



ALABAMA DEPARTMENT OF INSURANCE

Preneed Division

201 Monroe Street, Suite 502

Montgomery, AL 36130-3351

APPLICATION FOR PRENEED CERTIFICATE OF AUTHORITY

FORM AL-PNF-1 (03/2014)

NAME OF BUSINESS ENTITY

DBA NAME (if applicable)

BUSINESS ADDRESS:
(Note: Post Office Box is not acceptable)

Street Address

City

County

State

Zip

Federal Employer I.D. Number: ___-___-___ Fiscal Year End Date: _____

E-mail Address: _____

Business Telephone: (____) _____ - _____

DATE OF APPLICATION

Mark one of the following categories:

FUNERAL DIRECTOR
FSB License Number _____

CEMETERY AUTHORITY

FUNERAL ESTABLISHMENT
FSB License Number _____

THIRD PARTY SELLER

MAIL TO:

ALABAMA DEPARTMENT OF INSURANCE
P. O. BOX 303351
MONTGOMERY, ALABAMA 36130-3351

This application shall be accompanied by payment of \$150.00 non-refundable application fee. Make check payable to "Commissioner of Insurance, State of Alabama. If additional information is required by the Alabama Department of Insurance, the additional information must be provided within forty-five (45) days from the date of request.

For updates and other information, please visit www.aldoi.gov.

**STATE OF ALABAMA - DEPARTMENT OF INSURANCE
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TYPE OR PRINT

1. Mailing Address:

P. O. Box or Street Address

City

County

State

Zip

2. Attach a completed historical sketch (see page 5 of this application) for **all** principals of applicant, including officers, directors, and majority shareholders. The history must be for at least the **prior 10 years**.
3. Is the applicant, any of the persons listed herein, or any person with power to direct the management or policies of the applicant, the subject of a pending criminal prosecution or governmental enforcement action in any jurisdiction? Yes _____ No _____
4. Has the applicant, any of the persons listed herein, or any person with power to direct the management or policies of the applicant, been convicted or found guilty, regardless of adjudication, of any crime involving fraud, dishonest dealing, or any other act of moral turpitude? Yes _____ No _____
5. Has the applicant, any of the persons listed herein, or any person with power to direct the management or policies of the applicant, had a license, or the equivalent, to practice any profession or occupation denied, revoked, suspended or, otherwise acted against? Yes _____ No _____

IMPORTANT: For each "YES" answer to questions 3-5 above, attach details and provide a copy of the allegations. For questions 4 and 5 also provide official documentation of the final disposition of the case(s).

6. Has the applicant ever been the subject of any bankruptcy proceeding or had a judgment filed against it, either present, past or pending? Yes _____ No _____

IMPORTANT: For a "YES" answer to question 6 above, attach a statement of the facts, together with the name and location of the court(s) in which the proceedings were held or are pending.

7. Are there additional locations which will be conducting preneed business under this Certificate of Authority? Yes _____ No _____. If the answer is yes, provide a list of the locations which will be conducting preneed business under this Certificate of Authority. Provide location address and any name applicable. Advise the Alabama Department of Insurance of any subsequent changes.
8. A statement should be included as to what type of preneed contract(s) (cemetery or funeral) is proposed to be written and what type of funding vehicle(s) is proposed to be used (life insurance, trust, surety bond or letter of credit). Attach a copy of the type of preneed contract(s) to be used. Attach a copy of the proposed funding vehicle(s) to be used.
9. A statement should be included (if applicable) that the applicant has complied with the trust requirements for any funds received under contracts issued by himself or herself. Also a statement should be included (if applicable) that the applicant has disbursed interest, dividends, or accretions earned by trust funds, in accordance with the requirements of Title 27, Chapter 17A of the Code of Alabama 1975.
10. Will the applicant comply with the requirements of Title 27, Chapter 17A of the Code of Alabama 1975 and any rules and regulations promulgated by the Alabama Department of Insurance dealing with Chapter 17A. Yes _____ No _____
11. Has the applicant written any preneed contracts subject to Title 27, Chapter 17A of the Code of Alabama 1975 since May 1, 2002? Yes _____ No _____. If Yes, please explain. Has the applicant ever held a preneed certificate of authority? Yes _____ No _____. If Yes, please explain.
12. Is the applicant an individual/sole proprietor? Yes _____ No _____
If the answer is yes, complete and attach the Citizenship Declaration Form CDPCHBR-1 (11/2011) to the Application for Renewal of Preneed Certificate of Authority. **(If the applicant is a Corporation or LLC, the officers or members do not need to complete the Citizenship Declaration Form.)**

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13. Is the applicant a general partnership made up of individuals/partners? Yes ____ No ____

If the answer is yes, each partner must complete and attach the Citizenship Declaration Form CDPCHBR-1 (11/2011) to the Application for Renewal of Preneed Certificate of Authority. ***(If the applicant is a Corporation or LLC, the officers or members do not need to complete the Citizenship Declaration Form.)***

14. Section 27-17A-11 of the Alabama Code requires both initial applicants for certificates of authority and persons applying for the renewal of their certificates of authority to provide the Commissioner of the Alabama Department of Insurance with a full and true statement of financial condition which demonstrates, among other things, that the applicant "has the ability to discharge his or her liabilities as they become due in the normal course of business". All persons seeking to comply with these requirements must, at a minimum, provide financial statements with full disclosures to the Commissioner. The statement must be as of the last fiscal year ending prior to the date of this application. Under Rule 482-3-001-.05, the financial statement, including a cash flow statement, must be prepared using either generally accepted accounting principles or be prepared using the form and basis of accounting prescribed by that Rule. Financial statements prepared on any other basis will not be accepted.

