



**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

APPLICANT'S AFFIDAVIT OF NO EXISTING PREPAID CONTRACTS

As a part of an Application for a Prepaid Funeral Benefits Permit, _____
_____, the Applicant, hereby states under oath, that, to the
best of its knowledge and belief, the Applicant has not entered into and does not currently hold any
verbal or written prepaid contracts. The Applicant has not collected or received any direct or indirect
consideration from any individual or organization to provide prepaid funeral benefits.

Applicant

President/Owner

County _____
State Arkansas

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

Notary Public

Commission Expiration Date