

FUNERAL DIRECTORS Professional Liability Questionnaire

1. Complete Description of Professional Operations: _____

2. Number of Funerals per year: _____

3. Details of all Professional operators - Directors, Morticians and Embalmers. If the space provided is insufficient, please provide a separate list.

Experience:

Name and Specialty: _____
Education – Licenced, registered, certified as: _____

_____ Years

Name and Specialty: _____
Education – Licenced, registered, certified as: _____

_____ Years

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Education – Licenced, registered, certified as: _____

_____ Years

Name and Specialty: _____
Education – Licenced, registered, certified as: _____

_____ Years

Name and Specialty _____
Education – Licenced, registered, certified as: _____

_____ Years

4. Are all operators licensed by the provincial / territorial agency having jurisdiction? Yes No
If No, explain and list any operators not licensed: _____

5. Detail any losses or incidents arising from the operations of the Owner / Manager or any other operator in the last five years whether or not an insurance claim was made. Add additional page(s) if more space is required.

6. Are there any licencing conditions or limitations imposed on any of the operators? Yes No
If yes, provide full details: _____

7. Have any of the operators ever received a reprimand, revocation, suspension, cancellation or termination of their licence? Yes No
If yes, provide full details: _____

If available, a copy of the applicant's business brochure must accompany this questionnaire.