

This registration form shall be accompanied by payment of a \$25 non-refundable registration fee. Make check or money order payable to "Commissioner of Insurance, State of Alabama." All requirements for registration must be satisfied within 45 days from date of request by the Commissioner. An individual may begin functioning as a Preneed Sales Agent (PSA) as soon as a completed application for registration is submitted to the Commissioner by a Sponsoring Preneed Certificate Holder (PCH). The registration, unless disapproved, will be issued for the remainder of the license year, which ends March 31 each year. A PCH who has registered a PSA shall notify the Commissioner within 30 days after the individual's status as a PSA has been terminated. The PCH will receive an invoice in April for the renewal of all PSAs then authorized and for whom the Commissioner has not received a notice of termination.

PART A (TO BE COMPLETED BY THE SPONSORING PRENEED CERTIFICATE HOLDER) - PLEASE TYPE or PRINT CLEARLY

I hereby affirm that the Preneed Sales Agent (PSA) applicant described in this application is authorized to offer, sell, and sign preneed contracts on behalf of the Preneed Certificate Holder (PCH) identified in this application; that the applicant has been trained in the provisions of Chapter 17A of Title 27, Code of Alabama 1975, as it relates to preneed sales, preneed contracts, and the nature of merchandise, services, and burial rights sold by this PCH.

Name of PCH: _____

FEIN: _____ PCH Company Number: _____

Address: _____
Street or P.O. Box City State Zip Code

Name of Principal of PCH: _____

Signature of Principal of PCH: _____ Date: _____

PART B (TO BE COMPLETED BY THE PSA APPLICANT) - PLEASE TYPE or PRINT CLEARLY

Name of PSA Applicant: _____

List any other names by which you have been known (maiden name, alias, etc.):
_____PSA License Number*: _____ Social Security No.: ____ - ____ - _____ Date of Birth: _____
*if already registered in Alabama Month Day YearAddress: _____
Street (no P.O. Box) City State Zip Code TelephoneMailing Address,
if different: _____
Street or P.O. Box City State Zip Code Facsimile

I hereby affirm, under penalty of perjury, that all of the information submitted in this application, including the answers to the questions on page two and any supporting documentation attached hereto, is true and correct and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for the revocation of license and may subject me to civil or criminal penalties. By signing below I also acknowledge that I have been trained in the provisions of Chapter 17A of Title 27, Code of Alabama 1975, as it relates to preneed sales, preneed contracts, and the nature of merchandise, services, and burial rights sold by the above-named PCH and that I meet the requirements set forth in said law as a PSA.

Signature of PSA Applicant: _____ Date: _____

The Preneed Sales Agent (PSA) applicant must carefully read each of the following questions and indicate his or her answer as "Yes" or "No" in the space indicated. **For each "Yes" answer to questions 1, 2, 3, or 4, you must attach a written explanation providing details and documentation of the final disposition of the case(s).**

- 1. Have you ever been convicted of, or are you currently charged with, committing a crime whether or not adjudication was withheld? Yes ___ No ___

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict or a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence, or a fine.

If you answer yes, you **MUST ATTACH** to this application:

- a.) a written statement explaining the circumstances of each incident,
- b.) a copy of the charging document, and
- c.) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

- 2. If your answer to number 1 above was "yes", did the conviction or charge in question relate, in any way, to the funeral or cemetery business? Yes ___ No ___

- 3. Are you the subject of any pending governmental enforcement actions in any jurisdiction? Yes ___ No ___

- 4. Have you ever had a license (or its equivalent) to practice any profession or occupation? denied, suspended or revoked, or otherwise acted against? Yes ___ No ___

- 5. Are you now or have you ever been licensed as an insurance agent or insurance broker in the State of Alabama? Yes ___ No ___

If so licensed in the last 5 years, please indicate your license number _____ and the names of the insurance companies you currently represent (attach additional sheets if necessary):

- 6. Are you registered as a preneed sales agent on behalf of any preneed certificate holder (PCH) other than as indicated on page one of this application? Yes ___ No ___

If the answer is yes, have you received written consent from all certificate holders? Yes ___ No ___

If so, please indicate the names of the other PCH(s) (attach additional sheets if necessary):

INSTRUCTIONS:

- 1. **PLEASE TYPE OR PRINT.** Registration of Preneed Sales Agents (PSA) must be on Form AL-PNS-1 (12/2009). This form may be reproduced.
- 2. **All signatures on the form must be original. No photocopies or facsimiles of signatures will be accepted.**
- 3. The PSA applicant must complete Part B of this form before the Preneed Certificate Holder (PCH) completes Part A. If the PSA applicant has previously registered in the State of Alabama and already issued a PSA License Number, please indicate the number. If not, please leave blank and a number will be assigned.

4. After the PSA applicant has completed Part B, the PCH must then complete Part A. The PCH must carefully review the Applicant's answers to all questions, along with any and all attachments. Please note that a principal of the PCH must sign the statement indicating that the PSA applicant "has been trained in the provisions of Chapter 17A of Title 27, Code of Alabama 1975, as it relates to preneed sales, preneed contracts, and the nature of merchandise, services, and burial rights sold by this PCH."
5. Please attach a company check or money order in the amount of \$25, which is a non-refundable registration fee, payable to "Commissioner of Insurance, State of Alabama." The application will be returned without processing if not accompanied by the fee indicated. Multiple applications may be submitted together with one check for all combined fees.
6. MAIL this completed application to:
Alabama Department of Insurance
Accounting Division
P.O. Box 303351
Montgomery, AL 36130-3351