

# REQUIREMENTS AND PROCEDURES FOR OBTAINING A RESIDENT PRODUCER LICENSE

## QUALIFICATIONS

1. Applicant shall be at least 18 years of age.
2. Applicant shall be competent, trustworthy, and financially responsible and have a good personal and business reputation.
3. Applicant shall maintain his or her principal place of residence in Nebraska.
4. Applicant shall comply with the pre-licensing education requirements.
5. Applicant shall pass a written examination to determine competence to act as a licensed producer in those lines of insurance for which such applicant desires to become licensed.

## PROCEDURE

1. Applicant registers and passes the written insurance examination for the appropriate lines of authority.
2. Exam information is uploaded by Prometric to the Department of Insurance. Please allow 2-3 days for the exam information to be uploaded to our systems.
3. **Applicant applies for a Nebraska insurance license.** You must apply and be issued a Nebraska insurance license in order to sell, solicit, or negotiate insurance in the state of Nebraska. You can start the application process online at [www.nipr.com](http://www.nipr.com) and pay the license fee with a credit card, or you can submit a paper application and mail it with a check made payable to the Nebraska Department of Insurance.

Applicant should also include:

- License fee (*Refer to the License Fees listed below*)
- Any additional documentation regarding “Yes” answers to the background questions, including both court documents and an explanation of the event.

An individual shall not act as or hold themselves out to be a producer unless such individual is duly licensed in this state. A producer shall not make application for, solicit applications for or procure any policies for any kind of insurance for which such producer is not licensed and appointed by the insurance company.

## LINES OF INSURANCE

A producer may become licensed to write one or more of the following lines of insurance:

- |                                   |   |
|-----------------------------------|---|
| (1) Casualty                      | (9) Crop/Hail                                       |
| (2) Property                      | (10) Surety   |
| (3) Property and Casualty         | (11) Funeral Insurance / Funeral Insurance Director |
| (4) Personal lines                | (12) Miscellaneous                                  |
| (5) Life Insurance and Annuities  | (a) Prepaid Legal                                   |
| (6) Variable Contracts            | (b) Motor Club Insurance                            |
| (7) Sickness, Accident and Health | (c) Credit  |
| (8) Title                         | (d) Travel Insurance                                |

**EXAMINATION PROCEDURE**

Information regarding the insurance examination procedure is available at [www.prometric.com](http://www.prometric.com) or from the Department of Insurance Licensing Division upon request.

**Study Materials**

You may use the material of your choosing to study for the license exam. Many different providers offer exam prep courses and because of the number and array of methods the department does not review, approve or recommend providers.

Nebraska statutes are referenced on the topic outline additionally and are available to review online or at any public library.

**Exam Content Outlines**

Each type of license consists of an outline broken down into each topic and the percentage of questions covered for each topic. The outlines can be found on the “Nebraska Insurance” page at [www.prometric.com](http://www.prometric.com).

**VARIABLE CONTRACTS - (Variable Annuities and Variable Life)**

To qualify for a variable contracts license, the applicant must hold a life license or apply concurrently for a life and annuities and variable contract license and submit a copy of his or her examination score indicating that he or she has passed the NASD Series 6 or 7 and Series 63 or 66 examinations.

Acceptable Evidence - A copy of their Central Registration Depository Form (CRD).

**LICENSE FEES**

Initial License Fee .....	\$ 50.00
Renewal Fee .....	\$ 50.00
Late Renewal Fee (within 30 days after expiration) .....	\$ 90.00
Reinstatement Fee (after 30 days and up to 12 months)....	\$ 90.00 + new application

**DURATION OF LICENSE**

Initial individual licenses are issued to expire the last day of the month in the licensee's birth month in the first year after issuance in which licensee's age is divisible by two.

Therefore, individuals born in even numbered years renew their license at the end of their birth month in the even numbered years and individuals born in odd numbered years renew their license at the end of the their birth month in the odd numbered years.

## **RESIDENT PRODUCER LICENSE GENERAL INFORMATION**

### **RENEWAL INSTRUCTIONS**

Renewal instructions will be mailed to the licensee's business address approximately 90 days prior to the expiration of the license. CE providers are allowed up to ten days to upload completed CE so please allow ample time for your license renewal. Late renewals will be assessed a \$40.00 late fee.

### **TWO-YEAR CONTINUING EDUCATION REQUIREMENTS**

It is the responsibility of a producer to monitor their continuing education, to ensure they fulfill their requirement. This can be done by going to [www.statebasedsystems.com/EdTranscript.htm](http://www.statebasedsystems.com/EdTranscript.htm).

