

REQUIREMENTS AND PROCEDURE FOR OBTAINING AN INSURANCE CONSULTANT'S LICENSE RESIDENT AND NONRESIDENT

QUALIFICATIONS

1. Applicant shall be at least 18 years of age.
2. Applicant shall be competent, trustworthy, financially responsible, and of good personal and business reputation.
3. Applicant shall have been licensed as an agent, broker, or consultant in this state or another state for the three years immediately preceding the date of application or have successfully completed a specific program of study, which has a broad national or regional recognition as determined by the Director.
4. Applicant shall pass the appropriate qualifying examinations.

Nonresident Applicants – The Director may exempt from examination any nonresident applicant whose resident state or province has examination standards substantially the same as those of Nebraska.

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 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.

EXAMINATION PROCEDURE

Applicants should register and pass the written insurance examination for the appropriate lines of authority. Visit www.prometric.com to register for your insurance exam.

Additional information regarding exam rules and regulations can be found at the following Neb. Rev. Stat. § [44-2619](#), [44-2622](#), [44-2625](#).

Study Materials

You may use the material of your choosing to study for the license exam. Many different providers offer exam prep courses and because of the number and array of methods the department does not review, approve or recommend providers.

Nebraska statutes are referenced on the topic outline additionally and are available to review online or at any public library.

Exam Content Outlines

Each license consists of an outline broken down into each topic and the percentage of questions covered for each topic. The outlines can be viewed at www.prometric.com/en-us/clients/insurance/Pages/ne-content-outlines.aspx

Testing Centers Regulations, Testing Process and Sample Score Report can be reviewed in the Prometric Licensing Information Handbook.

LICENSE FEES

Initial License Fee.....	\$50.00
Renewal Fee	\$50.00
Late Re-issuance Fee (within 30 days after expiration)	\$90.00
Reinstatement fee (after 30 days and up to 12 months)	\$90.00

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.

LICENSE RENEWAL

Initial individual licenses are issued to expire the last day of the month in the licensee’s birth month in the first year after issuance in which his/her age is divisible by two.

Therefore, individuals born in even numbered years renew their license on their birthday in the even numbered years and individuals born in odd numbered years renew their license on their birthday in the odd numbered years.

CONTINUING EDUCATION REQUIREMENTS (2 YEARS)
APPLIES TO RESIDENT LICENSEES ONLY

A resident consultant is required to complete twenty-four hours of continuing education activities; Three (3) of the 24 hours must be in the area of insurance related ethics.

The 24 hours of continuing education is not in addition to the requirement for the Nebraska Producer Insurance license.

CHANGE OF ADDRESS

Any person, corporation or partnership licensed under the Insurance Consultant’s Act shall notify the Department within thirty (30) days of any change of residential or business address. Form DOI-9110 must be submitted to report a change of address.

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
P.O. BOX 82089
LINCOLN, NE 68501-2089
E-mail: DOI.Licensing@Nebraska.gov
Licensing Division: (402) 471-4913
Fax: (402) 471-4610



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

For DOI Use Only

Identifier # _____
Amount _____
Dist # _____
Check # _____

**INSURANCE CONSULTANT LICENSE
APPLICATION**

Select License Type

- Resident Life and Health Consultant Non-Resident Life and Health Consultant
 Resident Property and Casualty Consultant Non-Resident Property and Casualty Consultant

(Please Print or Type)

1) Soc. Security Number						2) National Producer Number (NPN)											
			-														
3) Agency Name (If doing Insurance Consultant business through agency, please complete a Corporate Insurance Consultant Application)																	
3) Last Name				4) First Name				5) Middle Name				6) Date of Birth ____/____/____					
7) Residence/Home Address						8) City			9) State			10) Zip Code					
						11) Home Phone Number						12) Email Address					
13) Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No – Which country are you a citizen? _____ (If answer is No, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)																	
14) Business Name																	
15) Business Address						16) City			17) State			18) Zip Code					
						19) Bus Phone						20) Bus Email Address					

