STATE OF NEBRASKA
DEPARTMENT OF INSURANCE
PO Box 82089
Lincoln, NE 68501
www.doi.nebraska.gov

LIMITED LINES TRAVEL INSURANCE AGENCY CERTIFICATION OF AUTHORIZED TRAVEL RETAILERS

Business Entity Name	FEIN
	-

Certification of Authorized Travel Retailers

Pursuant to Neb. Rev. St. §44-4052 of the Nebraska Insurance code;

I, _____ an officer and/or owner of _____,

An applicant for a limited lines travel insurance agent license, hereby certify under penalty of perjury under the laws of the State of Nebraska that the following are true and correct:

1. The below list of travel retailers are qualified to offer travel insurance products under the authority of the limited lines travel insurance agency license.
2. No person other than an authorized travel retailer(s) employees sell or offer insurance on its behalf.
3. All authorized travel retailer(s) employees have completed the training required pursuant to Neb. Rev. St. §44-4052 (5)(e) of the Nebraska Insurance Code which includes the types of insurance offered, ethical sales practices, and required disclosures to prospective insurance customers.
4. The travel retailers listed on the following page comply with section 1033 of Title 18 of the United States Code.*

_____ Applicant Signature

_____ Month/Day/Year

_____ Full Legal Name (Printed or Typed)

_____ Title (Printed or Typed)

AUTHORIZED TRAVEL RETAILERS

Page 2 is available for additional names

Travel Retailer Name	Business Address	Business Phone Number	Name of Manager or controller or operations	FEIN

Business Entity Name: _____

AUTHORIZED TRAVEL RETAILERS

Travel Retailer Name	Business Address	Business Phone Number	Name of Manager or controller or operations	FEIN