

**PLEASE REVIEW THE INFORMATION LISTED BELOW. FAILURE TO DO SO MAY RESULT IN NON-RENEWAL OF THE PURCHASING GROUP REGISTRATION**

**The completed registration form and the annual renewal fee of \$100.00 MUST BE RECEIVED by the Nebraska Department of Insurance on or before October 1st. Renewal questions may be directed to Lori Bruss at (402) 471-4045.**

**You must print the registration renewal form off of our website, and then fill out the following items. If you wish to only print the renewal form itself and merely refer to the instructions, you may do this by specifying printing for only pages 2 & 3.**

Enter the address and contact information for the Purchasing Group on the front side of the form in the lines allotted. The general contact's name should be listed as the individual currently responsible for renewal of the registration and/or any inquiries from the Department.

List a current telephone, Fax number and e-mail address for the individual specified as the general contact for the Purchasing Group.

1. If the Purchasing Group has a Federal Identification Number (FEIN) you must list it in item ②. If the Purchasing Group does not have an FEIN, indicate "None" on this line.
2. Attach a sheet for Item ② listing the name, address and title for each officer of the Purchasing Group.
3. For Item ③ attach a listing generally describing the type of business or activities that the members of the Purchasing Group are engaged in.
4. For Item ④ list or attach a listing, of all the companies from which the Purchasing Group obtains liability insurance. Any changes in companies utilized by the Purchasing Group must be indicated as a change on the sheet attached or under Item ④ on the renewal form. If changes are made, you **MUST** list the NAIC **Identification number** for any new or additional companies.
5. If a Purchasing Group utilizes a non-admitted company, a designated Nebraska licensed surplus lines agent or agency must be listed in Item ⑤. Renewal forms listing non-admitted companies for which a Nebraska licensed surplus lines agent or agency has not been indicated will not be processed. Listing of surplus lines agents or agencies that do not hold current licensure for surplus lines **in Nebraska** will also result in rejection of the renewal form.
6. The renewal registration form must be signed (by an Officer of the Purchasing Group or the general contact) and notarized prior to submission to the Nebraska Department of Insurance. **Failure to sign the form and have it notarized will result in return of the form to you. Renewal of the Purchasing Group registration will not occur until the deficiencies have been corrected.**
7. Make sure that any information indicated on the renewal form as "Attached" is stapled to the form.

**CHECKS SHOULD BE PAYABLE TO THE NEBRASKA DEPARTMENT OF INSURANCE**

**Mail the completed form and fee to:**

**Nebraska Department of Insurance  
Attn: Lori Bruss  
941 O Street  
Suite 400  
Lincoln, NE 68508**

**RENEWAL ACKNOWLEDGEMENTS WILL NOT BE MAILED. THE CURRENT STATUS OF THE PURCHASING GROUP REGISTRATION MUST BE CHECKED BY THE CONTACT ON OUR WEBSITE [www.doi.ne.gov](http://www.doi.ne.gov)**

**If you wish to withdraw or cancel the Purchasing Group registration, please contact Lynn Nannen via e-mail at [Lori.Bruss@nebraska.gov](mailto:Lori.Bruss@nebraska.gov).**

**If the Department does not receive BOTH the completed form and fee by October 1<sup>st</sup> the Purchasing Group registration will expire.**

# **N**EBRASKA PURCHASING GROUP REGISTRATION RENEWAL

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\_\_\_\_\_  
(Complete Name of Purchasing Group)

\_\_\_\_\_  
(Name of General Contact for the Purchasing Group)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City) (State) (Zip)

**FOR OFFICE USE ONLY** 

Nebraska Purchasing Group Identification Number: \_\_\_\_\_

State of Domicile: \_\_\_\_\_

**➡ List below a current telephone, Fax number and e-mail address through which the general contact for the Purchasing Group may be reached:**

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_  
(Area Code) (Area Code)

E-Mail Address: \_\_\_\_\_

❶ List Federal Identification Number (FEIN) \_\_\_\_\_

❷ Please **attach a separate sheet containing the name, address and title of each officer of the Purchasing Group:**

❸ It is required that the Purchasing Group purchases only liability insurance to cover similar or related liability exposure solely for its members. **Attach brief general description of the business or activities engaged in by the Purchasing Group members:**

**CONTINUE COMPLETION OF THE RENEWAL FORM ON THE NEXT PAGE**



- ④ List below, or attach a sheet listing the insurance company or companies from which the Purchasing Group purchases liability insurance: **(Be sure to indicate if the company is admitted or non-admitted)**

<u>Name of Company</u>	<u>NAIC #</u>	<u>Admitted (In Nebraska)</u> <u>(Circle correct response)</u>
_____	_____	Yes or No**
_____	_____	Yes or No**
_____	_____	Yes or No**
_____	_____	Yes or No**

**\*\*If you have circled NO, or indicated on your attached listing for Item ④ that a company is non-admitted, you MUST complete question #5**

- ⑤ If any of the companies listed in question #4 are **non-admitted insurers in Nebraska**, you **MUST** either list the name and Nebraska license number of the surplus lines agent or agency below or attach a sheet listing the name(s) and Nebraska license number(s) of the surplus lines agent(s) or agencies who are responsible for paying taxes and reporting the business of the purchasing Group for the non-admitted insurers:

(Surplus Lines Agent or Agency Name)	Nebr. License #	Expiration Date
_____	_____	_____

It is the responsibility of the purchasing group to notify the Nebraska Department of Insurance of any changes on the initial application of registration within 10 days, pursuant to Neb. Rev.Stat. §44-4417(1, 3).

The undersigned hereby swears and affirms that the foregoing statements and information are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public Signature)

State of \_\_\_\_\_

County of \_\_\_\_\_ My Commission Expires \_\_\_\_\_