### **LATE RE-ISSUE**

Any license being renewed after the expiration date and before the last day of the following month, will be assessed an additional \$40.00 late fee.

### **REINSTATEMENT**

Any license being reinstated after 30 days and up to 12 months from the expiration date, may reinstate such license by completing a new license application and submitting it to the Department with a \$90.00 reinstatement fee.

### **AMENDED LICENSE**

To add lines of insurance to an existing producer's license, the applicant can either go to [www.nipr.com](http://www.nipr.com) or submit a [DOI-9110 Change Request Form](#). To delete a line of insurance, a DOI-9110 Request Form must be used.

When adding variable contracts to an existing license a copy of the licensee's Central Registration Depository Form (CRD) must be submitted with the DOI-9110 Change Request form.

### **CHANGE OF ADDRESS**

Every person licensed under the Insurance Producers Licensing Act shall notify the Department within thirty days of any change in such person's residential or business address.

Any person failing to provide such notification shall be subject to a fine by the Director of not more than five hundred dollars per violation, suspension of the person's license until the change of address is reported to the Department, or both.

You may either change your home or business address online at [www.nipr.com](http://www.nipr.com) or you may submit a [DOI-9110 Request Form](#) to the department.

## **PRODUCER'S APPOINTMENT**

The producer's appointment shall be valid upon electronic submission by the insurance company, and if the person holds a valid producer's license in the line or lines for which the insurer is requesting the appointment.

## **AGENCY LICENSE**

Agency definition - Insurance agency shall mean partnership, unincorporated association, or corporation transacting or doing business with the public or insurance companies as an insurance producer.

No person shall act as or hold themselves or itself out to be an insurance agency until such person has procured a license in this state. No license shall be granted to an insurance agency unless the agency designates a licensed producer who shall have full responsibility for the conduct of all business transactions of the insurance agency within the state relative to insurance. Such designated producer shall be either an officer or a member of the agency and shall have either (1) more than a nominal financial interest in the agency or (2) be an active participant in the management of the agency. Any individual associated with a licensed agency who solicits insurance shall be a licensed producer.

No agency shall pay any commission to anyone other than a licensed producer and no licensed producer shall assign any commissions to any unlicensed agency.

Sole Proprietorships - are not required to obtain an insurance agency license unless (1) the sole proprietorship falls within the agency definition or (2) the sole proprietorship holds itself, himself or herself out to be an insurance agency.

To obtain an insurance agency license, the NAIC Uniform Application for Business Entity Insurance License must be completed and submitted. This can be done on-line at [www.nipr.com](http://www.nipr.com) or by sending the completed application to the Department of Insurance together with the appropriate license fee.

## **COMPENSATION**

Unless otherwise authorized by law, an insurer or producer shall not pay any commission, brokerage, or other valuable consideration to any person for services rendered in this state as a producer unless such person has been appointed by the insurer, or held at the time such services were rendered a valid license for the line of insurance as required by the laws of this state for rendering such services. Any person licensed under the Insurance Producers Licensing Act may pay or assign any commissions or direct that any commissions be paid to a licensed insurance agency with which such person is associated. This section shall not prevent the payment or receipt of renewal or deferred commissions to or by any person entitled to such renewals or any valid collateral assignment of commissions by a licensed producer to satisfy a debt obligation.

## **FIDUCIARY CAPACITY**

Every person acting as an insurance producer or agency in this state shall be responsible in a fiduciary capacity for all funds received or collected as an insurance producer or agency. Nothing in this section shall be construed to require any person to maintain a separate bank deposit if the funds of each principal are clearly ascertainable from the books of accounts and records of that person.

**IDENTIFICATION OF PRODUCER ON POLICIES**

All policies and applications, the solicitation of which involves an insurance producer or insurance agency, shall identify the name of each such producer and agency. If the application is attached to the policy upon issuance, the required identification may be contained in either the application or the policy.

**RECORDS MAINTENANCE**

Every person licensed as an insurance producer or insurance agency shall keep at his, her, or its place of business the usual and customary records pertaining to transactions under his, her, or its license. All records shall be kept available and open to the inspection of the Director or his or her representatives at any time during business hours. Records shall be maintained for five years following the completion of any insurance transaction.