STATE OF _____

COUNTY OF _____

The undersigned, being first duly sworn, deposes and says:

Application is hereby made for a certificate of authority as provided for in Title 27, Chapter 17A of the Code of Alabama 1975, to engage in business as a preneed seller of merchandise and services. I hereby affirm that the above information is true and correct and acknowledge that any misstatement may cause the Alabama Department of Insurance to initiate proceedings against the certificate of authority.

Signature of Applicant

Name of Officer, Director or Representative Agent (Type or Print)

Title of Applicant (Type or Print)

Date (Must be within 30 days prior to receipt by ALDOI)

Sworn to and subscribed before me, this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

(SEAL)

LIST OF PRINCIPALS

General Instructions and Information:

1. List all the principals for the Certificate of Authority and all Branches.
2. Include all officers, directors, owners, partners, etc.
3. This page can be copied as many times as is necessary. Please indicate at the top of each page the page number and total number of pages.
4. Attach completed historical sketches (see pages 5 and 6 of this application) for each principal listed below, including officers, directors, and majority shareholders. The history must be for at least the **prior 10 years**.

Summary Information:

Printed Name: _____

Relationship to Certificate of Authority Holder:

Owner ↑ % of Ownership: _____
 Officer ↑ Title: _____
 Director ↑
 Partner ↑
 Member ↑ (Limited Liability Company)
 Other ↑ Relationship: _____

Printed Name: _____

Relationship to Certificate of Authority Holder:

Owner ↑ % of Ownership: _____
 Officer ↑ Title: _____
 Director ↑
 Partner ↑
 Member ↑ (Limited Liability Company)
 Other ↑ Relationship: _____

Printed Name: _____

Relationship to Certificate of Authority Holder:

Owner ↑ % of Ownership: _____
 Officer ↑ Title: _____
 Director ↑
 Partner ↑
 Member ↑ (Limited Liability Company)
 Other ↑ Relationship: _____

Printed Name: _____

Relationship to Certificate of Authority Holder:

Owner ↑ % of Ownership: _____
 Officer ↑ Title: _____
 Director ↑
 Partner ↑
 Member ↑ (Limited Liability Company)
 Other ↑ Relationship: _____

Printed Name: _____

Relationship to Certificate of Authority Holder:

Owner ↑ % of Ownership: _____
 Officer ↑ Title: _____
 Director ↑
 Partner ↑
 Member ↑ (Limited Liability Company)
 Other ↑ Relationship: _____

HISTORICAL SKETCH OF PRINCIPALS
(Form must be complete)

The following pages are to be completed by each principal

I, _____, submit the following information to the Alabama Department of Insurance, for its use as a part of the application for a certificate of authority to sell preneed funeral merchandise and services and/or cemetery merchandise and services pursuant to Title 27, Chapter 17A of the Code of Alabama 1975 by

(name of applicant for certificate of authority)

Residence Address: _____
(Street Address)

(City) (County) (State) (Zip)

Have you, or any company of which you are, or were then, an officer or member, ever been the subject of a bankruptcy proceeding or had a judgment filed against you or the entity, either present, past or pending?
Yes _____ No _____

(If "Yes" provide a statement of the charges and facts of the case(s), together with the name and location of the court(s) in which the proceedings were held or are pending.)

Relationship to Applicant for Certificate of Authority: _____
(office held, % of ownership, etc.)

Other Business Affiliations: Provide a list of all business entities or organizations with which you are presently affiliated. Attach additional list if necessary. (This does not include social organizations.)

Business Name and Location	Nature of Business	Affiliation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment History:

Complete the following schedule to show employment history for the past **ten (10) years**. Attach an additional sheet if necessary.

Name of Present or Last Employer: _____

Type of Business: _____

Address: _____

Your Job Title: _____

Supervisor's Name: _____

From: ___ / ___ / ___ To: ___ / ___ / ___

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Name of Next Previous Employer: _____

Type of Business: _____

Address: _____

Your Job Title: _____

Supervisor's Name: _____

From: ___ / ___ / ___ To: ___ / ___ / ___

By affixing my signature to this form, I hereby agree that the Alabama Department of Insurance may make full inquiry of each of the above named persons and all former employers and all other persons concerning my business, professional or moral character and reputation, including the procurement of letters, statements or affidavits concerning the same that may be deemed pertinent to a determination of my qualifications for application to obtain a certificate of authority to sell preneed funeral merchandise and services, and do specifically waive all claims, damages, rights of action or causes of action that might otherwise accrue to me against any of said persons, resulting or arising from, or by reason of, any and all statements of fact or opinion given in good faith concerning me expressed by any of them in reply to any inquiry made by, or under the direction of, the Alabama Department of Insurance, whether the same be responsive to, or necessarily required by, such inquiry or not, and that all such statements shall be deemed privileged and not actionable by me unless such statements are, in fact, willfully made and falsely given with malice toward me. I understand that this inquiry may include a criminal background check through the Alabama Department of Public Safety or any other appropriate state agency and the National Criminal Information Center (NCIC).

CERTIFICATION

I hereby certify that the information presented herein is true and correct to the best of my knowledge and belief, that said information is submitted voluntarily by me to the Alabama Department of Insurance as essential data in connection with the application described above, and acknowledge that any misstatement may cause the Alabama Department of Insurance to initiate proceedings against the license.

Signature

Date Signed