



**ALABAMA DEPARTMENT OF INSURANCE**

**Preneed Division  
201 Monroe Street, Suite 502  
Montgomery, AL 36130-3351**

**APPLICATION FOR RENEWAL OF PRENEED BRANCH REGISTRATION  
FORM ARBPR (11/2011)**

THIS APPLICATION MUST BE RECEIVED BY THE ALABAMA DEPARTMENT OF INSURANCE ON OR BEFORE APRIL 1, 2012 OR BE POSTMARKED ON OR BEFORE MARCH 31, 2012.

**MAIL THIS APPLICATION TO:**  
PRENEED DIVISION  
P. O. BOX 303351  
MONTGOMERY, ALABAMA 36130-3351

\_\_\_\_\_  
NAME OF BRANCH REGISTRANT

\_\_\_\_\_  
ADDRESS OF BRANCH REGISTRANT

\_\_\_\_\_  
TELEPHONE NUMBER OF BRANCH REGISTRANT

\_\_\_\_\_  
BRANCH REGISTRANT NUMBER

\_\_\_\_\_  
NAME AND CERTIFICATE NUMBER OF CERTIFICATE HOLDER

\_\_\_\_\_  
TYPE OF BRANCH REGISTRANT (Funeral Establishment/Director, Cemetery Authority, Third-Party Seller)

**The following information must be provided with regard to the annual renewal of the preneed branch registration.**

Has there been a change in ownership with the entity listed as a branch registrant? \_\_\_ Yes \_\_\_ No

Has any information furnished with the previous application for a branch registration changed? \_\_\_ Yes \_\_\_ No  
If the answer is yes, please describe such changes on a separate sheet of paper.

For the renewal year, how will the preneed contracts be funded?

\_\_\_\_\_  
(Trust Fund, Life Insurance, Letter of Credit, Surety Bond)

Has there been a change in the funding method since the previous application? \_\_\_ Yes \_\_\_ No

If the answer is yes, what was the previous funding method? \_\_\_\_\_

Is the preneed branch registrant an individual/sole proprietor? \_\_\_ Yes \_\_\_ No

If the answer is yes, complete and attach the Citizenship Declaration Form CDPCHBR-1 (11/2011) to the Application for Renewal of Preneed Certificate of Authority.

Is the preneed branch registrant a general partnership made up of individuals/ partners? \_\_\_ Yes \_\_\_ No

If the answer is yes, each partner must complete and attach the Citizenship Declaration Form CDPCHBR-1 (11/2011) to the Application for Renewal of Preneed Certificate of Authority.

**I certify that the above information is true and correct to the best of my knowledge and belief. I also certify that I have complied with all the requirements of Chapter 27-17A, Code of Alabama 1975.**

\_\_\_\_\_  
Signature of Certificate Holder/Branch Registrant

\_\_\_\_\_  
Date