



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

For DOI Use Only

Identifier # _____
Amount _____
Dist # _____
Check # _____

**PROFESSIONAL INSURANCE ASSOCIATION
APPLICATION**

(Please Print or Type)

1) Federal Identification Number										2) Nebraska CE Provider Number									
3) Association Name										4) Formation Date / /									
5) Association Address					6) City					7) State					8) Zip Code				
9) Association Phone Number										10) Email Address									
11) Primary Contact Name					12) Contact Phone Number					13) Contact Email Address									

Qualification Questions

1. Was this association created for purposes other than to offer courses, lectures, seminars, or other instructional programs certified as approved continuing education activities?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Was the association organized for the express purpose of promoting the interests of insurance licensees in this state or nationally?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Has your association been in existence for at least the past 5 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are you currently an approved continuing education provider in Nebraska?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Is the membership to your association based on a fee, which is renewable? If yes, how often?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Authorized Signature

Professional insurance association means a state or national membership organization that offers courses, lectures, seminars, or other instructional programs certified by the director as approved continuing education activities pursuant to Neb. Rev. Stat. § 44-3905, is organized as an association or corporation for the express purpose of promoting the interests of insurance licensees in this state or nationally, and is based on paid membership renewable annually or biennially for a membership fee.

The director shall approve the types of associations that meet the requirements of professional insurance associations upon application of an association and may establish reasonable requirements for active participation. The director may require an approved association to provide additional information to the director so that the director may determine whether the association continues to meet the requirements of a professional insurance association.

Insurance Association Signature

Month/Day/Year