



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

For DOI Use Only

Identifier # _____
Amount _____
Dist # _____
Check # _____

**MOTOR CLUB REPRESENTATIVE
REGISTRATION FORM**

(Please Print or Type)

1) Social Security Number				2) National Producer Number (NPN)			
-	-	-	-				
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) Personal Email Address		
13) Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Which country are you a citizen? _____ <i>(If answering No, and this is for a resident application, you must supply proof of eligibility to work in the U.S.)</i>							
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

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>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<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>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<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>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<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>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<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>	

Applicant's Name: _____

Background Questions (Continued)

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. <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>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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? If you answer yes, identify the jurisdiction(s): _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
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?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Do you have a child support obligation in arrearage?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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 revocation or denial of the motor club registration 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 Applications, I certify that I am licensed or registered 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).
9. I have received training from the motor club or have otherwise qualified by experience in the business of clubs rendering motor club services.

Original Applicant Signature

Month/Day/Year

Additional Requirements

1. Please include proof of completion of an approved Motor Club Training course or indicate that you have passed Nebraska Motor Club licensing exam.
2. Please also include a registration fee of \$5.00 with your application and mail the completed form to:

**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

Toll Free: (833) 410-5609

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