

NEBRASKA DEPARTMENT OF INSURANCE

941 'O' Street, Suite 400
Lincoln, NE 68508-3639
(402) 471-2201

ORDER FORM FOR LISTINGS AND DISKETTES

All listings and diskettes include name and business address. Listings are printed on plain paper in Avery 5162 mailing label format. Diskettes are comma delimited format.

Licensed Producers -- \$150.

writing line(s) _____
(see next page for available lines)

**Select one
option from
each row**



Residency: _____ Resident _____ Resident & Nonresident
Order: _____ Alphabetical _____ Zip Code
Print as: _____ Listing _____ Diskette

Licensed Consultants -- \$40.

writing line(s) _____ Life/Health _____ Property/Casualty _____ All

**Select one
option from
each row**



Residency: _____ Resident _____ Resident & Nonresident
Order: _____ Alphabetical _____ Zip Code
Print as: _____ Listing _____ Diskette

Licensed Insurance Agencies -- \$40.

**Select one
option from
each row**



Residency: _____ Resident _____ Resident & Nonresident
Order: _____ Alphabetical _____ Zip Code
Print as: _____ Listing _____ Diskette

Producers By County -- \$40. per county

Agents in county (ies) _____
Writing line(s) _____

**Select one
option from
each row**



Order: _____ Alphabetical _____ Zip Code
Print as: _____ Listing _____ Diskette

Producers By Company -- \$20. per company

Company Name(s) _____

To assure you receive correct information, the complete company name must be provided

**Select one
option from
each row**

Order: _____ Alphabetical _____ Zip Code
Print as: _____ Listing _____ Diskette



PRODUCER LINES:

CAL	Casualty	PRL	Property
LTDCRED	Credit	PC	Property and Casualty
CROP	Crop	SAH	Sickness, Accident, Health
LIA	Life Insurance and Annuities	SURETY	Surety
MISMC	Motor Club	TITL	Title
PPL	Personal Lines	VC	Variable Contracts
MISPPL	Prepaid Legal		

NAME _____

COMPANY NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER _____

(In case we have questions)

E-MAIL ADDRESS _____

(Optional: Listings can be sent as an e-mailed attachment. Attachments are comma delimited format.)

PAYMENT MUST BE INCLUDED WITH THIS FORM.

No refunds will be issued after a listing/diskette is produced.

Please allow three weeks for delivery.

NEBRASKA DEPARTMENT OF INSURANCE

941 'O' STREET, SUITE 400
LINCOLN, NE 68508-3639
(402) 471-2201

COMPANY LISTINGS

Listings/diskettes include company name and address. Listings are printed on plain paper in Avery 5162 label format. Diskettes are comma delimited format. Cost is **\$40** per listing/diskette, regardless of the number of company types included.

Order: _____ Alphabetical _____ Zip Code
Print as: _____ Listing _____ Diskette

Company Type(s)

- | | |
|--|--|
| <input type="checkbox"/> Property and Casualty | <input type="checkbox"/> Prepaid Limited Health Services |
| <input type="checkbox"/> Life and Health | <input type="checkbox"/> Hospital Mutual |
| <input type="checkbox"/> Surplus Lines | <input type="checkbox"/> Risk Retention Group-Domestic |
| <input type="checkbox"/> Health Maintenance Organization | <input type="checkbox"/> Risk Retention Group-Foreign |
| <input type="checkbox"/> Third Party Administrator (TPA) | <input type="checkbox"/> Advisory Organization |
| <input type="checkbox"/> Utilization Review Agent (URA) | <input type="checkbox"/> Assessment (County Mutual) |
| <input type="checkbox"/> Reinsurance Intermediary | <input type="checkbox"/> Purchase Group |
| <input type="checkbox"/> Motor Club | <input type="checkbox"/> Intergovernmental Pool |
| <input type="checkbox"/> Managing General Agents | <input type="checkbox"/> Fraternal |
| <input type="checkbox"/> Prepaid Legal | <input type="checkbox"/> Unincorporated Mutual |
| <input type="checkbox"/> Prepaid Dental | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Education Course Sponsor | |

NAME _____

COMPANY NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER _____

(In case we have questions)

E-MAIL ADDRESS _____

(Optional: Listings can be sent as an e-mailed attachment. Attachments are comma delimited format.)

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