



ALABAMA DEPARTMENT OF INSURANCE  
Examination- Preneed Section  
201 Monroe Street, Suite 502  
Montgomery, AL 36104

## PRENEED BRANCH REGISTRANT

### NEW APPLICATION

FORM AL-PNC-2 (11/2021)

## COVER PAGE

**THIS PAGE MUST BE COMPLETED AND SUBMITTED WITH YOUR APPLICATION.**

**Note: Please do not print this form on both sides of the paper.**

NAME OF BRANCH APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

Please note that we will be unable to review your application submission until all documents have been filed and have been completed in their entirety.

### **Qualifications:**

- Company meets minimum equity requirement of \$10,000.
- Company has a Licensed Funeral Director or Establishment License.
- Company has at least one registered Preneed Sales Agent (PSA).

### **Documentation:**

- Branch Registrant Application completed in its entirety
- Copy of payment receipt for \$198.00
- Financial statement prepared according to Rule 482-3-003.10
- Citizenship documentation if individual or partnership
- List of Trustee(s), Insurance Company(s), Letter of Credit Bank(s), or Surety Bond Company(s)
- Sample contract for each funding vehicle
- Merchandise and Services Trust Agreement (if applicable)
- Signed trust participation agreement (if applicable)
- Preneed Sales Agent Application(s) and required documentation
- Endowment Care Trust Agreement (if applicable)

NEW PRENEED BRANCH REGISTRANT APPLICATION



ALABAMA DEPARTMENT OF INSURANCE
Examination – Preneed
201 Monroe Street, Suite 502
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Type of Business (Check appropriate box below)
[ ] Funeral Establishment
[ ] Combination Funeral/Cemetery
[ ] Cemetery Authority
[ ] Third-Party Seller

PRENEED BRANCH REGISTRANT
NEW APPLICATION

FORM AL-PNC-2 (REVISED 11/2021)

NAME OF BRANCH APPLICANT (Please include DBA if applicable)

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

TELEPHONE NUMBER

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

FAX NUMBER

E-MAIL ADDRESS

FSB LICENSE NUMBER

FEDERAL EMPLOYER I. D. NUMBER

NAME OF CERTIFICATE HOLDER OVER BRANCH REGISTRATION

COA NUMBER

MAILING ADDRESS OF CERTIFICATE HOLDER

1. Type of Organization: [ ] Individual [ ] Partnership [ ] LLC [ ] LLP [ ] C Corp [ ] S Corp

2. Is this application part of a transfer? [ ] Yes [ ] No

If yes, was it operated as a: [ ] Certificate Holder NAIC # [ ] Branch Registrant PN#

3. 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 and the type of business (Funeral Establishment, Cemetery Authority, Combination Funeral/Cemetery, or Third-Party Seller) at each location on a separate page.

4. What type of preneed contracts will be written? [ ] Funeral [ ] Cemetery [ ] Funeral and Cemetery.

Attach a copy of the preneed contract(s) the Branch Applicant will use to write preneed and/or cemetery merchandise and services.

5. What type of funding will be used to fund preneed contracts? (Check all that apply)

[ ] Trust [ ] Life Insurance [ ] Letter of Credit [ ] Surety Bond

6. On a separate page, list the trustee, life insurance company, letter of credit bank, or surety bond company.

Attach a copy of each of the funding vehicle(s) to be used by the Applicant.

Form continued on next page.

**NEW PRENEED BRANCH REGISTRANT APPLICATION**

7. Has or is the Branch Applicant or any person listed herein, or any person with power to direct the management or policies of the Branch Applicant, been the subject of:
- a. A pending criminal prosecution or governmental enforcement action in any jurisdiction:  Yes  No
  - b. Convicted or found guilty, regardless of adjudication, of any crime involving fraud, dishonest dealing, or any other act of moral turpitude:  Yes  No
  - c. 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).

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

**If 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.

**10a.** If you answered yes above, did the bankruptcy proceeding or judgment involve an insurance company or policyholders/consumers related to the business of insurance or preneed?  Yes  No

**If yes**, provide the company names and specific details.

9. Has the Branch Applicant ever held a preneed certificate of authority?  Yes  No

**If yes**, explain on a separate page.

10. Has the Branch Applicant ever written any preneed contracts subject to Title 27-17A of the Code of Alabama 1975 since May 1, 2002?  Yes  No **If yes**, explain on a separate page.

11. **ALA. Code § 27-17A-11 requires Applicants for certificates of authority to provide the Commissioner with a full and true statement of its 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 applicants must provide, at a minimum, financial statements with full disclosures. The financial statement must be as of the last fiscal year ending prior to the date of this application. Rule 482 -3-003-.10 requires that the financial statement include a balance sheet, income statement, cash flow statement and notes to the financial statement. The financial statement may be prepared using either Generally Accepted Accounting Principles or be prepared using the statutory basis of accounting as prescribed by that Rule. Financial statements prepared on any other basis will not be accepted.

**Form continued on next page.**

**NEW PRENEED BRANCH REGISTRANT APPLICATION**

12. If the Applicant is applying for a preneed certificate of authority as an individual/sole proprietor, or as an individual/partner in a general partnership, the Applicant must check the appropriate box below and provide the required documentation. Each and every 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)

NEW PRENEED BRANCH REGISTRANT APPLICATION

**PLEASE SIGN AND DATE BELOW.**

If the Applicant is issued a preneed certificate of authority, the Applicant agrees to comply with the requirements of Title 27, Chapter 17A of the Code of Alabama 1975 and any rules, regulations and bulletins promulgated by the Department dealing with Chapter 17A.

I, as the Applicant or the representative authorized to sign on behalf of the Applicant, 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 and will comply with all the requirements of Chapter 27-17A, Code of Alabama, 1975 and request approval of my application for a 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

**This application must be accompanied by the payment of a \$198.00 non-refundable application fee.**

**Payment should be made online at : <https://appengine.egov.com/apps/al/aldoi/examiners> Applications and required documentation can be uploaded with the payment.**

**All documents not uploaded through the website above should be mailed to the address below:**

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

**ATTENTION: If additional information is required by the Department of Insurance, the requested information must be provided within twenty (20) business days from the date of the request. Failure for timely response will result in a denial of your application.**