



COLORADO

**Department of
Regulatory Agencies**

Division of Insurance

APPLICATION FOR LICENSE – PRENEED FUNERAL CONTRACT SELLER

Name of Preneed Contract Seller: _____

Check box that applies: ☐ Corporation ☐ Partnership ☐ Sole Proprietorship

Business Contact Name & Title: _____

Business Address: _____

Business Phone: _____ Mobile Phone: _____

Email: _____ Federal ID Number: _____

List all DBAs used by the contract seller in the sale of preneed contracts (Note: This information must be on file with the Colorado Secretary of State.)

Owner(s) Name(s) (please print): _____ % of Ownership Interest: _____

Any changes in Ownership from previous filing? ☐ Yes ☐ No

If Yes, please explain. _____

List names and titles of all officers & directors. (Insert * to indicate change from previous filings.)

Check which of the following you intend to sell:

☐ only Trust-Funded preneed contracts ☐ only Insurance-Funded preneed contracts

☐ both Trust-Funded and Insurance-Funded preneed contracts





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If you elect to sell Insurance-Funded Preneed Contracts, provide below the name of each licensed insurance company. Attach a copy of each agreement.

Have you entered into any General Provider's agreements? ☐ Yes ☐ No

If yes, please list below (or on a separate sheet): (1) the names of these entities, and (2) services provided.

In the event this application is approved, the applicant agrees, when/if requested by a representative of the Colorado Division of Insurance, to make available such records for examination.

The applicant attests that: no false statements or representations have been made in this application; and that the applicant is not insolvent; has not conducted any business in a fraudulent manner; has not been convicted of a crime involving misappropriation or misuse of funds, nor has any officer or director been so convicted.

As a condition precedent to and as a consideration for the issuance of the license herein applied for, the applicant hereby declares acceptance of the terms and provisions of the laws of the State of Colorado applicable to said applicant.

Corporate Seal
(if available)

(Officer Printed Name and Signature)

(Title)

(Date)

E-mail inquiries to (Attn Preneed) at: dora_ins_corporateaffairs@state.co.us

