

Preneed Renewal

You are entering information for the current year renewal of your Preneed Certificate of Authority. All sections must be completed before submission. Applications are late after July 1st, at which time a penalty will automatically begin to accrue. Before you submit this renewal you will be asked to certify that the information provided is true and correct with the understanding that submitting fraudulent information is a felony under Alabama law.

Company Number: 12345 Company Name: XYZ Preneed Company Address: P O BOX 1234 City/State/Zip: Hometown AL 78910 Phone: 123-456-7890 Email: Email@domain.com
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Reporting Year: 20XX

*All fields required

This Preneed Certificate Holder is a:

- Funeral Establishment
- Cemetery Authority
- Combination Funeral/Cemetery

Type of Organization:

- Individual
- Partnership
- LLC
- LLP
- C Corp
- S Corp

Preparer Information:

Preparer Position: Preparer Name:

Preparer Email: Preparer Phone:

Financial Information:

Pre-law Receivables: Pre-law Deferred Revenue:

Post-law Receivables: Post-law Deferred Revenue:

Goodwill: Total Liabilities:

Total Assets: Equity/Surplus:

Net Income:

1. What accounting method was used to prepare this financial data? GAAP DOI Form
2. Has this accounting method changed since your last financial statement?
 No Yes
3. Has there been a change in ownership of the entity holding the preneed certificate of authority?
 No Yes
4. Since filing last year's renewal application, has the name, address, telephone number or email address of the Certificate Holder or Branches Changed? No Yes
5. 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? No Yes
*You must submit 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. [Upload Here.](#)
- 5b. If you responded Yes to the previous question, were any of the monies owed to insurance companies or policyholders/consumers related to the business of insurance or preneed? No Yes

*Please upload documentation with company names and specific details [Upload here.](#)
6. Does the Certificate Holder have a secondary location operating as a common business enterprise, using the same name, but without its own Certificate of Authority or branch registration? No Yes

Provide the name, address and telephone number of each additional location and indicate the type (whether it is a funeral establishment, cemetery authority, or combination operation).

Name:

Address:

City/State/ Zip: ALABAMA

Type of Organization: Funeral Establishment Cemetery Authority Combination Funeral/Cemetery

Submit renewal and pay invoice