NREC Errors and Omissions **Insurance Provider** Instructions

All Providers

Table of Contents

1.	Pr	rovider Portal Request	3
i	a.	Provider Sign-Up Information	3
l).	Reset Password	4
	2.	Approval of Provider	6
	ł.	Rejection of Provider	7
2.	Pr	rovider Portal Information	7
i	a.	Once Provider Approved - Log in and Review Options	7
	i.	Login	7
	ii.	Options	7
3.	Pr	rovider Instructions	8
4.	U	pload E&O file	8
i	a.	Provider Upload Data Questions	8
).	Certificate of Coverage Form	9
	i.	General Information	9
	ii.	If the option to upload the Certificate of Coverage Form was selected	9
	iii	. If the option to fill out an electronic Certificate of Coverage Form was selected	10
	2.	Upload List	11
5.	Fi	elds on Text File	14
i	э.	The text file includes the following columns	14
).	Variances to the text fields	14

1. Provider Portal Request

- a. Provider Sign-Up Information
 - i. An errors and omissions insurance provider will need to register for a portal on our website.
 - ii. The will go to the login page and select "Provider Sign up"
 - 1. https://nrec.igovsolution.net/online/Provider/Login

User Login				
• Emoil				
Email				
Password				
	Login			
	Login			
🚑 Provider Sign up	A Forgot password			

E&O PROVIDER LOGIN

NEW E&O PROVIDER REGISTRATION

FirstName		* LastName
FirstName		LastName
Company		* Phone
Company		()
Email		* Confirm Email
Email		ConfirmEmail
Password		* Confirm Password
Password		ConfirmPassword
Address		* City
Address		City
State		* Zip
Select	~	
Provider Type		Certificate of Coverage
Select Provider Type	~	Click here to attach document
		Submit

- iii. Provider will need to enter the required information which is noted with a red asterisk next to the field (all fields)
 - 1. There is no password criteria at this time.
 - 2. Provider Type Select Group or Individual
 - 3. Attach a sample of a completed Certification of Coverage form
- iv. Once provider has completed the information, click on the Submit button.
- v. The provider will receive the following popup when they have submitted their request to the Commission.

Alert Message	
Registration successf	II. You will receive an email at the email address provided once you have been reviewed.
	✓ Ok

b. Reset Password

- i. Provider may choose or be prompted to reset their password.
 - 1. In the event that the email has already been registered with our office, and they click on the Submit button, they will receive the following message:



2. To reset the password click on the "Forgot Password" on the main page

User Login	
• Email	
Email	
• Password	
Password	
Login	
A Provider Sign up	

E&O PROVIDER LOGIN

3. Enter name and email address on the screen as shown below: E&O PROVIDER

First Name		
Last Name		
Edot Hame		
Last Name		
Email		
Email		
Confirm Email		
Confirm Email		
Confirm Email		

4. Click on the "Login" button and receive the following message:



5. Click on OK, to return to the login screen.

- 6. An email will be sent to the email provided. Open email to get the temporary password
 - a. Sample email below:

Dear,	
Your User Registration password has been reset to :	
Thank you,	
Nebraska Real Estate Commission	
301 Centennial Mall South PO Box 94667	
Lincoln, NE 68509-4667	
Phone: 402-471-2004, Fax: 402-471-4492	
Email: realestate.commission@nebraska.gov	
Website: www.nrec.ne.gov	

- b. On the Login Screen, enter your email and temporary password
 - i. It will redirect to the Change Password window
 - ii. Reenter the temporary password in the "old password" field
 - iii. Enter a new password in the New Password and Confirm New Password fields iv. Click on Save

	Nebraska Real Estate Commission	ሪ Logo
	ns Upload E&O 主 Past Import History 🔍 Change Password	
Change Password		
	Old Password Old Password	
	New Password	
	New Password Confirm New Password Confirm New Password	
	Save Clear	

c. Once saved you will see the following message:



- d. Click on OK. You will remain on the Change Password tab within the provider portal.
- e. Navigate to one of the other tab options.

