

**NEBRASKA DEPARTMENT OF INSURANCE
PRODUCER LICENSE RENEWAL FORM**

Name _____ License # _____ Expiration Date ___/___/_____

The Insurance Producers Licensing Act requires that insurance producers report criminal and administrative actions to the Director of Insurance. The reporting requirements are located at Neb. Rev. Stat § 44-4065.

1a. Have you 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? YES ___ NO ___

1b. Have you been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony, which has not been previously reported to this insurance department? YES ___ NO ___

1c. Have you been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense, which has not been previously reported to this insurance department? YES ___ NO ___

**** 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.

2. Have you been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department? YES ___ NO ___

"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.

**** If you answer yes, 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.

3. Do you have a child support obligation in arrearage, which has not been previously reported to this insurance department? YES ___ NO ___

4. In response to a "yes" answer to one or more of the Background Questions for this renewal application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? YES ___ NO ___

5. Are you a Citizen of the United States? If No, you must provide proof of eligibility to work in the United States. YES ___ NO ___

Signature: _____

Date: _____

NEBRASKA DEPARTMENT OF INSURANCE
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