

NEBRASKA DEPARTMENT OF INSURANCE

941 "O" Street, Suite 400

Lincoln, Nebraska 68508

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.

Application for Pre-Need Seller's License

Exhibit B

Listing of Pre-Need Agents

Name	Pre-Need License Number	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Insurance Agency: _____

Listing of Insurance Agents

Name	Insurance License Number	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

