

(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 use 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 82089
LINCOLN, NE 68501-2089**

**E-mail: DOI.Licensing@Nebraska.gov
Licensing Division: (402) 471-4913
DOI Main Line: (402) 471-2201
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:

