



**STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
LICENSING DIVISION**

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Identifier # _____

Amount _____

Dist # _____

Check # _____

**PRE-NEED SELLER
LICENSE APPLICATION / RENEWAL**

New License Application **License Renewal**

(Please Print or Type)

Fee: \$100.00

| | | | | | | | | | |
|---|--|--|--|--|---|---|---|---|--|
| 1) FEIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | 2) National Producer Number (NPN) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | |
| 3) Pre-Need Seller Business Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | 4) Legal Entity Name (if different) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | |
| 5) Business Address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | 6) City <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | 7) State <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | 8) Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| | | | | 9) Email Address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | 10) Business Phone <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | |
| 11) Mailing Address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | 12) City <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | 13) State <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | 14) Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| | | | | 15) PO Box <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | 16) Fax Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |

Background History

| | | |
|--|--|--|
| 1. Does the applicant currently hold a Nebraska insurance agency license? If YES, please provide the following information: <i>(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.)</i> Agency Licensee Name: _____ NE License Number: _____ NE License Expiration Date: _____ | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Has any state ever refused, revoked, suspended, or terminated your insurance license(s) or Pre-Need license(s)? If YES, please provide an explanation. | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. 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) If YES, please provide an explanation and documentation for each event. | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Has the Applicant ever been adjudged bankrupt or does the Applicant have a bankruptcy action pending? If YES, please provide date and details of bankruptcy. | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Additional Requirements

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.

(Continued from page 1)

- (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.

Applicant's Certification and Attestation

The Applicant must read the following very carefully:

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.

Manager's Name

Manager's Signature

Date

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

State of _____ County of _____.

Notary Public

NEBRASKA DEPARTMENT OF INSURANCE
INSURANCE LICENSING DIVISION
P.O. BOX 95087
LINCOLN, NE 68509-5087

doi.licensing@Nebraska.gov
Licensing Division: (402) 471-4913
DOI Main Line: (402) 471-2201
Toll Free: 833-410-5609
Fax: (402) 471-4610

Application for Pre-Need Seller's License

Exhibit A

Listing of Owners, Officers, Directors, etc. for Applicant

| Name | Title | Address |
|-------------|--------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Parent Company of Applicant: _____

| Name | Title | Address |
|-------------|--------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Application for Pre-Need Seller's License

Exhibit B

Listing of Pre-Need Agents

| Name | Pre-Need License # | Address |
|-------------|---------------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Listing of Insurance Agents

Insurance Agency: _____

| Agent's Name | License Number | Address |
|---------------------|-----------------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Exhibit C

Listing of affiliated Funeral Homes, Cemeteries, or Monument Companies

| Name | Address |
|-------------|----------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Exhibit D

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:

