



NEBRASKA DEPARTMENT OF INSURANCE
P.O. BOX 95087
LINCOLN, NE 68509-5087

**ADVISORY ORGANIZATION APPLICATION FOR CERTIFICATE OF AUTHORITY TO
TRANSACTION BUSINESS PURSUANT TO Neb.Rev.Stat. §44-7518**

1. Name of Applicant: _____
2. Federal I.D. # _____ Date Incorporated _____
3. Principal Business Address: _____
Street Address

City State Zip Code
4. Mailing Address: _____
Street Address

City State Zip Code
5. State of Domicile: _____
6. Name of Contact Person: _____
Phone Number: _____
Email: _____
7. Do any insurers own or have control over applicant: Yes___ No___
 - a) If yes, attach a description of ownership or control
8. Attach the following information:
 - a) Articles of incorporation, organization, agreement or association
 - b) Bylaws
 - c) Plan of Operation, including information showing qualifications for acting as an advisory organization
 - d) A listing of all officers and directors and biographical information on each

I hereby do certify that the information contained in this application and attachment(s) being submitted are true, accurate, and complete:

Signature/Title of Officer

Date

