

**PROCEDURE AND REQUIREMENTS  
FOR OBTAINING AN AGENCY-TRAVEL  
INSURANCE LICENSE**

**PROCEDURE**

To obtain a limited lines Agency-Travel Insurance license, the NAIC Uniform Business Entity Application must be completed and submitted to the Department of Insurance together with a Limited Lines Travel Insurance Agency Certification of Authorized Travel Retailers form and the appropriate fee.

- If not indicated, please make a note with the application that an Agency-Travel license is being requested.

**LICENSE FEES**

Initial License Fee .....	\$50.00
Renewal Fee .....	\$50.00
Late Re-issuance Fee (within 30 days after expiration) .....	\$100.00
Reinstatement fee (after 30 days and up to 12 months)....	\$100.00

**PRINTING LICENSES**

The Nebraska Department of Insurance Licensing Division no longer mails out a hard copy of new or renewed licenses. A copy of your license can be downloaded or printed by going to: [www.statebasedsystems.com/LicensePrint.htm](http://www.statebasedsystems.com/LicensePrint.htm).

**DURATION OF LICENSE**

All Agency-Travel licenses expire each year on April 30. Renewal forms and instructions are mailed to the agency approximately 90 days prior to the expiration date of the license.

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  
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](http://www.nipr.com).



## Uniform Application for Business Entity License/Registration (Please Print or Type)

**Check appropriate boxes for license requested.**

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

### Demographic Information

<b>①</b> Business Entity Name		<b>②</b> Incorporation/Formation Date (month) ___ (day) ___ (year) ___		<b>③</b> FEIN -	
<b>④</b> If assigned, National Producer Number (NPN)			<b>⑤</b> If applicable, FINRA Firm Central Registration Depository (CRD)		
<b>⑥</b> List any other assumed, fictitious, alias or trade names under which you are currently doing business or intend to do business.			<b>⑦</b> State of Domicile		<b>⑧</b> Country of Domicile
<b>⑨</b> Is the business entity affiliated with a financial institution/bank?      Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>⑩</b> Business Address		<b>⑪</b> City		<b>⑫</b> State	<b>⑬</b> Zip Code
<b>⑮</b> Phone Number (include Ext.) ( ) -		<b>⑯</b> Fax Number ( ) -		<b>⑰</b> Business Web Site Address	
<b>⑱</b> Mailing Address		<b>⑳</b> P.O. Box		<b>㉑</b> City	<b>㉒</b> State
				<b>㉓</b> Zip Code	<b>㉔</b> Foreign Country

### Designated/Responsible Licensed Producer

**㉕** Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules and regulations of this state. (See Matrix of State Requirements at [www.nipr.com](http://www.nipr.com) for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)

Name \_\_\_\_\_ SSN \_\_\_\_\_ - - NPN \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ - - NPN \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ - - NPN \_\_\_\_\_

Name \_\_\_\_\_ SSN \_\_\_\_\_ - - NPN \_\_\_\_\_

### Owners, Partners, Officers and Directors

**㉖** Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN/FEIN \_\_\_\_\_ - - D.O.B. \_\_\_\_\_ Owner: Yes / No % of ownership interest \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN/FEIN \_\_\_\_\_ - - D.O.B. \_\_\_\_\_ Owner: Yes / No % of ownership interest \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN/FEIN \_\_\_\_\_ - - D.O.B. \_\_\_\_\_ Owner: Yes / No % of ownership interest \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN/FEIN \_\_\_\_\_ - - D.O.B. \_\_\_\_\_ Owner: Yes / No % of ownership interest \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN/FEIN \_\_\_\_\_ - - D.O.B. \_\_\_\_\_ Owner: Yes / No % of ownership interest \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN/FEIN \_\_\_\_\_ - - D.O.B. \_\_\_\_\_ Owner: Yes / No % of ownership interest \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ SSN/FEIN \_\_\_\_\_ - - D.O.B. \_\_\_\_\_ Owner: Yes / No % of ownership interest \_\_\_\_\_

(State Use)

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## Uniform Application for Business Entity License/Registration

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

### Jurisdiction and Type of License/Registration Requested –Major Lines of Authority

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

**Legal Business Type:** C – Corporation    P – Partnership    S – Sole Proprietorship    LLC – Limited Liability Company    **LLP – Limited Liability Partnership**

