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Montgomery, Alabama 36106

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[preneed@fsb.alabama.gov](mailto:preneed@fsb.alabama.gov)



MAILING ADDRESS:  
Post Office Box 309522  
Montgomery, Alabama 36130

OFFICE TELEPHONE NUMBER:  
(334) 242-4049

FAX NUMBER:  
(334) 353-7988

## APPLICATION FOR FINANCIAL STATEMENT WAIVER FOR CERTIFICATE OF AUTHORITY LICENSE RENEWAL

### CHECKLIST

INDICATE COMPLETION OF ITEMS ON THE CHECKLIST BY MARKING THE BOX NEXT TO EACH ITEM

**IF THE APPLICANT CANNOT MARK ALL BOXES ACKNOWLEDGING ITEMS ON THE CHECKLIST,  
DO NOT SUBMIT THE APPLICATION**

MET	REQUIRED QUALIFICATIONS
	There are no valid complaints filed against the Certificate of Authority license since the last examination
	There have been no administrative actions instituted against the Certificate of Authority license since the last examination
	All outstanding preneed contracts written by the Certificate of Authority license or any of the Branch Registrant license registered under the Certificate of Authority license since April 30, 2002, are fully funded in accordance with the Alabama Preneed Funeral and Cemetery Act of 2023.
	All outstanding preneed contracts written by the Certificate of Authority license or any of the Branch Registrant license registered under the Certificate of Authority license since April 30, 2002, are funded by life insurance, annuity, or trust with the deposit of one hundred percent (100%) of all funds collected on all outstanding preneed contracts in trust within thirty (30) days after the end of the calendar month in which the funds are collected
	All required or requested records have been provided to the board in a timely manner
SUBMITTED	REQUIRED DOCUMENTS
	Application completed in its entirety
	A copy of the Preneed Contract Sales Log showing the Net Amount of Contracts for all outstanding preneed contracts
	A copy of the Contract Status Report from the trust company to show trusted and non-trusted amounts for each outstanding preneed contract funded by trust
	Report of Preneed Activity for the Certificate of Authority license as well as each Branch Registrant license registered under the Certificate of Authority license

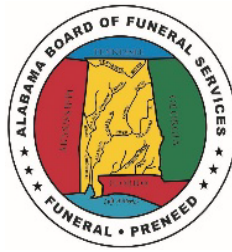
- Questions regarding an application should be emailed to [preneed@fsb.alabama.gov](mailto:preneed@fsb.alabama.gov) or through our website: [www.fsb.alabama.gov](http://www.fsb.alabama.gov) > About Us > Contact Us
- No application will be considered for approval until all items on the checklist are satisfied, unless otherwise approved by the Board.

**ATTENTION: IF ADDITIONAL INFORMATION IS REQUIRED BY THE BOARD, THE REQUESTED INFORMATION MUST BE PROVIDED NO LATER THAN THE DATE GIVEN IN THE REQUEST. FAILURE TO RESPOND TIMELY WILL RESULT IN A DENIAL OF YOUR APPLICATION.**

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### APPLICATION

**NOTE: IF THE CERTIFICATE OF AUTHORITY LICENSE HAS ANY OUTSTANDING PRENEED CONTRACTS THAT ARE FUNDED BY A SURETY BOND OR A LETTER OF CREDIT, THE CERTIFICATE OF AUTHORITY LICENSE DOES NOT QUALIFY FOR A FINANCIAL STATEMENT WAIVER.**

**IF GRANTED, THE FINANCIAL STATEMENT WAIVER WILL APPLY ONLY TO THE UPCOMING LICENSE RENEWAL. A NEW APPLICATION MUST BE FILED FOR EACH YEAR THAT A FINANCIAL STATEMENT WAIVER IS DESIRED.**

ANY PERSON KNOWINGLY PRESENTING FALSE OR FRAUDULENT INFORMATION TO THE ALABAMA BOARD OF FUNERAL SERVICES OR ITS REPRESENTATIVE(S) MAY BE GUILTY OF A CLASS C FELONY PURSUANT TO TITLE 34, CHAPTER 13, OF THE CODE OF ALABAMA 1975. THE FINANCIAL STATEMENT WAIVER DOES NOT EXEMPT THE CERTIFICATE OF AUTHORITY LICENSE FROM HAVING A FINANCIAL STATEMENT ON FILE. THE CERTIFICATE HOLDER MUST BE ABLE TO PRODUCE A FINANCIAL STATEMENT AT ANY TIME WHEN REQUESTED BY THE BOARD. BY SIGNING BELOW, THE AUTHORIZED REPRESENTATIVE OF THE CERTIFICATE OF AUTHORITY LICENSE CERTIFIES THAT THE ABOVE REQUIREMENTS HAVE BEEN SATISFIED TO THE BEST OF HIS OR HER KNOWLEDGE AND BELIEF. THE AUTHORIZED REPRESENTATIVE OF THE CERTIFICATE OF AUTHORITY LICENSE FURTHER CERTIFIES THAT THEY HAVE LEGAL RIGHT TO ACT AS AUTHORIZING REPRESENTATIVE OF THE CERTIFICATE OF AUTHORITY LICENSE.

NAME OF CERTIFICATE OF AUTHORITY LICENSE:	
D/B/A NAME (if applicable):	
CERTIFICATE OF AUTHORITY LICENSE NUMBER:	DATE OF APPLICATION:
NAME OF AUTHORIZED REPRESENTATIVE OF THE CERTIFICATE OF AUTHORITY LICENSE:	
SIGNATURE OF AUTHORIZED REPRESENTATIVE OF THE CERTIFICATE OF AUTHORITY LICENSE:	
TYPE OF FUNDING OF PRENEED CONTRACTS (select all that apply and submit Contract Status Report(s) for all outstanding trust-funded contracts):	
Insurance/Annuity	Trust
Surety Bond	Letter of Credit
SUBMIT A COPY OF THE PRENEED CONTRACT SALES LOG WITH THIS APPLICATION TO SHOW THE NET AMOUNT OF CONTRACT FOR ALL OUTSTANDING CONTRACTS WRITTEN UNDER THE CERTIFICATE OF AUTHORITY LICENSE OR ANY BRANCH REGISTRANT LICENSE REGISTERED UNDER THE CERTIFICATE OF AUTHORITY LICENSE.	