

I have given my permission to place my _____ insurance policy with a
Type of insurance and policy # if available

nonadmitted insurer and I acknowledge that, in the event of the insolvency of such insurer, the policy will not be covered by the Nebraska Property and Liability Insurance Guaranty Association.

Policy Effective Date

Signature of Insured

Date

****Form must be signed and dated by insured no later than 30 days after the effective date, in compliance with Nebraska Statute 44-5510