

**NEBRASKA MOTOR VEHICLE SERVICE CONTRACT
REIMBURSEMENT INSURANCE ACT**

NOTICE OF FILING

This Notice of Filing form must be completed in full and filed for each new or modified motor vehicle service contract. Motor vehicle service contract providers must submit this form, along with the forms listed below, to the Nebraska Department of Insurance prior to issuing, making, providing, selling or offering to sell a motor vehicle service contract as required by Title 210, Nebraska Administrative Code, Chapter 58.

Please submit the completed form to the Nebraska Department of Insurance via the SERFF filing system. Filers not yet using SERFF may enroll by contacting SERFF at 1-816-783-8787 or by e-mail at serffmktg@naic.org. Companies needing information about SERFF and EFT may visit www.serff.com.

The motor vehicle service contract provider shall file:

- a. One copy of each new or modified motor vehicle service contract form.
- b. One copy of each new or modified reimbursement insurance policy form.
- c. This form (properly completed and notarized).

Please provide the following information:

1. Name, address, and state of domicile of the business entity filing this form:

2. Name and title of contact person: _____
Phone number: _____ Fax number: _____
E-mail address: _____

3. Provide a brief description of your current or proposed business activities within the State of Nebraska:

4. Identify each motor vehicle service contract form for which this Notice of Filing is being provided and indicate whether the form is a new filing or a modification of a previous filing.

5. Please provide the following for each business entity from whom your business purchased or obtained the motor vehicle service contract form(s) identified in item 4 above. (Attach additional pages, as needed). If your business created these forms internally, please indicate.

Name of the business: _____

Address: _____

Name & title of contact person: _____

Phone number: _____ Fax number: _____

E-mail address: _____

Service contract form(s) purchased or obtained:

6. For each motor vehicle service contract form identified in item 4 above, please provide the following information about the insurer and reimbursement policy which back that contract form. (Attach additional pages, as needed).

Name of the insurance company:

Address: _____

Phone number: _____ Fax number: _____

E-mail address: _____

Motor vehicle service contract being insured:

Reimbursement insurance policy number:

7. Please provide the name(s) and addresses of the sales personnel who will be selling the motor vehicle service contract(s) (Attach additional pages, as needed):

I certify under penalty of law that I have read this notice and swear that all of the information provided in the notice is true, correct, and complete.

STATE OF _____)
COUNTY OF _____)

(Name of Business Entity filing this form)

BY: _____
(Signature and Title)

Subscribed and sworn to this _____ day of _____, 20__.

NOTARY PUBLIC