



**DEPARTMENT OF FINANCIAL SERVICES**  
*Division of Funeral, Cemetery & Consumer Services*  
200 East Gaines Street  
Tallahassee, FL 32399- 0361

**PRENEED LICENSE ANNUAL RENEWAL STATEMENT**

**OF**

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D/B/A: \_\_\_\_\_

PNL Number: \_\_\_\_\_

Note: Please indicate if the above is not correct.

**INFORMATION AS OF DECEMBER 31**  
**LICENSURE PERIOD JULY 1 – JUNE 30, 20\_\_\_\_\_**

MAIL TO:

DEPARTMENT OF FINANCIAL SERVICES  
BOARD OF FUNERAL, CEMETERY AND CONSUMER SERVICES  
200 EAST GAINES STREET  
TALLAHASSEE, FLORIDA 32399-0361

Annual PNL Renewal Statement for July 1– June 30, 20\_\_\_\_ of:

\_\_\_\_\_

**Pursuant to Chapter 497, all preneed contracts must be secured by trust funds, surety bonds or insurance policies. Please complete this page separately for every trustee, surety or insurance company that secured preneed contracts during the calendar year ending December 31<sup>st</sup>.**

NAME OF TRUSTEE, SERVICING AGENT, INSURANCE COMPANY AND/OR SURETY COMPANY WHICH SECURED SALES MADE DURING THE CALENDAR YEAR :

\_\_\_\_\_ Account Number \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

	<u>Number</u>	<u>Gross Sales</u>
PRENEED CONTRACTS <b>ENTERED INTO</b> DURING CALENDAR YEAR:	_____	\$ _____
PRENEED CONTRACTS <b>CANCELLED</b> DURING CALENDAR YEAR:	_____	\$ _____
PRENEED CONTRACTS <b>FULFILLED</b> DURING CALENDAR YEAR:	_____	\$ _____
PRENEED CONTRACTS <b>OUSTANDING</b> AT CALENDAR YEAR END:	_____	\$ _____

	<u>Principal</u>	<u>Interest</u>
BALANCE IN TRUST FUND: Itemize trust funds if more than one trust.	\$ _____	\$ _____

OUTSTANDING INSURANCE POLICIES  
 FACE VALUE AMOUNT OF UNFULFILLED PRENEED CONTRACTS: \$ \_\_\_\_\_  
 Itemize if more than one insurance company was utilized.

OUTSTANDING SURETY BONDS (FACE VALUE): \$ \_\_\_\_\_  
 OUTSTANDING SURETY BOND LIABILITY: \$ \_\_\_\_\_  
 Itemize if more than one surety company was used.

**Please answer the following for any activity during the calendar year.**

	<u>Yes</u>	<u>No</u>
CHANGES IN LEGAL ENTITY (Corporation, LLC, Partnership):	_____	_____
CHANGES IN OWNERSHIP:	_____	_____
DISCIPLINARY ACTION PURSUANT TO CHAPTERS 497 (Licensee or Principal):	_____	_____
CONVICTED OR FOUND GUILTY OF A CRIME (Licensee or Principal): If yes, please supply documentation.	_____	_____

The following person is available to supply further information, if needed, to the Department:

Name and Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Please print  
 E-Mail Address: \_\_\_\_\_

**NOTE: If additional pages were needed for above, please consolidate response on the following summary sheet.**

Annual PNL Renewal Statement for July 1 – June 30, 20\_\_\_\_ of:

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**SUMMARY**

(To be completed if additional pages were submitted for Page 2)

	<u>Total Number</u>	<u>Total Gross Sales</u>
PRENEED CONTRACTS <b>ENTERED INTO</b> DURING CALENDAR YEAR:	_____	\$ _____
PRENEED CONTRACTS <b>CANCELLED</b> DURING CALENDAR YEAR:	_____	\$ _____
PRENEED CONTRACTS <b>FULFILLED</b> DURING CALENDAR YEAR:	_____	\$ _____
PRENEED CONTRACTS <b>OUSTANDING</b> AT CALENDAR YEAR END:	_____	\$ _____
	<u>Principal</u>	<u>Interest</u>
BALANCE IN <b>TRUST FUND</b> :	\$ _____	\$ _____
<b>OUTSTANDING INSURANCE POLICIES</b>		
FACE VALUE AMOUNT OF UNFULFILLED PRENEED CONTRACTS:	\$ _____	
<b>OUTSTANDING SURETY BONDS</b> (FACE VALUE):	\$ _____	
<b>OUTSTANDING SURETY BOND LIABILITY</b> :	\$ _____	

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**Annual PNL Renewal Statement Certification**

**Application is hereby made for the renewal of a preneed license as provided for in Section 497.453, Florida Statutes, to engage in business as a preneed seller of services and merchandise. I hereby affirm that the information submitted in conjunction with said renewal is true and correct and acknowledge that any misstatement may cause the Department of Financial Services an/or the Board of Funeral, Cemetery and Consumer Services to initiate administrative action against the license holder.**

STATE OF \_\_\_\_\_  
(To be completed by Notary)

\_\_\_\_\_  
Print name of Principal (Owner, Officer, Director or Representative Agent)

COUNTY OF \_\_\_\_\_  
(To be completed by Notary)

\_\_\_\_\_  
Print Title of Principal

\_\_\_\_\_  
Signature of Principal

Subscribed and Sworn Before Me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

SEAL