Previous Work History (Last 5 Years)

Employer Name	From	To

License History

1. Are you now or have you ever been licensed in any other state(s) to transact any form of insurance or consulting? If YES, please give the state(s) and license date(s).		<input type="checkbox"/> YES <input type="checkbox"/> NO
2. List the names and addresses of all insurance companies or consulting firms with which you have been associated. Give date(s) and state(s) and indicate whether officer, employee, or producer. (If additional space is needed, please use a separate sheet and include it with your application)		
3. Have you ever been terminated or discharged by an insurance company or consulting firm? If YES, please provide an explanation.		<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Have authorities of any state called you before them for any alleged violations of insurance or consulting laws? If YES, please provide an explanation.		<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has any state ever refused, revoked, suspended, or terminated your insurance license(s) or consultant license(s)? If YES, please provide an explanation.		<input type="checkbox"/> YES <input type="checkbox"/> NO

Education & Insurance Designations

Please include any education history or designations that you hold that are related to the insurance industry.

Background Questions

<p>1a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?</p> <p><i>You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)</i></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?</p> <p><i>You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)</i></p> <p>If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?</p> <p>If so, was consent granted? (Attach copy of 1033 consent approved by home state.)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA</p>
<p>1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>NOTE: For Questions 1a, 1b and 1c, “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.</p> <p>If you answer yes to any of these questions, you must attach to this application:</p> <p>a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</p>	
<p>2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding, regarding any professional or occupational license or registration?</p> <p><i>“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation, sanctioned or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. “Involved” also means having a license, or registration, application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</i></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>NOTE: If you answered yes to question number 2, you must attach to this application:</p> <p>a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</p>	
<p>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.</p> <p><i>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</i></p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>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?</p> <p>If you answer YES, identify the jurisdiction(s): _____</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>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?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>6. Do you have a child support obligation in arrearage?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

Consultant Fees

The applicant is aware that it is unlawful for any consultant, agency, or sales organization with which he or she is connected, to receive any part of any commission of compensation paid by an insurer or producer of an insurer in connection with the sale or writing of any insurance which is within the subject matter of any consulting service for which such consultant has contracted to receive a fee?

Please initial for acknowledgment

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 license revocation or denial of the license 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 the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal 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 License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Original Applicant Signature

Month/Day/Year

License Qualifications

Every individual applicant for a license under sections 44-2606 to 44-2635 shall have attained the age of majority, shall be competent, trustworthy, financially responsible, and of good personal and business reputation, and shall have been licensed as an agent, broker, or consultant in this state or another state for the three years immediately preceding the date of application or have successfully completed a specific program of study which has a broad national or regional recognition as determined by the director.

No person shall, in or on advertisements, cards, signs, circulars, letterheads, or elsewhere or in any other manner by which public announcements are made, use the title insurance consultant, public adjustor, or any similar title or any title, word, combination of words, or abbreviation indicating that he or she gives or is engaged in the business of offering to the public any advice, counsel, opinion, or service with respect to insurable risks, concerning the benefits, coverages, or provisions under any policy of insurance that could be issued in this state, or involving the advantages or disadvantages of any such policy of insurance, unless such person holds a license as an insurance consultant under sections 44-2606 to 44-2635.

Any corporation, partnership, or limited liability company engaged in the business of insurance consulting may become licensed as an insurance consultant. No license shall be granted to a corporation, partnership, or limited liability company unless the corporation, partnership, or limited liability company designates 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 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 consultant for each office. In the event a designated consultant of a licensed corporation, partnership, or limited liability company shall either leave the corporation, partnership, or limited liability company or have his or her license revoked, the corporation, partnership, or limited liability company shall have sixty days after such revocation in which to designate another qualified licensed consultant, or have its license revoked. Any individual associated with a licensed corporation, partnership, or limited liability company who acts as an insurance consultant shall be a licensed consultant.

NEBRASKA DEPARTMENT OF INSURANCE

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