency evacuation & handling Hazardous materials (other than household chemicals)?  Yes  No

4. Do you have a Biomedical Waste Box for all Hazardous Waste?  Yes  No

5. In regard to handling unclaimed cremated remains, does the crematory:

a. Have policies & procedures in place?  Yes  No

b. Train all workers on these policies & procedures?  Yes  No

c. Comply with all Jurisdictional, City, County, State & Federal laws & regulations?  Yes  No

**PROPERTY SECTION:** **Check Here is Not Desired**

*Complete a separate copy of this page for EACH Locations Note: Separate copy needed for Animal Crematories (if Applicable)*

Address of Location: \_\_\_\_\_

Age of Building: \_\_\_\_\_ Construction Type: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Sprinklers:  Yes  No

*If building is over 20 years old, when were the following upgraded? (\*) information required*

\*Roof: \_\_\_\_\_ \*Plumbing: \_\_\_\_\_ \*Wiring: \_\_\_\_\_ \*HVAC: \_\_\_\_\_

\*Is there a Central Station Burglar Alarm:  Yes  No Is the alarm inside your unit & in your control?  Yes  No

\*Is there a Central Station Fire Alarm:  Yes  No Is the alarm inside your unit & in your control?  Yes  No

Approximate Distance from: \_\_\_\_\_ Fire Station: \_\_\_\_\_ Fire Hydrant: \_\_\_\_\_

Name and Address of Loss Payee (if applicable): \_\_\_\_\_

**Coverage Desired:**

**Building:** \$: \_\_\_\_\_ Do you own the Building?  Yes  No

**Retort(s) Limit:** \$: \_\_\_\_\_

**Refrigeration Unit (s) Limit:** \$: \_\_\_\_\_

**All Other Contents:** \$: \_\_\_\_\_

**Tenant Improvements:** \$: \_\_\_\_\_

**Business Interruption:** Amt Per Month \$: \_\_\_\_\_ **Months to be covered:** \_\_\_\_\_

**Outdoor Sign** \$: \_\_\_\_\_

*Provide Schedule on Separate Sheet that list ALL Retort(s) and Refrigeration Unit (s):  
Make, Model, Serial Number, Year Made, Year Most Recently Updated*

# CREMATORY APPLICATION



**HISTORY:**

1. Have you or any principal, partner, owner, officer, director, employee, manager or managing member of the applicant or any person(s) or organization(s) proposed for this insurance or any predecessor, subsidiary or affiliated organization ever:
  - a. Been the subject of disciplinary or investigatory proceedings or reprimand by a licensing, administrative or governmental agency?  Yes  No
  - b. Been convicted for an act committed in violation of any law or ordinance related to cremation, embalming and/or funeral services?  Yes  No
2. Has any claim or suit for malpractice ever been made against you, or any principal, partner, owner, officer, director, employee, volunteer worker, manager or managing member of the application or any person(s) or organization(s) proposed for this insurance or any predecessor, subsidiary or affiliated organization? *If yes, provide details on a separate sheet, and provide the total number of claims and 5 years of currently valued Loss runs from current and prior insurers for each claim.*  Yes  No
3. Does the applicant, or any principal, partner, owner, officer, director, employee, volunteer worker, manager or managing member of the application or any person(s) or organization(s) proposed for this insurance or any predecessor, subsidiary or affiliated organization have knowledge of an event, circumstance, act error, omission, fact, situation, allegation of wrongdoing or any records request from any attorney or any occurrence prior to the effective date of the proposed policy that may result in a malpractice claim or suit, or do you foresee that a claim or suit may be brought as a result of said event, circumstance or occurrence?  Yes  No

*If yes, provide details:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. List all claims in the past 5 years, whether or not insured: \_\_\_\_\_  None  
 \_\_\_\_\_  
 \_\_\_\_\_

5. List prior Insurance for each of the last 5 years including the current year:  None

<u>Type of Insurance</u> <small>(e.g. Professional/General Liability, Property)</small>	<u>Insurance Company</u>	<u>Limits of Liability</u>	<u>Renewal Date</u>	<u>Premium</u>

**THIS APPLICATION MUST BE SIGNED BY APPLICANT WITHIN 30 DAYS OF BINDING. SIGNING THIS FORM DOES NOT BIND THE COMPANY TO COMPLETE THE INSURANCE. COVERAGE BECOMES EFFECTIVE WHEN ACCEPTED BY THE INSURANCE COMPANY.**

\_\_\_\_\_

APPLICANT SIGNATURE TITLE

\_\_\_\_\_

DATE SIGNED REQUESTED EFFECTIVE DATE LIABILITY LIMIT REQUESTED

**One box below must be checked:**

- I ELECT TO PURCHASE TERRORISM COVERAGE AT AN ADDITIONAL PREMIUM
- I DO NOT ELECT TO PURCHASE TERRORISM COVERAGE AT AN ADDITIONAL PREMIUM