NEBRASKA
RECORD OF COMPENSATION INSURANCE

To be Used to Report Compensation Insurance Issuance, Cancellation, Renewal, Nonrenewal, or Reinstatement.

MAIL TO: NEBRASKA WORKERS' COMPENSATION COURT, P.O. BOX 98908, LINCOLN, NE 68509-8908 (402) 471-6468

1. Name and Address of Insurance Carrier

Assigned Risk? ❑ Yes ❑ No

10. Insured's Name & Address

2. Policy Number

3. NE Dept. of Ins. Company Number (5 digit)

11. Any Prior Business Names

4. Deductible Amount

5. If No Deductible
❑ Not Chosen
❑ Not Offered

6. Effective Date

7. Expiration Date

12. List **All Nebraska** location addresses with the current business name
(If additional space is needed, use back of form or attach separate sheet.)

8. Transaction (Complete One)

❑ New Policy

❑ Cancellation Cancellation Date

_____
For Effective Date See NE Rev. Stat. 48-144.03 or Rule 32. Must be sent by certified mail.

❑ Renewal or Extension

❑ Nonrenewal
(Effective 30 days after certified mailing)

❑ Reinstatement Reinstatement Date

_____

9. Reason for Cancellation or Nonrenewal

13. Insured's Federal Identification Number (FIN)

Prepared By (Please Type)

Preparer's Telephone #

Date

NWCC FORM 12 (REV. 6/95)