DEPARTMENT OF MOTOR VEHICLES

FINANCIAL RESPONSIBILITY DIVISION
PO BOX 94877
LINCOLN NE 68509 4877

DATE:

SIGNATURE AUTHORIZATION LETTER

This signature authorization letter will replace any prior letters on file with the Nebraska Department of Motor Vehicles.

1. **List of insurance companies that you submit Nebraska SR filings for (if more than five, you will need to attach another page with information on it):**

NAIC NUMBER	COMPANY NAME

2. **Signature on filings will be as follows – check applicable:**

☐	Hand signed
☐	Ink stamped
☐	Pre-printed

3. **SR filing type:**

☐	Standard (3 x 5 pink/yellow filing)
☐	Custom - you must submit a **blank** sample of both the SR22 and SR26 filing (please do not include any ID information for your insured on the sample)

4. **Does your company allow agents to submit SR filings – select applicable:**

☐	Yes (If yes – filing must contain agent return address stamp, cannot be back dated and must follow all applicable rules for your company)
☐	No
☐	Special Instructions (i.e. if you don't allow your agents to submit filings - do you require the filings to come from a specific office, etc.):

5. **If you allow your agents to submit filings – does the home office also send the exact same filing:**

☐	Yes
☐	No
☐	Not applicable – agents aren't authorized to file

6. **Current Policy Number format (we can build edits in our system for 3 different policy number formats per company). Please define your policy number format in the applicable fields below using the following characters: # = numeric digit, $ = numeric digit or a blank space, & = alpha character, * = alpha character or a blank space, ? = either a numeric digit or alpha character. See examples provided below:**

Show your actual policy number	Format using characters listed above
8-10 numeric characters in length: 01234567 or 0123456789	**########$$**
2 alpha characters and 4 numeric: AA1234	**&&####**
3 specific alpha character and 3 numeric: ABC123	**ABC###**

TYPE OF POLICY	POLICY NUMBER FORMAT	
	Show your actual policy number	Format using characters listed above
Personal lines:		
Small fleet lines:		
Commercial lines:		
Other:		

Special directions to the Department of Motor Vehicles concerning the policy number (i.e. omit the suffix, omit prefix, etc.):

7. **Because of the Federal Privacy Law, you will need to designate Support Contact(s) for your company (name, phone number, email address). This list will be the only people we would contact when we have issues with the SR22 filing that requires use of protected information:**

CONTACT NAME	DIRECT PHONE NUMBER	EMAIL ADDRESS

8. **Can the name/phone number of your designated contact(s) be released to the agent or insured if we are asked for it – please select applicable:**

☐	Yes
☐	No

If not, who can we have the agent or insured contact for assistance (name, phone number, email address):

CONTACT NAME	DIRECT PHONE NUMBER	EMAIL ADDRESS

9. **The Nebraska Department of Motor Vehicles has designated the contacts below for SR issues that require use of protected information (the names/numbers/email addresses below ARE NOT TO BE RELEASED TO ANYONE OTHER THAN YOUR DESIGNATED CONTACTS):**

CONTACT NAME	DIRECT PHONE NUMBER	EMAIL ADDRESS
Lisa Wolfe	402-471-6357	lisa.wolfe@nebraska.gov
Joan Johnson	402-471-3985	joan.johnson@nebraska.gov
Kathy VanBrocklin	402-471-3901	kathy.vanbrocklin@nebraska.gov

10. **Who should the Department of Motor Vehicles contact if there are issues regarding an agent or agency (name/phone number/email address):**

CONTACT NAME	DIRECT PHONE NUMBER	EMAIL ADDRESS

11. **Do you allow SR filings in Nebraska for drivers that live in another state (if you do, the filing must be submitted from your home office – we will not accept agent issued filings for out-of-state drivers) - select applicable:**

☐	Yes
☐	No

12. **If we need to return a filing for any reason, who would it be sent to (name/complete mailing address):**

CONTACT NAME	STREET ADDRESS	CITY/STATE/ZIP CODE

13. **List of all personnel authorized to sign filings (please try and limit to no more than five):**

PRINTED NAME	SIGNATURE AS IT WOULD APPEAR ON THE FILING

14. **Name of person submitting authorization letter:**

Printed name:	
Signature:	
Title of position with company:	
Phone number:	
Email address:	

Please contact Lisa Wolfe at lisa.wolfe@nebraska.gov for any questions concerning completion of this authorization letter.