



STATE OF ARKANSAS
DEPARTMENT OF INSURANCE

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CERTIFICATION OF NET WORTH BY APPLICANT
FOR INITIAL LICENSE OR RENEWED LICENSE

On this ___ day of ___, 20 ___, I, _____,
Authorized Representative Name

an authorized representative of _____, the "Applicant," do
Corporation/Proprietorship

hereby state, under oath, the following:

- 1. As of the preceding calendar year-end, December 31, 20 ___, the aggregate contract price of all outstanding and unfulfilled prepaid funeral benefits contract(s) of the Applicant totaled \$ _____. Pursuant to Arkansas Code Annotated (A.C.A.) § 23-40-110(d)(1), each applicant for license shall, as of a date not preceding thirty (30) days of the application date, have a net worth in an amount equal to the greater of five thousand dollars (\$5,000.00) or three percent (3.0%) of the aggregate contract price of all prepaid funeral benefits contracts outstanding and unfulfilled as of the end of the preceding calendar year, up to a maximum net worth of two hundred fifty thousand dollars (\$250,000.00). Based upon the requirements of A.C.A. § 23-40-110(d)(1), the Applicant is required to have a minimum net worth of \$ _____.
2. The Applicant's Balance Sheet dated _____ [a date not more than thirty (30) calendar days prior to the application date], has been prepared in accordance with Generally Accepted Accounting Principles (GAAP) and reflects that the Applicant has/had an actual net worth amount of \$ _____.

By: _____
Applicant - Authorized Representative Signature

NOTARY PUBLIC

County: _____
State: _____

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

[Notary Seal]

Notary Public Signature

Commission Expiration Date