

# 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

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## PRODUCER LINES:

MISAA	Assessment Association	MISHE	Home Equipment
LTDALAP	Auto Liability / Physical Damage	LTDHMP	Homeowners Multiple Peril
MISAMB	Auto Mechanical Breakdown	<b>LIA</b>	<b>Life Insurance and Annuities</b>
LTDBM	Boiler and Machinery	LTDMT	Marine and Transportation
LTDBT	Burglary and Theft	MISLINES	Miscellaneous Lines
LTDCMP	Commercial Multiple Peril	MISMC	Motor Club
LTDCPL	Comprehensive Person. Liability	PPL	Personal Lines
LTDCRED	Credit	LTDPG	Plate Glass
CLCAH	Credit Life / Credit A and H	MISPPD	Prepaid Dental
CROP	Crop	MISPPPL	Prepaid Legal
LTDDA	Domestic Animals	<b>PC</b>	<b>Property and Casualty</b>
LTDFMP	Farmowners Multiple Peril	MISSC	Service Contract
LTDFS	Fidelity and Surety	<b>SAH</b>	<b>Sickness, Accident, Health</b>
LTDFAL	Fire and Allied Lines	TITL	Title
LTDFGL	General Liability	MISUC	Unemployment Credit
GCP	Group Credit Property	VC	Variable Contracts
MISHE	Home Equipment	LTDWC	Worker's Compensation
MISHMO	HMO		

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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** \_\_\_\_\_

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