



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



PRENEED FUNERAL CONTRACT PROVIDER RENEWAL 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 | (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) _____ Funeral Home License No. _____

DBA _____ Preneed License No. _____

Type of Business (check one and provide FTIN or SSN in box to right)
 Corporation Limited Liability Company
 Limited Partnership Limited Liability Partnership
Are you in good standing with the Secretary of State's Office? Yes No

} Fed Tax ID No. _____

General Partnership Sole Proprietorship } SSN _____

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 Number _____

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 \$200.

This total amount is your filing fee.

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QUESTIONS

1. Have there been any changes to the names and/or business addresses of any owner, member, officer or director of the Funeral Home? Yes No

If "Yes," please attach the updated information.

2. Is the funeral home listed as a defendant in any lawsuit? Yes No

If "Yes," attach complete details of the litigation(s).

3. 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.

4. What is the total amount of funds currently held in trust accounts and/or insurance policies for outstanding preneed funeral contracts not yet fulfilled?

Trust Account Total: _____

+ *Insurance Policy Total:* _____

= *Funds Total:* _____

5. Place a checkmark next to the category below which describes the total amount of funds held for preneed funeral contracts not yet fulfilled and required amount of financial responsibility (bond or letter of credit).

Total Insurance & Trust Balance	Required Bond or Letter of Credit Amount	Check One
\$0 – \$100,000	\$15,000	<input type="checkbox"/>
\$100,001 – \$250,000	\$30,000	<input type="checkbox"/>
\$250,001 – \$500,000	\$45,000	<input type="checkbox"/>
\$500,001 and over	\$75,000	<input type="checkbox"/>

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

- \$200 Renewal Fee **per location** (amount calculated in Locations section above)
- Updated bond, bond continuation letter, or letter of credit
- Attachments for the following (if necessary):
 - Additional locations;
 - Changes to names and/or business address of owner, member, officer or director;
 - Litigation information;
 - Statement detailing denial, suspension, revocation, or surrendering of preneed license in this or another state or jurisdiction; and
 - Statement detailing disciplinary action by any licensing authorities in this or another state or jurisdiction.

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.