REQUEST FOR CERTIFICATE OF SELF-INSURANCE

Date: _____

Name: _____

Agency Name: _____

NAME of the company providing the space/service: _____

ADDRESS of the company: _____

WHERE the event will take place: _____

WHEN (specific dates): _____

PURPOSE: _____

Please mail completed form to:

AS-Risk Management Division
P.O. Box 94974
Lincoln, NE 68509-4974

402.471.2551

Or Email to: AS Risk Insurance (as.riskinsurance@nebraska.gov)