



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



## PRENEED FUNERAL CONTRACT PROVIDER INITIAL APPLICATION

**Mailing Address**

P.O. Box 5757  
Columbia, SC 29250-5757

S.C. Code Ann. § 32-7-10 *et seq.* & S.C. Code Ann. § 40-19-290(E)  
(803) 734-4251 | [www.consumer.sc.gov](http://www.consumer.sc.gov) | (803) 734-4200

**Street Address**

293 Greystone Boulevard, Ste. 400  
Columbia, SC 29210-8004

**IMPORTANT:** Print legibly or type information requested on this form in its entirety. Illegible or faxed applications will not be accepted. Incomplete information could result in delay or denial of your application. When completing the application, attach additional pages as necessary.

**\*Application is not complete without the filing fees. Make checks payable to S.C. Department of Consumer Affairs.\***

### GENERAL INFORMATION

Business Name  
(Headquarters/Main) \_\_\_\_\_

DBA \_\_\_\_\_ Funeral Home License No. \_\_\_\_\_

Type of Business (check one and provide FTIN or SSN in box to right) } Fed Tax ID No. \_\_\_\_\_

Corporation  Limited Liability Company  
 Limited Partnership  Limited Liability Partnership

Are you in good standing with the Secretary of State's Office?  Yes  No

General Partnership  Sole Proprietorship } SSN \_\_\_\_\_

Is your funeral home owned by a holding company or another corporation?  
If "Yes," attach details.  Yes  No

Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If different from above) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website Address \_\_\_\_\_

Designated/Registered Agent\* \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*\*The designated/registered agent is the person designated to receive any legal documents served on your business.*

Contact Person\*\* \_\_\_\_\_ Telephone No. ( ) - \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax No. ( ) - \_\_\_\_\_

*\*\*The contact person is the person the Department will call with any questions about the application.*

Funeral Director \_\_\_\_\_  
 Funeral Director's License No. \_\_\_\_\_

**List the names and business address of all owners, partners, members, and directors of the Funeral Home.**

(Attach additional pages as necessary.)

NAME	TITLE	ADDRESS

**LOCATIONS:** Attach a list all funeral home branch locations that will: (1) offer and sell preneed funeral contracts; (2) receive payments on preneed funeral contracts; or (3) receive and/or hold any preneed funeral contracts. Include the following information for each branch: location/DBA name; physical address (and mailing address if different); and contact person.

**Multiply the number of locations by \$250.**

This total amount is your filing fee.

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**QUESTIONS**

1. Is the funeral home listed as a defendant in any lawsuit?  Yes  No  
*If "Yes," attach complete details of the litigation(s).*
  
2. Have you ever had any funeral service or preneed license denied, suspended, revoked, surrendered or have you ever been disciplined by licensing authorities in this or any other state or jurisdiction?  Yes  No  
*If "Yes," attach a separate statement giving complete details.*
  
3. Has any monetary payment, including the sale of preneed insurance, ever been accepted for the purpose of furnishing or providing future services or funeral merchandise?  Yes  No  
*If "Yes," attach a separate statement furnishing the names, dates, and amounts of funds.*
  
4. Have any verbal or written agreements been made and/or payment accepted for future goods or services?  Yes  No  
*If "Yes," attach a separate statement furnishing the names, dates, and amounts of funds accepted.*
  
5. Number of services that you performed in the previous calendar year: \_\_\_\_\_
  
6. How many preneed contracts do you expect to sell in a calendar year if you are licensed? \_\_\_\_\_

**OTHER ATTACHMENTS:** Please use the checklist below to verify your application is complete. Incomplete information could result in delay or denial of your application.

- \$250 Application Fee **per location** (amount calculated in Locations section above)
- Financial Statement for the applicant (funeral home) as of the most recent fiscal year. Personal financial statements of the funeral home manager and owner may be substituted for new company statements. ("New" being a company in business for less than one year.)
- A copy of the organization's agreement, Articles of Incorporation, or Articles of Organization, as applicable
- Evidence of registration with the South Carolina Secretary of State, if a corporation, limited liability company, or limited partnership (i.e. a copy of Certificate of Existence or Certificate of Authority to Transact Business in South Carolina)



Original Bond or Letter of Credit. The amount required on the bond or letter of credit will increase as your total dollar amount of outstanding contracts increases, as shown below. It is the responsibility of each funeral home licensed to sell preneed funeral contracts to maintain the appropriate bond or letter of credit amount.

Total Insurance & Trust Balance	Amount of Bond or Letter of Credit Required
\$0 – \$100,000	\$15,000
\$100,001 - \$250,000	\$30,000
\$250,001 - \$500,000	\$45,000
\$500,001 and over	\$75,000

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.**