



**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](mailto:AID.Prepaid@arkansas.gov)

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

**APPLICANT'S AFFIDAVIT OF NO EXISTING PREPAID CONTRACTS**

As a part of an initial *Application for a Prepaid Funeral Benefits*, \_\_\_\_\_  
President/Owner Name

of \_\_\_\_\_, the Applicant, hereby states under oath that, to  
Corporation/Partnership/Sole Proprietorship applying for license

to the best of his/her knowledge and belief, the Applicant has not entered into and does not currently hold any verbal or written prepaid funeral benefits contracts. The Applicant has not collected or received any direct or indirect consideration from any individual or organization to provide prepaid funeral benefits.

\_\_\_\_\_  
Corporation/Partnership/Sole Proprietorship

\_\_\_\_\_  
President/Owner Signature

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

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

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

[Notary Seal]

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

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