



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS**



**RENEWAL LICENSE
TO SELL PRENEED FUNERAL CONTRACTS**

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

S.C. Code Ann. §§ 32-7-10 et seq.
www.consumer.sc.gov
803-734-4200/800-922-1594/803-734-4229 FAX

Street Address
2221 Devine St., Suite 200
Columbia, SC 29205

DO NOT FAX THIS FORM See Renewal Instructions. **Please Type or Print Legibly in Ink.**
Attach additional page(s) as necessary.

A. General Business Information

1. a. Name of Funeral Home: _____
b. Doing business as: _____
2. a. Funeral Home License Number: _____ b. Preneed License Number: _____
3. Street Address of Funeral Home: _____

Address

*City**State**Zip Code**County*
4. Mailing Address of Funeral Home: _____

Address

*City**State**Zip Code**County*
5. Telephone Number(s): _____ Fax Number(s): _____
6. Email Address: _____
7. Website (if available): _____
 - a. Name of Managing Director: _____ b. License Number: _____

B. Background Questions

9. Have there been any changes to the names and business addresses of any owner, member, officer or director of the Funeral Home? Yes No
If the answer is yes, please attach the updated information.
10. Is the funeral home named as a defendant in any lawsuit? Yes No
If the answer is yes, attach complete details of the litigation(s).
11. 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.
12. 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: | |

13. 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):

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

14. LOCATIONS: (a) List all funeral home 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 and (b) designate a preneed funeral contracts contact person(s) for each location.

(Attach additional sheets if necessary.)

NOTE: The filing renewal fee is \$200 per location.

| Preneed License Number | Address | Phone Number | Contact Person |
|------------------------|---------|--------------|----------------|
| | | | |
| | | | |
| | | | |

15. Multiply the number of locations in Application Question #14 by \$200.00= _____

This total is your filing fee. Your renewal will **NOT** be processed without remitting the appropriate filing fee.

Please take a moment to review your renewal form and verify that you have included:

- Your renewal fee
- Updated bond, bond continuation letter, or letter of credit
- Attachments for renewal items 9, 10, 11, or 14 if necessary

The undersigned swears or affirms and certifies that he/she has completed and/or reviewed all information in this application and that all information contained herein and in addending and supplemental forms is true and accurate. The undersigned further certifies that giving false information in this application or any addending or supplemental forms constitutes cause for denial and revocation of the application or license and subjects him/her to criminal prosecution for perjury. **The undersigned acknowledges the duty and agrees to update and correct this information as it changes.** The undersigned warrants that his or her signature below is duly authorized and delivered by and for the entity for which he/she signs.

Signature of person completing the form

Type or Print your name

Type or Print your Business Relationship or Title

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20 ____

Notary Public For: _____

My Commission Expires: _____