



**ALABAMA DEPARTMENT OF
INSURANCE**
Preneed Division
201 Monroe Street, Suite 502
Montgomery, AL 36130-3351

The Preneed Certificate Holder of the Branch Applicant is a: (Check appropriate box below)	
<input type="checkbox"/>	Funeral Establishment
<input type="checkbox"/>	Cemetery Authority
<input type="checkbox"/>	Combination Funeral/Cemetery
<input type="checkbox"/>	Preneed Holding Company
<input type="checkbox"/>	Preneed Holding Company with Cemetery Branch(es)
<input type="checkbox"/>	Third-Party Seller

PRENEED BRANCH REGISTRATION – NEW APPLICATION
FORM AL-PNB-1 (REVISED 01/2016)

MAIL THIS APPLICATION TO:
ACCOUNTING DIVISION
P. O. BOX 303351
MONTGOMERY, ALABAMA 36130-3351

NAME OF BRANCH APPLICANT _____ D/B/A NAME (if applicable) _____

PHYSICAL ADDRESS (Street, City, State, Zip Code) (No P. O. Box) _____ TELEPHONE # _____

MAILING ADDRESS (P. O. Box or Street Address, State, City, Zip Code) _____

FAX # _____ E-MAIL ADDRESS _____ FSB LICENSE # (if applicable) _____

FEDERAL EMPLOYER I. D. # _____ CONTACT NAME _____ PHONE # _____

Type of Organization: Individual Partnership LLC LLP C Corp S Corp

Branch Type: Funeral Establishment Cemetery Authority Combination Funeral/Cemetery Third-Party Seller

NAME OF CERTIFICATE OF AUTHORITY HOLDER BRANCH APPLICANT WILL BE OPERATING UNDER _____

PHYSICAL ADDRESS OF CERTIFICATE OF AUTHORITY HOLDER _____ COA # _____

Is this application part of a transfer? Yes No
If Yes, it was a: Branch Registrant PN# _____ or Certificate Holder NAIC # _____

Is the Branch Applicant operating at more than one location under a common business enterprise with the same name?
 Yes No. If Yes, list the address of each location on a separate page. The list should include the address and telephone number of each branch, and whether it is a funeral establishment, cemetery authority, combination funeral/cemetery, or third-party seller.

The application must be accompanied by the payment of \$180.00 non-refundable application fee. Make check payable to "Commissioner of Insurance, State of Alabama". If additional information is required by the Department, the additional information must be provided within forty-five (45) days from the date of request.

Has the Branch been the subject of any bankruptcy proceeding or had a judgment filed against it, either present, past or pending? Yes No. If the answer is yes, attach a statement of the facts (including date(s)), together with the case: style, number, name and location of the court(s) in which the proceedings were held or are pending.

If you answered "Yes" above, did the bankruptcy proceeding or judgment involve insurance companies or policyholders/consumers related to the business of insurance or preneed? Yes No. If Yes, provide the company names and specific details.

PRENEED BRANCH REGISTRATION - NEW APPLICATION

Has or is the Branch Applicant, or any person with power to direct the management or policies of the Branch Applicant, been the subject of: (1) A pending criminal prosecution or governmental enforcement action in any jurisdiction: Yes No; (2) Convicted or found guilty, regardless of adjudication, of any crime involving fraud, dishonest dealing, or any other act of moral turpitude: Yes No; or (3) Had a license, or the equivalent, to practice any profession or occupation denied, revoked, suspended or otherwise acted against: Yes No. If any answers are Yes, explain on a separate page and include official documentation of the final disposition of the case(s).

Is the Branch Applicant or Certificate Holder or any person with power to direct the management or policies of the Branch 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. If yes, provide details on a separate page. Has the Branch Applicant or any person with power to direct the management or policies of the Branch Applicant, had a license, or the equivalent, to practice any profession or occupation denied, revoked, suspended or, otherwise acted upon? Yes No. If yes, provide details on a separate page.

What type of preneed contract(s) will be written by the Branch Applicant? Funeral Cemetery Combination

What type of funding will the Branch Applicant use? Trust Life Insurance Surety Bond Letter of Credit. Check all that apply. Attach a copy of each of the proposed funding vehicle(s) to be used.

If you hold a branch registration as an individual/sole proprietor, or as an individual/partner in a general partnership, you must check the appropriate box below and provide the required documentation. Each individual partner constituting a partnership must complete this page and provide the appropriate documentation.

I declare that I am a citizen of the United States. Please attach a copy of ONE of the following (see Ala. Code § 31-13-29(g)):

- Driver's license or other non-driver identification card
- Birth certificate
- United States passport or United States naturalization documentation
- Other proof of United States citizenship as defined in Ala. Code § 31-13-29(g)

I declare that I am not a citizen of the United States but that I am lawfully present in the United States and am eligible to engage in a public records transaction under Ala. Code § 31-13-29. Eligibility will be verified through the Systematic Alien Verification for Entitlements program operated under the United States Department of Homeland Security or by other verification with the United States Department of Homeland Security. Please attach a copy of ONE of the following (see Ala. Code § 31-13-3(10)):

- Valid, unexpired Alabama driver's license or unexpired Alabama non-driver identification card
- Valid federal or state government issued identification document bearing a photograph or other biometric identifier
- Other proof of lawful presence as defined in Ala. Code § 31-13-3(10)

PLEASE SIGN AND DATE BELOW.

I, as the certificate holder or the representative authorized to sign on behalf of the certificate holder, certify that the above information, including the attached financial statement, is true and correct to the best of my knowledge and belief. I certify that I have complied with all of the requirements of Chapter 27-17A, Code of Alabama, 1975 and request renewal of the Preneed Certificate of Authority. I understand that any person who knowingly presents false or fraudulent information to the Commissioner of Insurance or his representative, willfully fails to timely make deposits to trust, or knowingly withdraws unauthorized funds or assets from a trust may be guilty of a felony under Alabama Law and subject to restitution, fines, loss of any or all certificates of authority or other applicable licenses, prison or any combination thereof.

Signature of Branch Applicant/Authorized Representative

Date

Print Name

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