

**REQUIREMENTS AND PROCEDURE FOR OBTAINING A
CORPORATE INSURANCE CONSULTANT LICENSE
RESIDENT AND NONRESIDENT**

QUALIFICATIONS

1. Applicant shall be competent, trustworthy, financially responsible, and of good personal and business reputation.
2. The director may issue an insurance consultant license in two areas: Property and Casualty insurance; and Life, Health and Annuities. A person may become licensed in either one or both of such areas.
3. No license shall be granted to a corporation, partnership, or limited liability company unless they designate a licensed consultant who shall have full responsibility for all insurance consulting transactions of the corporation, partnership or limited liability company within the state. Such designated consultant shall be an officer of the corporation or a member of the partnership, or a limited liability company and shall have a substantial interest in or be an active participant in the management of the corporation, partnership, or limited liability company. If a corporation, partnership, or limited liability company has more than one office, it shall designate a licensed consultant for each office.
4. Any individual associated with a licensed corporation, partnership, or limited liability company who acts as an insurance consultant shall be a licensed consultant.

PROCEDURE

You can start the application process online at www.nipr.com and pay the license fee with a credit card, or you can complete a paper application for the Insurance Corporate Consultant’s License, and mail it with a check made payable to the Nebraska Department of Insurance.

Applicant should also include:

- License fee (*Refer to the License Fees listed below*)
- Any additional documentation regarding “Yes” answers to the background questions, including both court documents and an explanation of the event.

LICENSE FEES

Initial License Fee.....	\$50.00
Renewal Fee.....	\$50.00
Late Re-issuance Fee (within 30 days after expiration)	\$100.00
Reinstatement fee (after 30 days and up to 12 months)....	\$100.00

PRINTING LICENSES

The Nebraska Department of Insurance Licensing Division no longer mails out a hard copy of new or renewed licenses. A copy of your license can be downloaded or printed by going to: www.statebasedsystems.com/LicensePrint.htm.

DURATION OF LICENSE AND RENEWAL

All corporate, partnership, and limited liability company licenses expire each year on June 30th. Renewal forms and instructions are mailed approximately 90 days prior to the expiration date of the license.

CHANGE OF ADDRESS

Any person, corporation, partnership or limited liability company licensed under the Insurance Consultant's Act shall notify the Department within thirty (30) days of any change of residential or business address. A [DOI-9110 Request Form](#) can be completed and submitted to the department for any address changes.

For more information regarding the rules and regulation pertaining to the Insurance Consultant License please see Neb. Rev. Stat. § [44-2606 to 44-2635](#).

Reasonable accommodations for disabled persons available upon request at (402) 471-2201. TDD users 800-833-7352 for relay to (402) 471-2201

**NEBRASKA DEPARTMENT OF INSURANCE
INSURANCE LICENSING DIVISION
P.O. BOX 82089
LINCOLN, NE 68501-2089**

**E-mail: DOI.Licensing@Nebraska.gov
Licensing Division: (402) 471-4913
DOI Main Line: (402) 471-2201
Fax: (402) 471-6559**

NEBRASKA DEPARTMENT OF INSURANCE

**APPLICATION FOR INSURANCE CONSULTANT’S LICENSE
(CORPORATION OR PARTNERSHIP)**

This application must be completed in full by the applicant and signed. You have the duty to provide correct answers to all questions on the application, and be advised that this application may be denied if any answer is incorrect or incomplete. If additional space is needed in answering any questions, please attach the information to this form.

Please specify the type of license: Resident Nonresident
 Corporation Partnership

___ Life and Health Insurance Consultants
___ Property and Casualty Insurance Consultants

Part I

Name of Applicant _____ Federal I.D. Number _____
Business Address _____ Email Address _____
City _____ State _____ Zip Code _____ Phone _____

List below the names and provide information for all licensed consultants which the corporation or partnership hereby designates to transact the business of insurance consulting within the State. Such designated consultant shall be an officer of the corporation or a member of the partnership and shall have a substantial interest in or be an active participant in the management of the corporation or partnership. If a corporation or partnership has more than one office, you must designate a licensed consultant for each office.

Designated Consultant 1

Name:	Title:
Business Address:	
Social Security Number:	
Insurance Consultant’s License Number:	

Designated Consultant 2

Name:	Title:
Business Address:	
Social Security Number:	
Insurance Consultant’s License Number:	

(Designated Consultants Continued)

Designated Consultant 3

Name:	Title:
Business Address:	
Social Security Number:	
Insurance Consultant's License Number:	

Designated Consultant 4

Name:	Title:
Business Address:	
Social Security Number:	
Insurance Consultant's License Number:	

In the event a designated consultant of a licensed corporation or partnership shall either leave the corporation or partnership or have his or her licensed revoked, the corporation or partnership or have his or her licensed revoked, the corporation or partnership shall have sixty days in which to designate another qualified licensed consultant, or have its license revoked.

Please answer the following questions regarding any of the designated consultants listed on this form.

1. Has any designated consultant:
 - (a) Been licensed in any other state(s) to transact any form of insurance or consulting? Yes No
If yes, give dates and state(s) _____
 - (b) Been terminated or discharged by an insurance company or consulting firm? Yes No
If yes, give the company or firm and the reason for such termination or discharge.
 - (c) Been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor, which has not been previously reported to this insurance department? If yes, include supporting explanation of each offense as well as the dates and places of each conviction. Yes No
 - (d) Been called before any state for any alleged violations of insurance laws or consulting laws? If yes, please include supporting documentation regarding each instance. Yes No
 - (e) Has any state ever refused, revoked, suspended or terminated your insurance or consultant license(s)? If yes, please provide supporting documentation. Yes No
 - (f) Does any insurance company or consulting firm claim you owe such company any money representing premiums collected by you and not remitted? If yes, please provide supporting documentation. Yes No
2. Does the applicant know that it is unlawful for any consultant or any agency or sales organization with which he or she is connected, to receive any part of any commissions or compensation paid by an insurer or agent in connection with the sale or writing of any insurance which is within the subject matter of any service for which such consultant has contracted to receive a fee? Yes No

Part II

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 license revocation or denial of the license and may subject me to civil or criminal penalties.
2. 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.
3. I further certify that, under penalty of perjury either a.) I have no child-support obligation, or b.) I have a child-support obligation and I am currently in compliance with that obligation.
4. I authorize the jurisdiction 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.
5. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdiction to which I am applying for licensure.
6. I further certify that the Department of Insurance will be notified within 30 days of any change of address (business or residence) from that set forth in this application.

Name of Applicant _____

If applicant is a corporation, president and secretary must sign.

If applicant is a partnership, all partners must sign.

_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date
_____ Signature	_____ Title	_____ Date

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