

STATE OF NEBRASKA DEPARTMENT OF INSURANCE LICENSING DIVISION

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Identifier #
Amount
Dist #
Check #

MOTOR CLUB REPRESENTATIVE REGISTRATION FORM

(Please Print or Type)						
1) Social Security Number 2) National Producer Number (NPN)						
3) Last Name	4) First Name	5) Middle Name		6) Date of Birth		
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	0.00	0) 0		/ /		
7) Residence/Home Address	8) City	9) State		10) Zip Code		
	11) Home Phone Number	12) Person	nal Email Address			
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13) Are you a citizen of the United States? Yes	No If No, Which cour	try are you a citizen?				
(If answering No, and this	is for a resident application, yo	ou must supply proof of elig	ibility to work in	the U.S.)		
14) Business Name		****	•	·		
15) Business Address	16) City	17) State	10) Zin Cod			
15) Business Address	16) City	17) State	18) Zip Cod	e		
	19) Bus Phone	20) Bus E	mail Address			
	·					
Previous Work History (Last 5 Years)						
Employer Name		From		To		
Background Questions						
Background Questions 1a. Have you ever been convicted of a misdemeanor, have	d a judgment withheld or defer	red, or are you currently ch	arged with			
1a. Have you ever been convicted of a misdemeanor, had	d a judgment withheld or defer	red, or are you currently ch	arged with			
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Applicant's Name:				
Background Questions (Continued)				
3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.	YES NO			
4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?	YES NO			
If you answer yes, identify the jurisdiction(s):				
5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?	YES NO			
6. Do you have a child support obligation in arrearage?	YES NO			
Applicant's Certification and Attestation				
The Applicant must read the following very carefully: 1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for revocation or denial of the motor club registration and may subject me to civil or criminal penalties. 2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon myself. 3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company. 4. I further certify that under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application. 5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information. 6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure. 7. For Non-Resident Applications, I certify that I am licensed or registered and in good standing in my home state/resident state for the lines				
Original Applicant Signature Month/Day/Year				
Additional Requirements				
 Please include proof of completion of an approved Motor Club Training course or indicate that you have passed Nebraska Motor Club licensing exam. Also include a registration fee of \$5.00 with your application and mail the completed form to: 				
NEBRASKA DEPARTMENT OF INSURANCE INSURANCE LICENSING DIVISION P.O. BOX 95087 LINCOLN, NE 68509-5087				

E-mail: doi.licensing@nebraska.gov **Licensing Division: (402) 471-4913** Toll Free: (833) 410-5609

Fax: (402) 471-4610

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