Nebraska Department of Motor Vehicles – Signature Authorization Letter

Effective Date:

	nsurance Companies			
		npanies you submit Nebraska SR filings for. If more than five, please attach		
an ac	n additional sheet listing the remaining companies.			
	NAIC NUMBER	COMPANY NAME		
2. F	iling method:			
How does your company submit SR filings to the Nebraska DMV? (Select one)				
	Paper SR filings only			
	Electronic SR filings only			
	Both electronic and paper SR filings			
If submitting paper filings, describe the format you will be submitting:				
	Standard (3" x 5" pink/yellow form)			
	Custom (attach blank SR22 & SR26 samples – do not include insured info)			
3. \$	ignature Format on fil	ings (Required if you submit Paper Filings):		
	Hand signed			
	Ink stamped			
	Pre-printed			
4. A	gent submissions (Re	quired if you submit Paper Filings):		
Do y	ou allow agents to subr	nit SR filings? (Select one)		
	Yes. If yes – Agent iss	ued filings must contain the agent return address stamp, cerification		
		t be back dated, and must follow all applicable rules for your company.		
		uire the SR filings to come from a specific address, if so, provide the mailing ent from in the Specific Directions section on the next page.		

5. Duplicate Home Office Filings (Required if you submit Paper Filings):					
If agents submit filings, does the home office also submit the same?					
	Yes				
	No				
6. I	Policy Number Form	nat:			
The	DMV can accommod	late up to three policy num	ber formats ar	nd will build edits into our system to	
acce	ept only your designa	ted format(s). Use these ch	naracters to def	ine your policy number:	
# - n	umeric digit, \$ = nume	eric digit or a blank space, &	= alpha charac	ter, * = alpha character or a blank	
	- ·	· · ·	•	policy numbers provided below:	
	·		•		
		EXAMPLES OF POLIC	Y NUMBER FO	DRMATS	
	SHOW YOUR ACTU	AL POLICY NUMBER	FORMAT U	SING CHARACTERS LISTED ABOVE	
8 – 1	0 numeric characters	in length:	#######\$\$		
0123	34567 or 0123456789				
2 alp	ha characters and 4 n	numeric:	&&####</td><td></td></tr><tr><td>AA1</td><td>234</td><td></td><td></td><td></td></tr><tr><td>3 sp</td><td>ecific alpha characters</td><td>s and 3 numeric:</td><td>ABC###</td><td></td></tr><tr><td>ABC</td><td>-</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>l</td><td></td></tr><tr><td></td><td></td><td>YC</td><td>UR POLICY NU</td><td>MBER FORMAT:</td></tr><tr><td>TYPE</td><td colspan=2>F OF POLICY</td><td>• · · · • • · · · · · · · · · · · · · ·</td><td></td></tr><tr><td></td><td>or roller</td><td>Show your actual notice</td><td>ry number</td><td>Format using characters listed above</td></tr><tr><td></td><td></td><td>Show your actual poli</td><td>cy number</td><td>Format using characters listed above</td></tr><tr><td></td><td>onal Lines:</td><td>Show your actual poli</td><td>cy number</td><td>Format using characters listed above</td></tr><tr><td></td><td></td><td>Show your actual poli</td><td>cy number</td><td>Format using characters listed above</td></tr><tr><td>Pers</td><td>onal Lines:</td><td>Show your actual poli</td><td>cy number</td><td>Format using characters listed above</td></tr><tr><td>Pers</td><td></td><td>Show your actual poli</td><td>cy number</td><td>Format using characters listed above</td></tr><tr><td>Pers</td><td>onal Lines:</td><td>Show your actual poli</td><td>cy number</td><td>Format using characters listed above</td></tr><tr><td>Pers</td><td>onal Lines:</td><td>Show your actual poli</td><td>cy number</td><td>Format using characters listed above</td></tr><tr><td>Pers</td><td>onal Lines:</td><td>Show your actual poli</td><td>cy number</td><td>Format using characters listed above</td></tr><tr><td>Pers</td><td>onal Lines:</td><td>Show your actual poli</td><td>cy number</td><td>Format using characters listed above</td></tr><tr><td>Pers Sma</td><td>onal Lines: Il Fleet Lines: mercial Lines:</td><td>Show your actual poli</td><td>cy number</td><td>Format using characters listed above</td></tr><tr><td>Pers</td><td>onal Lines: Il Fleet Lines: mercial Lines:</td><td>Show