

**STATE OF NEBRASKA**  
**SURPLUS LINES TAX CONSENT FORM**

Agent:

Re:

Policy Number:

Date:

“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”

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date