

**NEBRASKA**

**AFFIDAVIT BY ASSURED**

**The undersigned does hereby acknowledge and affirm that the insurance policy they are applying to purchase will be issued by a non-admitted insurer. The non-admitted insurer is not subject to the financial solvency regulation and enforcement which applies to Nebraska licensed insurers.**

**They further understand that in the event of insolvency of the insurer, the policy will not be covered by the Nebraska Property and Liability Insurance Guarantee Association.**

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**Signature of Insured**

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**Date**

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**Address**