



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE

1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
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E-Mail: AID.Prepaid@arkansas.gov

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

APPLICATION FOR RENEWAL OF A PREPAID FUNERAL BENEFITS LICENSE

Application Date: Federal Tax I.D. No.:

1. Establishment Legal Name (Applicant):

2. Mailing Address:

3. Physical Location Address:

4. Contact Information: Business Telephone: E-Mail:

5. Name of Manager:

6. Name(s), address(es), telephone number(s), and e-mail address(es) of the person(s) completing this form, to whom information or correspondence regarding this renewal application should be directed:

Name Address Phone No. E-Mail Address

Name Address Phone No. E-Mail Address

7. Applicant/Legal Establishment status:

- checkboxes for Sole Proprietorship, Corporation, Limited Liability Company (LLC), Public Limited Company (PLC), General Partnership, Limited Liability Partnership (LLP), Professional Limited Liability Co. (PLLC), Other

8. The name(s) and title(s) of all person(s) who are designated Agent(s) for the Applicant; individual(s) responsible for collecting and/or depositing contract proceeds to the trust fund or forwarding (as premium payments) to the insurance companies/third party administrators:

9. Has the Applicant or any of its Agents or Employees been convicted of a FELONY within the past ten (10) years? YES NO

If the answer is "YES," please list the name of the person, the type and nature of each felony, and additional relevant information, such as the date and place of each conviction. (Attach any supporting documentation, if necessary):

10. The name and physical 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 name(s), title(s), address(es) and telephone number(s) of all partners, officers, directors, trustees, etc.:

12. Explain (in detail) any **change of ownership** of the Applicant since the previous (initial or renewal) application was filed with the Department:

\_\_\_\_\_  
\_\_\_\_\_

13. Explain (in detail) any change in the **prepaid sales contract** used or any additional contract form(s) being used since the previous renewal application was filed with the Department. On insurance- and annuity-funded business, please also list any change(s) in your primary funding source (insurance company/third party administrator) since the previous application cycle:

\_\_\_\_\_  
\_\_\_\_\_

14. List the name(s) and title(s) of all persons authorized by the Applicant to **execute and file cancellation and refund forms** on the prepaid funeral benefits contract proceeds:

\_\_\_\_\_  
\_\_\_\_\_

15. The name of the person(s) responsible for the Applicant's books and records and the physical location/address of the Applicant's prepaid funeral-related books and records:

\_\_\_\_\_  
\_\_\_\_\_

16. The name(s) and address(es) of all "Trustees" (Banks and/or Brokers/Dealers acting as Custodian) holding and/or administrating prepaid funeral benefits trust-funded assets (Cash-Funded Only):

\_\_\_\_\_  
\_\_\_\_\_

17. Explain (in detail) any change(s) to the Applicant's *Agreement to Hold, Invest, and Administer Prepaid Funeral Benefits Trust* (form AID-FI-F3) (with trustee banks) or the *Custodial Agreement* (form AID-FI-CA) (with brokers/dealers acting as custodian) since the previous renewal application was filed with the Department:

\_\_\_\_\_  
\_\_\_\_\_

18. Please also attach the following to the renewal application [as required by [A.C.A. § 23-40-110\(b\)](#)]:

- **\$200.00 Renewal Application Fee** (Check, Money Order, or Cashier's Check – No Cash, Please)
- Completed/signed/notarized *Certification of Net Worth by Applicant for Initial License or Renewed License* (form AID-FI-F4)

**IMPORTANT:** All items need to be completed on the renewal application form. Please do not leave any items "blank." If the item is not applicable to you, indicate with "**N/A**" instead of leaving blank.

### AFFIDAVIT

County: \_\_\_\_\_

State: \_\_\_\_\_

I, \_\_\_\_\_, being the \_\_\_\_\_, of \_\_\_\_\_  
Individual Name (Printed) Position/Title with the Applicant/Licensee Applicant/Licensee Name

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

\_\_\_\_\_  
Applicant's Signature

[Notary Stamp/Seal]

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Commission Expiration Date