your actual poli</td><td>cy number</td><td>Format using characters listed above</td></tr><tr><td>Pers Sma</td><td>onal Lines: Il Fleet Lines: mercial Lines:</td><td>Show your actual poli</td><td>cy number</td><td>Format using characters listed above</td></tr><tr><td>Pers Sma</td><td>onal Lines: Il Fleet Lines: mercial Lines:</td><td>Show your actual poli</td><td>cy number</td><td>Format using characters listed above</td></tr><tr><td>Pers Sma</td><td>onal Lines: Il Fleet Lines: mercial Lines:</td><td>Show your actual poli</td><td>cy number</td><td>Format using characters listed above</td></tr><tr><td>Sma Com Othe</td><td>onal Lines: Il Fleet Lines: mercial Lines:</td><td></td><td></td><td>Format using characters listed above</td></tr><tr><td>Sma Com Othe</td><td>onal Lines: Il Fleet Lines: mercial Lines: er: cific directions: Inc</td><td>lude this type of information</td><td>on - 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7. C	7. Designated Support Contacts:						
Provide name, direct phone number and non-generic emails. These are the only people DMV will							
contact about protected information.							
(CONTACT NAME	DIRECT PHONE NUMBER	EMAIL ADDRESS				
8. R	eleasing Contact Inf	ormation to Agents or Insureds					
Can	we share your design	ated contact(s) with agents or insured?					
	Yes						
	No						
If "No	o", provide an alternat	ive contact that can be released to age	nts or insureds:				
	CONTACT NAME	DIRECT PHONE NUMBER	EMAIL ADDRESS				
9. N	Nebraska DMV Intern	al Contacts:					
(For	use by your designate	d contacts only. DO NOT share externa	olly.)				
_	CONTACT NAME	DIRECT PHONE NUMBER	EMAIL ADRESS				
Caitl	lin Anderson	402-471-3901	caitlin.anderson@nebraska.gov				
Joan Johnson		402-471-3584	joan.johnson@nebraska.gov				
Lindsey Lenhoff		Not available for calls	lindsey.lenhoff@nebraska.gov				
Lisa'	Wolfe	402-471-6357	lisa.wolfe@nebraska.gov				
			<u> </u>				
10. A	Agent/Agency Contac	et:					
		act if there are issues with an agent/age	ncy?				
	CONTACT NAME	DIRECT PHONE NUMBER	EMAIL ADDRESS				
11.0	11.Out-of-State Filings:						
Does your company allow SR filings in Nebraska for drivers that live in another state (if you do, the filing							
		SR filings in Nebraska for drivers that liv	e in another state (if you do, the filing				
Does	s your company allow	SR filings in Nebraska for drivers that liv our home office – we will not accept age					
Does	s your company allow	our home office – we will not accept age					
Does	s your company allow t be submitted from y	our home office – we will not accept age					
Does	s your company allow t be submitted from yers) – select applicable	our home office – we will not accept age					
Does must drive	your company allow t be submitted from yers) – select applicable Yes	our home office – we will not accept age					
Does must drive	your company allow t be submitted from years) – select applicable Yes No	our home office – we will not accept age e: Required if you submit Paper Filings):					
Does must drive	your company allow t be submitted from years) – select applicable Yes No Return Mail Contact (need to return a paper	our home office – we will not accept age e: Required if you submit Paper Filings): er SR filing, where should we send it?	nt issued filings for out-of-state				
Does must drive	your company allow t be submitted from years) – select applicable Yes No	our home office – we will not accept age e: Required if you submit Paper Filings):					

13. Authorized Signers (Required if you submit Paper Filings):					
List up to five people authorized to sign paper SR filings:					
PRINTED NAME	SIGNATURE AS IT APPEARS ON FILING (CANNOT BE TYPED)				
14. Submitted By:					
Typed Name:					
Signature (required):					
Title of Position with Company:					
Direct Phone Number:					
Direct Email Address:					

Contact Lisa Wolfe at <u>lisa.wolfe@nebraska.gov</u> for any questions concerning completion of this authorization letter.

MAIL THE COMPLETED COPY TO:

DEPARTMENT OF MOTOR VEHICLES PO BOX 94877 LINCOLN NE 68509 4877