

STATE OF NEBRASKA

SURPLUS LINES TAX/POLICY CONSENT FORM

Surplus Lines Licensee: Christopher Peterson

Surplus Lines License Number: 15188641

Name Insured: _____

Policy Number: _____

Date: _____

In accordance with Nebraska Statute, Section 44-5510.1, this form must be signed by the insured and returned to the Surplus Lines Licensee shown above not later than thirty days after the effective date of the policy.

“With regard to this application for insurance, said coverage, or portions thereof, may be written in an insurance company that is not licensed to do business in Nebraska, and in the event of the insolvency of such company, the policy will not be covered by the Nebraska Property and Liability Insurance Guaranty Association.”

Insured's Signature

Agent's Signature

Date

Date

(If the Named Insured is a corporation, partnership, or operates under an authorized trade name, please show the name of the insured as it appears on the policy and also indicate the name and title of the person signing this form.)