



**STATE OF NEBRASKA  
DEPARTMENT OF INSURANCE  
LICENSING DIVISION**  
[www.DOI.Nebraska.gov](http://www.DOI.Nebraska.gov)

**DESIGNATED RESPONSIBLE LICENSED PRODUCER  
AMENDMENT FORM**

Business Entity Name	License Number
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**The designated producer for the agency shall have full responsibility for the conduct of all business transactions of the insurance agency within the state relative to insurance and shall be an active member of the agency. Any individual associated with a licensed agency who solicits insurance shall be a licensed producer. No agency shall pay any commission to anyone other than a licensed producer and no licensed producer shall assign any commissions to any unlicensed agency.**

**Adding Designated Producer    *\*\*No more than 4 licensed producers may be designated for a specific agency\*\****

Producer's Name	Producer's License #
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Producer's Name	Producer's License #
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**Removing Designated Producer**

Producer's Name	Producer's License #
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Producer's Name	Producer's License #
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**AUTHORIZATION**

A designated producer must sign below and the form must be executed by a notary. (If removing a name, notary information is not required.) Completed forms can be emailed, mailed, or faxed to the address on the bottom of this form. DRLP information can be verified with the License Manager Option at [www.StateBasedSystems.com](http://www.StateBasedSystems.com).

\_\_\_\_\_  
Signature Designated Producer

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Signature Designated Producer

\_\_\_\_\_  
Month/Day/Year

**Subscribed to in my presence and duly sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

**State of \_\_\_\_\_ County of \_\_\_\_\_.**

\_\_\_\_\_  
Notary Public