



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE

1200 West Third Street; Little Rock, AR 72201-1904
Phone: 501-371-2683 or 800-282-9134; Fax: 501-371-2747
Website: www.insurance.arkansas.gov/finance-prepaid.htm
Email: michelle.fahey@arkansas.gov

APPLICATION FOR RENEWAL OF A
PREPAID FUNERAL BENEFITS LICENSE

Date of Application Federal I.D. No.

- 1. Establishment Legal Name (Applicant):
2. Mailing Address:
3. Location Address (Physical Location):
4. Business Telephone: ()
5. Name of Manager:
6. Name, address and telephone number of person completing this form to whom information or correspondence regarding this application should be directed:

Telephone ()

Applicant is: () Individual Proprietor () General Partnership
() Corporation () Limited Partnership
() Other (Explain in Detail)

- 8. The names and titles of all persons who are designated Agents for the applicant; individuals responsible for collecting and depositing contract proceeds to the trust fund:
9. Has the applicant or any of its agents or employees been convicted of a felony within the last ten (10) years? Yes () No ()

If the answer is yes, please give the name of the person, type and nature of each felony, with additional relevant information, such as the date and place of each conviction:

- 10. The name and location address of each funeral establishment or cemetery owned by the applicant, including any branch, in this State:

- 11. If the applicant is a partnership (General or Limited) or a corporation, please list the names, titles, addresses and telephone numbers of all partners, officers, directors, trustees, etc.

12. Explain in detail any change in ownership of the Applicant since the previous application was filed with the Department: _____

13. Explain in detail any change in the sales contracts used or any additional contracts being used since the previous application was filed with the Department: _____

14. The names and titles of all persons authorized to execute and file cancellation and refund forms on the prepaid benefits contract proceeds:

15. The name of the person(s) responsible for the applicant's books and records and the physical location of the applicant's books and records: _____

16. The names and addresses of all trustees holding prepaid funeral benefits trust fund assets:

17. Explain in detail any change in Form AID FI F3 (Agreement to Hold, Invest and Administer Prepaid Funeral Benefits Trust) or the written trust agreement since the previous application was filed with the Department. _____

18. Please attach the following, as required by Arkansas Code Annotated 23-40-110(b):
 - a. Application Fee of \$200.00
 - b. An executed Form AID FI F4 (Certification of Net Worth By Applicant for Initial or Renewed License).

AFFIDAVIT

County _____
 State _____

I, _____ the undersigned, being the
 (Name)

 (Title)

of the _____
 (Corporation/Proprietorship)

swear, (or affirm), that to the best of my knowledge and belief, the statements contained in this application, including the accompanying statements and documents (if any), are true and complete.

By: _____

Subscribed and sworn to before me this _____ day of _____, 20 ____.

 Notary Public

 Commission Expiration Date