



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

PRENEED FUNERAL CONTRACTS - REPORTING FORM

CONTRACTS WITH INSURANCE COMPANY

S.C. Code Ann. §§ 32-7-10 et seq. and S.C. Code Ann. § 40-19-290(E)

www.consumer.sc.gov

803-734-4291/800-922-1594/803-734-4229 FAX

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

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

Date Submitted : _____

Funeral Home _____ Preneed License Number _____
 Funeral Director _____ Contact Person _____
 Funeral Home Address _____ Telephone Number _____

This completed form is to be submitted to the South Carolina Department of Consumer Affairs, PO Box 5757, Columbia, SC 29250-5757. In addition to the form, a copy of each new contract, a copy of the funeral goods and services agreement, and a \$20.00 fee for each contract written, payable to the South Carolina Department of Consumer Affairs, should be attached. The check **must** be issued by the Funeral Home (no personal checks accepted).

A. CONTRACTS SOLD

Date of Contract	Name and Address of Purchaser and Beneficiary, if Different from Purchaser.	Name Address of Insurance Company Where Funds are Deposited	Total Amount of Contract	Insurance Policy Number	Guaranteed/Non-Guaranteed and Revocable/Irrevocable
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

B. CONTRACTS PERFORMED, CANCELLED OR TRANSFERRED

Date of Original Contract	Policy Number	Name of Purchaser	Name of Beneficiary	Death, Cancellation or Transfer	Date of Death, Cancellation or Transfer
				Select One	
				Select One	
				Select One	
				Select One	
				Select One	
				Select One	
				Select One	
				Select One	
				Select One	
				Select One	
				Select One	