**License/Registration 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**

Jurisdiction	Legal Business Type					License/Registration Type				Lines of Authority					
	C	P	S	LLC	LLP	A	B	P	SLP	V	L	H	P	C	PL
AK															
AL															
AR															
AZ															
CA															
CO															
CT															
DC															
DE															
FL															
GA															
GU															
HI															
IA															
ID															
IL															
IN															
KS															
KY															
LA															
MA															
MD															
ME															
MI															
MN															
MO															
MS															
MT															
NC															
ND															
NE															
NH															
NJ															
NM															
NV															
NY															
OH															
OK															
OR															
PA															
PR															
RI															
SC															
SD															
TN															
TX															
UT															
VA															
VI															
VT															
WA															
WI															
WV															
WY															

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## Uniform Application for Business Entity License/Registration

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

### Jurisdiction and Type of License/Registration - Limited Lines of Authority

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

**Legal Business Type:** C – Corporation    P – Partnership    S – Sole Proprietorship    LLC – Limited Liability Company    **LLP – Limited Liability Partnership**

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

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

Jurisdiction	Legal Business Type					License/Registration Type				Lines of Authority					
	C	P	S	LLC	LLP	A	B	P	SLP	Credit	CR	Crop	T	S	O _____
AK															
AL															
AR															
AZ															
CA															
CO															
CT															
DC															
DE															
FL															
GA															
GU															
HI															
IA															
ID															
IL															
IN															
KS															
KY															
LA															
MA															
MD															
ME															
MI															
MN															
MO															
MS															
MT															
NC															
ND															
NE															
NH															
NJ															
NM															
NV															
NY															
OH															
OK															
OR															
PA															
PR															
RI															
SC															
SD															
TN															
TX															
UT															
VA															
VI															
VT															
WA															
WI															
WV															
WY															

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 Business Entity License/Registration

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

### Background Questions

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

1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager 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) or 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 juvenile court.)

1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company 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. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, 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 identifying all parties involved (including their percentage of ownership, if any) and 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. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever 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? 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 application denied or the act of withdrawing an application to avoid a denial. 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, all parties involved (including their percentage of ownership, if any) 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 the business entity or any owner, partner, officer or director of the business entity, 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. N/A \_\_\_ Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever 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): \_\_\_\_\_

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## Uniform Application for Business Entity License/Registration

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

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

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 arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, 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. 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.

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## Uniform Application for Business Entity License/Registration

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

### Applicant's Certification and Attestation

- 30 On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:
1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
  2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
  3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
  4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
  5. I authorize the jurisdictions to which this application is made to give any information they may have 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 comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
  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).
  9. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the State.

**Must be signed by an officer, director, or partner of the business entity, or member or manager of a limited liability company:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

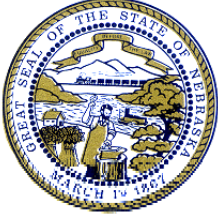
\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

### Attachments

- 31 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 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)).



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

## LIMITED LINES TRAVEL INSURANCE AGENCY CERTIFICATION OF AUTHORIZED TRAVEL RETAILERS

Business Entity Name	FEIN										
	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width:12.5%; height: 15px;"> </td> <td style="width:12.5%; height: 15px;"> </td> <td style="width:12.5%; height: 15px;">-</td> <td style="width:12.5%; height: 15px;"> </td> <td style="width:12.5%; height: 15px;"> </td> <td style="width:12.5%; height: 15px;"> </td> <td style="width:12.5%; height: 15px;"> </td> <td style="width:12.5%; height: 15px;"> </td> <td style="width:12.5%; height: 15px;"> </td> <td style="width:12.5%; height: 15px;"> </td> </tr> </table>			-							
		-									

### Certification of Authorized Travel Retailers

Pursuant to Neb. Rev. St. §44-4052 of the Nebraska Insurance code;

I, \_\_\_\_\_ an officer and/or owner of \_\_\_\_\_,

An applicant for a limited lines travel insurance agent license, hereby certify under penalty of perjury under the laws of the State of Nebraska that the following are true and correct:

1. The below list of travel retailers are qualified to offer travel insurance products under the authority of the limited lines travel insurance agency license.
2. No person other than an authorized travel retailer(s) employees sell or offer insurance on its behalf.
3. All authorized travel retailer(s) employees have completed the training required pursuant to Neb. Rev. St. §44-4052 (5)(e) of the Nebraska Insurance Code which includes the types of insurance offered, ethical sales practices, and required disclosures to prospective insurance customers.
4. The travel retailers listed on the following page comply with section 1033 of Title 18 of the United States Code.\*

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

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

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

\_\_\_\_\_  
Title (Printed or Typed)

### **AUTHORIZED TRAVEL RETAILERS**

*\*Page 2 is available for additional names\**

Travel Retailer Name	Business Address	Business Phone Number	Name of Manager or controller or operations	FEIN



