



**APPLICATION FOR LICENSE - PRENEED FUNERAL CONTRACT SELLER**

Preneed Contract Seller				
(check one)	Corporation	Partnership	Sole Proprietorship	
Address				
	(Street)	(City)	(State)	(Zip)
FEDERAL IDENTIFICATION NUMBER				

List ALL d/b/as used by the contract seller in the sale of preneed contracts  
(NOTE: Must be on file with the Colorado Secretary of State)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Detail owners and provide ownership interest:

<u>NAME</u>	<u>% OWNERSHIP</u>
_____	_____
_____	_____
_____	_____

Are there any changes in the ownership information as previously filed? YES \_\_\_ NO \_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

List ALL officers and directors (note changes from previous filings by an\*)

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____
_____	_____

Do you intend to sell only Trust Funded Preneed Contracts, only Insurance Funded Preneed Contracts or both? Please check the appropriate response:

Trust Funded - only  Insurance Funded - only  Both Trust and Insurance Funded contracts





If you elect to sell Insurance Funded Preneed Contracts, provide the name(s) of the licensed insurance company(s) below, or you may attach a copy of each agreement:

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Have you entered into any General Providers agreements? Please list the names of these entities below:

<u>Name of Provider</u>	<u>Services Provided</u>
<hr/>	<hr/>
<hr/>	<hr/>
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***In the event this application is approved, the applicant agrees to make available such records for examination by a representative of the Colorado Division of Insurance when requested.***

***Applicant has made no false statements or representations in this application; is not insolvent; has not conducted any business in a fraudulent manner; has not been convicted of a crime involving misappropriation or misuse of funds, nor has any officer or director been so convicted.***

***As a condition precedent to and as a consideration for the issuance of the license herein applied for, the applicant hereby declares acceptance of the terms and provisions of the laws of the State of Colorado applicable to said applicant.***

(Corporate Seal)

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(Officer Signature)

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(Title)

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(Date)

