

## **Common Questions for Completing the CEASE Preneed Provider Application:**

Box 1: List the ENTITY and DBA (if applicable) as it is licensed with the board

Box 2: Enter the license number of the ENTITY currently licensed by the board.

Box 3: Mark the box that indicates why this license is being closed.

Box 4: Date you expect to close on the business transactions or cease operations completely, if this date changes after this form is submitted to the board office please communicate in writing of the new date.

### **SECTION A:**

Box 1: Date you complete this application

Box 2: Date of your last Annual Report. Annual Reports should be filed with the board by 10/31 of each year.

### **Section B:**

Please provide the list of all CURRENT preneed contracts that HAVE NOT been serviced as of the date of this application. You can mark this section as See Attached and enclose lists of the contracts.

### **Section C:**

List the name and physical address for the entity purchasing your business and the preneed provider, if this is a new entity not already licensed by the board mark the pending box.

### **Section D:**

List all Preneed Sellers that were authorized to sell preneed contracts on behalf of this provider. Insurance companies should not be listed here as they are not licensed by the board.

### **Section E:**

List the person who is responsible for maintaining the books and records of this Preneed provider license. Also include their phone number, email, and/or fax number, physical address and physical address of where the books and records are located.

### **Section E:**

This section should be completed by the person authorized to conduct business on behalf of this entity.