

**NEBRASKA DEPARTMENT OF INSURANCE**  
1526 K Street, Suite 200  
Lincoln, Nebraska 68509

**Application for Initial License \_\_\_ Renewal License \_\_\_**  
*For Pre-Need Seller Pursuant to the Nebraska Burial Pre-Need Sales Act*

Date: \_\_\_\_\_

Fee: \$100.00

The application must be completed in full (typewritten or printed in ink) by the Applicant, signed and notarized. You have the duty to provide correct answers to all questions on this application. This application may be denied if any answer is incorrect or incomplete. If additional space is needed in answering any questions, attach the information to this form.

1. (a) Establishment Name: \_\_\_\_\_  
(b) Legal Entity (if different): \_\_\_\_\_  
(c) Business Address: \_\_\_\_\_  
(d) Mailing Address (if different): \_\_\_\_\_  
(e) Business Telephone Number: \_\_\_\_\_  
(f) Fax Telephone Number: \_\_\_\_\_  
(g) E-Mail Address: \_\_\_\_\_  
(h) Federal ID Number: \_\_\_\_\_  
(i) Manager: \_\_\_\_\_

2. Does the Applicant also hold an Insurance Agency License? (Please note that an Insurance Agency License is not the same as a Pre-Need Seller's License as it is a separate establishment license to sell insurance.)  
Yes \_\_\_ No \_\_\_

If so, please provide the following information:

- (a) Establishment Name: \_\_\_\_\_
- (b) Legal Entity's Name (If different): \_\_\_\_\_
- (c) Insurance Agency License Number: \_\_\_\_\_
- (d) Insurance Agency License Expiration Date: \_\_\_\_\_

3. Has the Applicant's Pre-Need Seller's License ever been refused, revoked, suspended, terminated or has been voluntarily surrendered? Yes \_\_\_ No \_\_\_

If yes, give date and details. \_\_\_\_\_  
\_\_\_\_\_

4. Has the Applicant or any of its agents, employees, officers, directors or association trustees been convicted of a crime within the last ten years? (Exclude those involving traffic offenses) Yes \_\_\_ No \_\_\_

If yes, give the name of the person, type and nature of each misdemeanor and felony, with additional relevant information such as the date and the place of each conviction.  
\_\_\_\_\_  
\_\_\_\_\_

5. Has the Applicant ever been adjudged bankrupt or does the Applicant have a bankruptcy action pending?  
Yes \_\_\_ No \_\_\_

If yes, give date and details. \_\_\_\_\_

6. When submitting this application complete and provide the following:

- (a) Exhibit A. If the Applicant is a Sole Proprietorship, list the names, phone number(s) and address(es) of the owners of the establishment filing this form; or
- (b) Exhibit A. If the Applicant is a partnership, corporation, association, or other legal entity, list the names, titles, phone numbers and addresses of all partners, officers, directors, etc. In addition, if the Applicant is a subsidiary, please identify the Parent Company and provide the same information for the parent company's officers, directors, etc. as well.
- (c) Exhibit B. List all Pre-Need Agents, including employees and independent contractors, authorized to make Pre-Need Sales in the name of the Applicant. (If any of the person noted is not presently licensed as a Pre-Need Agent, indicate the date upon which application will be made for such persons.) In addition, include any Licensed Insurance Agents as well on this exhibit.
- (d) Exhibit C. In the event of common ownership, list the names and addresses of affiliated funeral homes, cemeteries, or monument companies.
- (e) Exhibit D. If the Applicant is not a provider of burial or funeral merchandise and/or services, Applicant must disclose what arrangements and contracts Applicant makes to enable it to fulfill its Pre-Need Sales obligations.
- (f) The most recent Statement of the Applicant's Assets and Liabilities. (This information will be kept confidential.)
- (g) One copy of each form of sales agreement the Applicant will used to make Pre-Need Sales.

7. In the event this application is approved, the Applicant understands and agrees:

- (a) To maintain accurate accounts, books, and records of all transactions required under the Burial Pre-Need Sales Act, including copies of all contracts involving Pre-Need Sales, and to make and file annual reports as required by the Act;
- (b) To make all books and records pertaining to Pre-Need Trust funds available to the Director of Insurance for examination and to be responsible for the costs of conducting such an examination as determined by the Act;
- (c) To advise the Director of Insurance within 30 days for any changes in the information contained herein or in any of the documents submitted with or as part of this application, with the exception of the termination of the agency relationship between the pre-need seller and one or more of its agents upon which the Director should be advised immediately.

In support of this application, I certify that I understand that I have the duty to provide truthful and correct answers to the above questions and that this application may be denied if any answers are found to be incomplete or incorrect. I further certify that my answers as above given are true and that no fact has been omitted.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

State of Nebraska )  
 ) ss.  
County of \_\_\_\_\_ )

Subscribed to in my presence and duly sworn this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature







**Provider(s) of Burial or Funeral Merchandise and/or Services, if Other Than Applicant**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Contact Person, Title:** \_\_\_\_\_

**Arrangement for the Provision of Burial or Funeral Merchandise and/or Service:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Contact Person, Title:** \_\_\_\_\_

**Arrangement for the Provision of Burial or Funeral Merchandise and/or Service:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Contact Person, Title:** \_\_\_\_\_

**Arrangement for the Provision of Burial or Funeral Merchandise and/or Service:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_