



**STATE OF ARKANSAS
DEPARTMENT OF INSURANCE**

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**CERTIFICATION OF NET WORTH BY APPLICANT
FOR INITIAL LICENSE OR RENEWED LICENSE**

On this ____ day of _____, 20 ____, I, _____, (Name)
an authorized representative of _____, the Applicant, do
(Corporation/Proprietorship)
hereby state under oath, the following:

1. As of the preceding calendar year end, December 31, ____, the aggregate contract price of all outstanding and unfulfilled prepaid funeral benefits contracts of the Applicant totaled \$_____. Pursuant to Arkansas Code Ann. 23-40-110(d)(1), each applicant for license shall, as of a date not preceding thirty (30) days of the application date, have a net worth in an amount equal to the greater of five thousand dollars (\$5,000.00) or three percent (3.0%) of the aggregate contract price of all prepaid funeral benefits contracts outstanding and unfulfilled as of the end of the preceding calendar year, up to a maximum net worth of two hundred fifty thousand dollars (\$250,000.00). Based upon the requirements of Arkansas Code Annotated 23-40-110(d)(1), the Applicant is required to have a minimum net worth of \$_____.
2. The Applicant's balance sheet dated _____, 20____, [a date not preceding thirty (30) days of the application date], has been prepared in accordance with generally accepted accounting principles and reflects the Applicant to have a net worth of \$_____.

Authorized Representative

County _____
State Arkansas

Subscribed and sworn to or affirmed before me this ____ day of _____, 20 ____.

Notary Public

Commission Expiration Date