



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

| Type of Certificate Holder (Check appropriate box below) | |
|---|------------------------------|
| <input type="checkbox"/> | Funeral Establishment |
| <input type="checkbox"/> | Cemetery Authority |
| <input type="checkbox"/> | Combination Funeral/Cemetery |
| <input type="checkbox"/> | Third-Party Seller |

PRENEED CERTIFICATE OF AUTHORITY RENEWAL APPLICATION
RENEWAL YEAR* BEGINNING SEPTEMBER 1, 20_____
 FORM AL-PNC-R (REVISED 04/2015)

THIS APPLICATION MUST BE RECEIVED BY THE ALABAMA DEPARTMENT OF INSURANCE ON OR BEFORE JULY 1 FOR THE CURRENT RENEWAL YEAR*.

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

| | | |
|--|-------------------------|---------------------------|
| _____ NAME OF PRENEED CERTIFICATE HOLDER | _____ COA # | _____ NAME OF CONTACT |
| _____ ADDRESS OF PRENEED CERTIFICATE HOLDER | | _____ TELEPHONE NUMBER |
| _____ FAX NUMBER | _____ E-MAIL ADDRESS | |

Type of Organization Individual Partnership LLC LLP C Corp S Corp

Is the Certificate Holder 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

Does the Certificate Holder have any branch locations? Yes No. If yes, list all branch registrants on a separate page. The list should include the address and telephone number of each branch registrant; the branch registrant number, and whether it is a funeral establishment, cemetery authority, third-party seller or combination.

The application must be accompanied by the annual renewal fee as shown on the renewal invoice.

Has the Certificate Holder been granted a financial statement exemption? Yes No. If the answer is yes, attach a copy of the exemption letter.

Has there been a change in ownership of the entity holding the preneed certificate of authority? Yes No. If the answer is yes, please describe the change on a separate sheet of paper.

Since filing last year's renewal application, has the name, address, telephone number or email address of the Certificate Holder changed? Yes No. If the answer is yes, please describe the changes on a separate sheet of paper.

Has the Certificate Holder been the subject of any bankruptcy proceeding or had a judgment filed against it since the date of the last application? 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.

Were any of the monies owed to insurance companies or policyholders/consumers related to the business of insurance or preneed? Yes No. If yes, provide the company names and specific details.

***Current Renewal Year** is from September 1 of the present year until August 31 of the following year.

If you hold a certificate of authority or 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 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)

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 Certificate Holder/Authorized Representative

Date

Print Name