



**ARKANSAS DEPARTMENT OF COMMERCE | ARKANSAS INSURANCE DEPARTMENT
PREPAID FUNERAL CONTRACTS RECOVERY PROGRAM FUND**

**1 COMMERCE WAY, SUITE 502
LITTLE ROCK, AR 72202-2087
(800) 282-9134 or (501) 371-2600**

<https://insurance.arkansas.gov/pages/industry-regulation/pre-paid-funeral/pre-paid-funeral-insurance/>

PREPAID FUNERAL CONTRACTS RECOVERY PROGRAM FUND APPLICATION FOR REIMBURSEMENT

NOTE: The Recovery Fund is to reimburse purchasers of prepaid funeral contracts who have suffered financial loss as a result of the malfeasance, misfeasance, default, failure or insolvency of any prepaid licensee, as provided in A.C.A. § 23-40-125(i). Reimbursements from the Fund shall be made only to the extent to which such losses are not bonded or otherwise covered, protected or reimbursed and only after the Applicant has complied with all applicable rules of the Fund. The Insurance Commissioner may reject or allow any claim in whole or in part to the extent that monies are available in the Fund.

The Arkansas General Assembly in A.C.A. § 23-40-125(a) established the prepaid recovery fund and directed the Arkansas Insurance Commissioner to provide for its funding and administration. There shall be no liability on the part of and no cause of action of any nature shall rise against any member of the Board, the Commissioner or his representatives, agents or employees, for any act or omission by them in the performance of their powers and duties, or in its administration, dispensation, handling, or collection of funds for the Prepaid Recovery Program Fund. **All payments shall be a matter of privilege and not of right, and no person shall have any right in the fund as a third-party beneficiary or otherwise.**

**PREPAID FUNERAL CONTRACTS RECOVERY PROGRAM FUND
APPLICATION FOR REIMBURSEMENT**

Date of Application: _____

Name of Applicant: _____

Address of Applicant: _____

Telephone/E-Mail: _____

Name and address of funeral home, cemetery, and/or individual(s) who caused alleged loss:

Description and nature of loss(es):

Date	Contract Beneficiary	Contract Purchaser	Amount of Loss

Also, please attach the following for each loss claimed:

1. A copy of any prepaid contract for each contract beneficiary upon which you base your claim for alleged loss.
2. A general statement of facts concerning the applications, including a description of efforts to obtain reimbursement from the licensee or others. (Attach separate sheet if needed)
3. Documentation of any receipts of funds in partial payment of the loss.
4. Copy of death certificate for each contract beneficiary where loss occurred.
5. Copy of the executed statement of funeral goods and services selected for each contract beneficiary where loss occurred.

_____ Date

_____ Signature of Applicant