



STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
1526 K Street, Suite 200
P.O. Box 82089
Lincoln, NE 68508

MOTOR CLUB APPLICATION FOR CERTIFICATE OF AUTHORITY

Name of Company

Address

Address

City State Zip Code

The above Motor Club which commenced business on _____, hereby applies for a Certificate of Authority to provide the following services in the State of Nebraska:

- | | |
|----------------------------------|---|
| Towing Service | Travel, Touring, and Travel Information |
| Bail and Arrest Bond Service | Guaranteed Hotel or Motel Rate Services |
| Emergency Road Service | New Car Pricing Service |
| Claim Adjustment Service | Financial Service |
| Legal Service | Check Cashing Service |
| Theft Service | Personal Property Registration Service |
| Map Service | Buying and Selling Service |
| Emergency Travel Expense Service | License Service |
| Community Traffic Safety Service | Credit Card Service |
| Merchandise and Discount Service | Insurance Service |

According to the latest annual statement or the report of an examination made during this calendar year, the Motor Club had surplus of \$_____ and paid up capital of \$_____.

It is understood and agreed that the Department may make such examination or investigation of the applicant, at the applicant's expense, as is deemed necessary.

Signature of Company Officer

Signature of Company Officer

Title of Officer

Title of Officer

Signed at:

City

State

Date