



**STATE OF NEBRASKA**  
**DEPARTMENT OF INSURANCE**  
**PO Box 82089**  
**Lincoln, NE 68501**  
[www.doi.nebraska.gov](http://www.doi.nebraska.gov)

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Identifier # \_\_\_\_\_  
Amount \_\_\_\_\_  
Dist # \_\_\_\_\_  
Check # \_\_\_\_\_

**PRE-NEED AGENT LICENSE  
APPLICATION**

*(Please Print or Type)*

1) Soc. 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) 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) Pre-Need Seller's Business Name																	
<b>** The Pre-Need Agent's license, when issued, will permit the agent to make pre-need sales only for the Pre-Need Seller whose name appears on the license **</b>																	
15) Business Address						16) City				17) State				18) Zip Code			
						19) Bus Phone						20) Bus Email					
21) Pre-Need Seller's Nebraska License Number																	

**License History**

1. Are you now or have you ever been licensed in any other state(s) to transact any form of insurance or Pre-Need? If YES, please give the state(s) and license date(s).												<input type="checkbox"/> YES <input type="checkbox"/> NO			
2. 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			
3. Has any state ever refused, revoked, suspended, or terminated your insurance license(s) or Pre-Need license(s)? If YES, please provide an explanation.												<input type="checkbox"/> YES <input type="checkbox"/> NO			

**Background Questions**

1. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? <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>												<input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? <i>You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)</i>												<input type="checkbox"/> YES <input type="checkbox"/> NO			
3. 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?												<input type="checkbox"/> YES <input type="checkbox"/> NO			

**NOTE:** For Questions 1, 2, and 3, **"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.

If you answer yes to any of these questions, you must attach to this application:

- 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.

4. 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? <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>												<input type="checkbox"/> YES <input type="checkbox"/> NO			
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**NOTE:** If you answered yes to question number 4, you must attach to this application:

- 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.

**Applicant's Certification and Attestation**

The Applicant must read the following very carefully:

1. In the event this application is approved, the applicant understands and agrees that:
  - (a) I may only make Pre-Need sales for the Pre-Need Seller whose name appears on my license;
  - (b) That within 10 days of a written request by the Department of Insurance, I must surrender my agent's license;
  - (c) I will notify the Department of Insurance, with in thirty (30) days, of any changes in my address information.
2. 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.
3. 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.
4. 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.
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

**PRE-NEED SELLER SIGNATURE**

I hereby certify that if licensed \_\_\_\_\_ shall be a Pre-Need Agent for \_\_\_\_\_  
Applicant's Name Pre-Need Seller's Name  
and hereby agree to be responsible for supervising said Agent in conjunction with any Pre-Need sales.

\_\_\_\_\_  
Signature of Supervisory Company Representative

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Company Representative's Name

Subscribed to in my presence and duly sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
State of \_\_\_\_\_ County of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**NEBRASKA DEPARTMENT OF INSURANCE  
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