

APPENDIX M. APPLICATION FOR RENEWAL OF PREPAID FUNERAL BENEFITS PERMIT

Application for Renewal of Prepaid Funeral Benefits Permit - Renewal

Year _____

Permit Number: _____

Name of Organization: _____

(include True name and if applicable Doing Business As

name)

hereby makes application for a renewal of permit from the Oklahoma Insurance Commissioner as authorized by Title 36 § 6121 et seq.

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Alt Phone Number: _____ Fax Number: _____

Email Address: _____ Web Address: _____

Funeral Director in Charge: _____

The organization also agrees to comply with all requirements of the Prepaid Funeral Benefits Act (§ 6121 et seq.) which in part includes notification of those acting as designated agents (§6126). Please create a listing of the organizations designated agents and attach the listing to this application for renewal.

Does the establishment offer an in-house insurance agent? _____ If yes, please provide:

Agent's Name and License Number: _____

I, _____, being first duly sworn, state that I have read the within and foregoing application for renewal 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)

***A Fifty Dollar (\$50.00) renewal fee, payable to the Oklahoma Insurance Department, must accompany application.**
PFBR-2009