

CONSENT FORM

Named Insured _____

Address _____

In compliance with Nebraska Statute Sections 44-139 through 44-147.06 R.S. Supp. Nebraska 1978, this form must be signed by the Insured and returned to the above prior to the effective date of the policy.

“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.”

Date: _____

By: _____

(If insured is a corporation, partnership or other legal entity, state name of insured plus name and title of individual signing consent.)

DXS-20 (1-88)