STATE OF DELAWARE OFFICE OF THE STATE BANK COMMISSIONER 1110 FORREST AVENUE DOVER, DELAWARE 19904

Telephone No. (302) 739-4235

www.banking.delaware.gov

Fax No. (302) 739-2356

RENEWAL APPLICATION FOF LICENSE UNDER CHAPTER 34 PRENEED FUNERAL CONTRACTS

Website Address	s:		
In compliance with the requirement regulation of accepting preneed fund		re Code, and provi	iding for the
	Licensee Name		
desires to engage in such business a application for a license in accordan		isions of said Act	and hereby makes
1. FIN or SSN:			· · · · · · · · · · · · · · · · · · ·
2. Address of Principal Office who	ere Delaware business is conducted	1:	
Address	City	State	Zip Code
Telephone #			
(Must be	consistent with current address	on record)	
3. Additional licensed locations be	eing renewed:		
Address	City	State	Zip Code
Telephone #			
Address	City	State	Zip Code
Telephone #			
Address	City	State	Zip Code
Telephone #			

(Must be consistent with current address on record)

4. 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

5. A recent Balance Sheet and Income Statement of the licensee must be submitted (dated within the last six months).

6. SURETY BOND AND/OR LETTER OF CREDIT

Please indicate	which	of the	following	applies:
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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, 2024 (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, 2026 (or later).
d)	Attached is a copy of our irrevocable letter of credit, which is already valid through and including December 31, 2026 (or later).
e)	Attached is a brand new, original surety bond valid through and including December 31, 2024, OR a brand new, original irrevocable Letter of Credit valid through and including December 31, 2026.

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

- 8. Application Submission Information.
 - The license fee of \$25.00 (per location) must accompany this application.
 - Please make checks payable to State of Delaware and reference it as "Renewal Fee."
 - Applications received on or before the December 1, 2023, deadline, but without all required fees, will be considered late and treated accordingly.
 - If you are not renewing a particular licensed location, you must state this in writing on your letterhead.

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

, c		
	Signature of Principal Officer	
	Print Name	
	Title	
	Date	
CORPORATE SEAL		
*Check here if you do not have a corpo	orate seal	
Sworn and subscribed before me this	day of	
	Signature of Notary Public	
	Signature of Notary Public	
My Commission expires on	·	
	NOTA	ARY SEAL

PRENEED FUNERAL

Name of Licensee:			
EMPLOYER IDENTIFIC	ATION NUMBER:		
A contact and all requested	d information must be provided for	or each of the following categories:	
Supervisory Assessment:			
	Name and Title	Telephone #/Ext. #	
	Email Address	Fax #	
	Mailing Address		
License Renewal:			
	Name and Title	Telephone #/Ext. #	
	Email Address	Fax #	
	Mailing Address		
Examination:			
	Name and Title	Telephone #/Ext. #	
	Email Address	Fax #	
	Mailing Address		
Complaints:			
	Name and Title	Telephone #/Ext. #	
	Email Address	Fax #	
	Mailing Address		
Public Contact:			
	Name and Title	Telephone #/Ext. #	
	Email Address	Fax #	
	Mailing Address		

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