



Funeral Home Workers' Compensation Application

Please Return Completed Application To Mary Smith

Email: msmith@mewilson.com

Fax: (813) 229 - 8021



General Information

Name of Insured:		DBA:	
FEIN#:		Date Started:	
Primary Physical Address:			No. of Employees – This Location:
Mailing Address:			No. of Employees – This Location:
Other Additional Location Address(es):			No. of Employees – This Location:
Years in Business (with Workers' Compensation Coverage):		Policy Effective Date:	
Accounting Contact Name	Title	Phone #:	E-mail Address
Safety Contact Name	Title	Phone #:	E-mail Address
Description of Operations:			
Business Type:	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Other: _____		
Experience Modification & Loss History:			
Most Recent Mod:		Effective Date:	
Previous Mod:		Effective Date:	
Is your anniversary rating rate different than your effective date? If Yes, please provide the rating date:			
Have there been losses in the last 3 years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide the following information (regardless if there are losses or not):			
Policy Period Effective Date	Total # of Claims	Earned Premium	Total Incurred Loss Amount
		\$	\$
		\$	\$
		\$	\$
Are There Any Individual Losses in Excess of \$25,000?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Owners / Officers To Include Or Exclude :

Name	Title	Ownership %	Remuneration	Include/ Exclude	Class Code

Class Codes:

Class Code	Class Description	Payroll	Employees	
			# Full Time	# Part Time
9620	Funeral Directors & Drivers			
8810	Clerical NOC			
8742	Sales Persons			

Underwriting Questions:

1	Do you have any cemetery operations (class code 9220)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is your annual WC premium equal to or greater than \$2,500?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Are you a member of the Florida Cemetery Cremation and Funeral Association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For Questions 4-13: if there are any "yes" answers, please provide details in the area below		
4	Have you, or your officers and owners filed for bankruptcy in the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Does this policy include a classification other than 8810, 8742 or 7380? (check yes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Are you currently insured through a leasing company or a PEO, or have been within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Do you use contractors, subcontractors, or contract labor without first obtaining certificates of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Is there regular travel in excess of 60 miles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Do you lease employees to or from other employers or are you a temporary help firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Do you perform work on barges, vessels, docks or bridges?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	In the last 3 years have you had your Workers' Compensation coverage cancelled or non-renewed for Underwriting Reasons / Guidelines and/or Non-Payment of premium?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Do you own, operate or lease an aircraft/watercraft for business purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Do you engage in or own any other businesses, including out-of-state exposures?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanation, details, etc. for "Yes" answers

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Payment & Coverage Options:

Payment Plan:	<input type="checkbox"/> Approved Payroll Company	<input type="checkbox"/> Direct Bill Monthly (15% down, 6 installs)	
	<input type="checkbox"/> Direct Bill Annual Pay Plan	<input type="checkbox"/> Direct Bill Monthly (15% down, 9 installs)	
	<input type="checkbox"/> Direct Bill Quarterly (25% down, 3 Installs)	<input type="checkbox"/> EFT - Monthly - 10% Deposit - 10 E-Transfers	
Employer's Liability Limits:	<input type="checkbox"/> 100,000 / 500,000 / 100,000	<input type="checkbox"/> 500,000 / 500,000 / 500,000	<input type="checkbox"/> 1,000,000 / 1,000,000 / 1,000,000
Drug Free Workplace Credit: <input type="checkbox"/>		Safety Credit: <input type="checkbox"/>	

Additional / Overflow Information:

Empty box for additional information.

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If You Have Any Questions Or Need Assistance, Please Do Not Hesitate To Call !

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M.E. WILSON

EST. 1920

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