

APPENDIX C. PREPAID FUNERAL BENEFITS PERMIT ORIGINAL APPLICATION

PREPAID FUNERAL BENEFITS PERMIT ORIGINAL APPLICATION

General Information

Name of Organization:

_____ (include True name and if applicable Doing Business As name)

Type of Organization: _____ Sole Proprietor* _____ Partnership*
_____ Corporation*

State Tax ID: _____ Federal Tax ID: _____

*Each Proprietor or member of the Partnership/Corporation must submit a Biographical Affidavit

Physical Address:

Mailing Address:

Phone Number: _____ Alt Phone Number: _____

Fax Number: _____
(if applicable)

Email Address: _____ Web Address: _____

Funeral Director in Charge:

General Interrogatories

1. Has the owner or any principal employees of the organization been admonished, censored, suspended or fined within the last year by the Oklahoma Funeral Board for violations involving funeral home activities?

Yes _____ No _____

If yes, please attach statement of explanation.

2. Have any of the principals (owner[s], manager, employees with fiduciary duties, etc.) ever been convicted of a felony or misdemeanor involving moral turpitude?

Yes _____ No _____

If yes, explain:

3. Have you or your organization ever applied for a permit from this Department?

Yes _____ No _____

Were you approved or denied?

Approved _____ Denied _____

If denied, please attach statement of explanation.

If approved, did your permit lapse, was it sold or other _____?

Please attach statement of explanation.

Prepaid Funeral Contract Funding

Insurance Assignment Only

Does the establishment offer an in-house insurance agent? _____ If yes, please provide agent's Name and License Number _____

Insurance and/or Trust

Financial Institution where trust monies will be deposited; attach additional sheet if necessary.

Name	Address	City	Zip
(A Trust Agreement must be submitted for each financial institution listed.)			

Designated Agent(s), as defined in §6126, who will be responsible for the deposit of funds collected under contracts for prepaid funeral benefits; attach additional sheet if necessary.

Name	Address	City	Zip
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Name	Address	City	Zip
(Submit a Biographical Affidavit for each Designated Agent.)			

I, _____, being first duly sworn, state that I have read the within and foregoing application and that the answers supplied by me therein are true and correct to the best of my knowledge and belief and further that I will comply with the Prepaid Funeral Benefit laws of Oklahoma and the Rules of the State Insurance Commissioner in all my conduct under the permit.

STATE OF _____)
) ss.
COUNTY OF _____)

Signature of Applicant Date

Applicant's Printed Name and Title

Notary Public My Commission Expires

(notary seal)

The statutory fee of \$50.00, made payable to the Oklahoma Insurance Department, must accompany this application.