

STATE OF DELAWARE
OFFICE OF THE STATE BANK COMMISSIONER
555 EAST LOCKERMAN STREET, SUITE 210
DOVER, DELAWARE 19901

RENEWAL APPLICATION
For License Under Chapter 34
PRENEED FUNERAL CONTRACTS LICENSE

Website Address: _____

In compliance with the requirements of Section 3406, Title 5, Delaware Code, and providing for the regulation of accepting preneed funeral contracts:

_____ Company Name of Applicant

desires to engage in such business as can be conducted under the provisions of said Act and hereby makes application for a license in accordance with its terms:

1. E. I. Number of Applicant: _____

2. Address of Principal Office where Delaware business is to be conducted:

No. & Street	City	State	Zip Code
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3. Name, title, business address and residence address of every member, officer, and director thereof if the applicant is a firm, partnership, association or corporation. (If more than five, please attach list).

Name	Title	Residence Address	Business Address
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4. A recent financial statement for the applicant company must be submitted.

5. **SURETY BOND AND/OR LETTER OF CREDIT**

Please indicate which of the following applies:

_____ a) Attached is a copy of our continuous surety bond.

_____ b) Attached is an original continuation certificate extending the validity of our surety bond through and including December 31, 2018 (or later).

_____ c) Attached is an original amendment to our irrevocable letter of credit extending the validity of the LOC through and including December 31, 2020 (or later).

_____ d) Attached is a copy of our irrevocable letter of credit, which is already valid through and including December 31, 2020 (or Later).

_____ e) Attached is a brand new, original surety bond valid through and including December 31, 2018 **OR** a brand new, original irrevocable Letter of Credit valid through and including December 31, 2020.

6. Name and address of all consumers for whom you have preneed funeral contracts together with the amount (as of the date of this data) and the names and addresses of the financial institutions where the funds are held.

7. Application Submission Information.

- The license fee of \$25.00 must accompany this application.
- Please make checks payable to *State of Delaware*.

I hereby certify that I am authorized to sign and submit this application for licensure on behalf of the applicant company, in my role as principal of said application company, and that the information contained herein is true and correct to the best of my knowledge and belief.

Signature of Principal Officer

Print Name

Title

Date

CORPORATE SEAL

* Check here if you do not have a corporate seal

Sworn and subscribed before me this _____ day of _____, 2____.

Signature of Notary Public

My Commission expires on _____.

NOTARY SEAL

PRENEED FUNERAL CONTACT SHEET

Name of Licensee: _____

EMPLOYER IDENTIFICATION NUMBER: _____

A contact and all requested information must be provided for each of the following categories:

Supervisory Assessment _____

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

License Renewal

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

Examination

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

Complaints

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

Public Contact

Name and Title Telephone # Extension #

Email Address Fax #

Mailing Address

Changes in the above contacts must be reported to our office immediately.

Revised: 7/29/2016