Reasonable accommodations for disabled persons available  
upon request at (402) 471-2201. TDD users 800-833-7352 for relay to (402) 471-2201

**NEBRASKA DEPARTMENT OF INSURANCE  
INSURANCE LICENSING DIVISION  
P.O. BOX 82089  
LINCOLN, NE 68501-2089**

**E-mail: [DOI.Licensing@Nebraska.gov](mailto:DOI.Licensing@Nebraska.gov)  
Licensing Division: (402) 471-4913  
DOI Main Line: (402) 471-2201  
Fax: (402) 471-6559**

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



## Uniform Application for Individual Producer License/Registration

(Please Print or Type)

**Check appropriate boxes for license requested.**

- Resident License
- Non-Resident License
  - Identify Home State: \_\_\_ Home State License #: \_\_\_\_\_
- New Application
- Additional Line of Authority

### Demographic Information

<b>1</b> Soc. Security Number  - -		<b>2</b> If assigned, National Producer Number (NPN)			
<b>3</b> If applicable, FINRA Individual Central Registration Depository (CRD) Number					
<b>4</b> Last Name JR./SR. etc		<b>5</b> First Name		<b>6</b> Middle Name	<b>7</b> Date of Birth (month) ___ (day) ___ (year) ___
<b>8</b> Residence/Home Address (Physical Street)			<b>9</b> City		<b>10</b> State
			<b>11</b> Zip Code	<b>12</b> Foreign Country	
<b>13</b> Home Phone Number ( ) -		<b>15</b> Gender (Circle One) Male Female	<b>16</b> Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)		
<b>14</b> Individual Applicant Email Address:					
<b>17</b> Business Entity Name					
<b>18</b> Business Address (Physical Street)		<b>19</b> P.O. Box	<b>20</b> City	<b>21</b> State	<b>22</b> Zip Code
		<b>23</b> Foreign Country			
<b>24</b> Business Phone Number (include extension) ( ) -		<b>25</b> Business Fax Number ( ) -	<b>26</b> Business E-Mail Address		<b>27</b> Business Web Site Address
<b>28</b> Applicant's Mailing Address			<b>29</b> P.O. Box	<b>30</b> City	<b>31</b> State
			<b>32</b> Zip Code	<b>33</b> Foreign Country	
<b>34</b> a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.  b. List any trade names under which you are currently doing business or intend to do business.  (May be subject to state approval)					

### Agency or Business Entity Affiliations

**35** List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

### Employment History

**36** Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					

(State Use)

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Individual Producer License/Registration

Applicant Name: \_\_\_\_\_

### Jurisdiction and Type of License Requested

Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

**License Types:**      A – Agent                      B – Broker                      P – Producer                      SLP – Surplus Lines Producer

**Lines of Authority:**      V – Variable Life/Variable Annuity      L – Life                      H – Accident & Health or Sickness      P – Property      C – Casualty      PL – Personal Lines

**Limited Lines:**      Credit– Credit                      CR – Car Rental                      CROP - Crop      T – Travel                      S – Surety                      O – Other: Specify Type

Jurisdiction	License Type				Major Lines of Authority						Limited Lines of Authority					
	A	B	P	SLP	V	L	H	P	C	PL	Credit	CR	CROP	T	S	O
AK																
AL																
AR																
AZ																
CA																
CO																
CT																
DC																
DE																
FL																
GA																
GU																
HI																
IA																
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NV																
NY																
OH																
OK																
OR																
PA																
PR																
RI																
SC																
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VI																
VA																
VT																
WA																
WI																
WV																
WY																

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## Uniform Application for Individual Insurance Producer License/Registration

Applicant Name: \_\_\_\_\_

### Background Questions

38 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1 a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? Yes \_\_\_ No \_\_\_

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)

1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? Yes \_\_\_ No \_\_\_

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

N/A \_\_\_ Yes \_\_\_ No \_\_\_

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? Yes \_\_\_ No \_\_\_

**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.

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

- a written statement explaining the circumstances of each incident,
- a copy of the charging document,
- a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

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? Yes \_\_\_ No \_\_\_

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, 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 written statement identifying the type of license and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations, and
- a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

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. Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

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? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

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? Yes \_\_\_ No \_\_\_



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## Uniform Application for Individual Insurance Producer License/Registration

Applicant Name: \_\_\_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Have 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, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage?

Yes \_\_\_ No \_\_\_

If you answer yes,

- a) by how many months are you in arrearage?
- b) are you currently subject to and in compliance with any repayment agreement?
- c) are you the subject of a child support related subpoena/warrant?

\_\_\_\_\_ Months

Yes \_\_\_ No \_\_\_

Yes \_\_\_ No \_\_\_

(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?

N/A \_\_\_ Yes \_\_\_ No \_\_\_

If you answer yes

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?

Yes \_\_\_ No \_\_\_

**Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.



## Uniform Application for Individual Insurance Producer License/Registration

### Applicant's Certification and Attestation

59 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 license revocation or denial of the license 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 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).

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

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

### Attachments

40 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules ([www.nipr.com](http://www.nipr.com)).