

Continental Casualty Company  
Real Estate Errors and Omissions Insurance

Administered by Rice Insurance Services Company, LLC

**REINSTATEMENT REQUEST FORM**  
**For Nebraska State Program Participants**

Policy: 12 EO 0008NE

Expiration Date of Previous Coverage: January 1, 2012  
Or Requested Coverage Effective Date: \_\_\_\_\_

**Print or type**

Individual License Name: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ License #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Broker E-Mail Address: \_\_\_\_\_

Firm Legal Name: \_\_\_\_\_ D/B/A \_\_\_\_\_

Firm License #: \_\_\_\_\_ Broker Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

If Firm is requesting Reinstatement, provide the additional information:  
**\*Attach list of all agents and brokers including license numbers who are associated with Firm.**

Please state reason for requested reinstatement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, certify that as of the current date **I have no knowledge of any claims which have been made against the entity or individual for which insurance is requested since the date of expiration listed above.** I, the undersigned, also certify that as of the current date **I have no knowledge of any negligent acts, errors or omissions or related negligent acts, errors or omissions committed or alleged to have been committed prior to the current date,** that may reasonably be expected to become the basis of a claim against the entity or individual for which insurance is requested. I, the undersigned, certify that **I understand that the reinstatement procedure does not impact my failure to comply with the mandatory insurance guidelines established by the Commission and I may still be subject to penalties and fines by the Commission.**

\_\_\_\_\_  
Signature of individual licensee applicant  
Or for firm licensees, the firm representative

\_\_\_\_\_  
Current date

Please include this form with payment to RISC:  
Mailing Address: **P.O. Box 6709, Louisville, KY 40206-0709**  
Overnight Address: 4211 Norbourne Blvd, Louisville, KY 40207-4048