

**STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
1135 M Street, Suite 300
P.O. Box 82089
Lincoln, NE 68508-3639**

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:

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

_____, 20_____
Date