f. A confirmation Email that the password has been changed will be sent to the provider.



c. Approval of Provider

i. If the Commission Approves the registration:

Wed 7/8/2020 11:16 AM

Website: www.nrec.ne.gov

- 1. The Provider will receive the following email.
 - To Rut, Monica

realestate.commission@nebraska.gov

Nebraska Real Estate Commission E&O Providers

1 EXTERNAL SENDER - This email originated from outside of the State of Nebraska Enterprise Email System. Even if you recognize the sender, DO NOT open ATTAC



Your request has been approved for New E&O Provider Registration.

If you have any questions regarding this email or feel you have received this email in error, please contact our office.

Thank you, Nebraska Real Estate Commission 301 Centennial Mall South PO Box 94667 Lincoln, NE 68509-4667 Phone: 402-471-2004 Fax: 402-471-4492 Email: realestate.commission@nebraska.gov Website: www.nrec.ne.gov

d. Rejection of Provider

- i. If the Commission Rejects the registration:
 - 1. The provider will receive the following email.

	Wed 7/8/2020 11:02 AM			
	realestate.commission@nebraska	VOD		
\sim	Maharaka Basi Estata Completion FRO Dead			
-	Nebraska Real Estate Commission E&O Provi	ders		
TELLIS				
1.50				
a				
	3			
Dear				
Dear				
Dear Vour reque	at has been denied for New E&O Provider Regist	ration.		
Dear Dear	at has been denied for New E&C Provider Regist	ration.	<i></i>	
Dear Dear Hour reque	at has been denied for New E&O Provider Regist any questions regarding this email or feel you ha	ration. we received this email in error, please	contact our office.	
Dear Dear Hour reque	at has been denied for New E&O Provider Regist any questions regarding this email or feel you ha	tration. ave received this email in error, please	contact our office.	
Dear Your reque If you have Thank you, Nebraska F	at has been denied for New E&O Provider Regist any questions regarding this email or feel you ha cal Estate Commission	tration. twe received this email in error, please	contact our office.	
Dear Your reque If you have Thank you, Nebraska F 301 Center	at has been denied for New E&O Provider Regist any questions regarding this email or feel you ha cell Estate Commission min Mall South PO Box 94667	tration. we received this email in error, please	contact our office.	
Dear Your reque If you have Thank you, Nebraska F 301 Center Lincoln, N	at has been denied for New E&O Provider Regist any questions regarding this email or feel you ha cell Estate Commission mini Mall South PO Box 94667 : 58509-4667	tration. treeeived this email in error, please	contact our office.	
Dear Dear Your reque If you have If you have If you have Lincoln, N Phone: 402	st has been denied for New E&O Provider Regist any questions regarding this email or feel you ha cal Estate Commission mid Mall South PO Box 94667 : 68509-4667 : 471-2004 Fax: 402-471-4492	ration. rve received this email in error, please	contact our office.	
Dear Dear Your reque If you have Thank you, Nebraska F 301 Center Lincoln, N Phone: 402 Email: real	at has been denied for New E&O Provider Regist any questions regarding this email or feel you ha cell Estate Commission mail Mall South PO Box 94667 : 65509-4667 - 471-2004 Fax: 402-471-442 - enter commission@Becketak.aov	tration. we received this email in error, please	contact our office.	

2. Provider Portal Information

- a. Once Provider Approved Log in and Review Options
 - i. Login
 - 1. Use the username and password to log into the portal: <u>https://nrec.igovsolution.net/online/Provider/Login</u>
 - ii. Options
 - 1. Choose from 5 options
 - a. Instructions this will help the providers understand how to submit the insurance
 - b. Upload E&O The provider can logon to their online portal anytime to upload the E&O data as shown below.
 - c. Past Import History The provider can review past import history by entering a date range.
 - d. Change Password The provider can change their password inside the portal.
 - e. Logout the provider can choose to log out of the portal by making that selection.



3. Provider Instructions

Upload Insurance Data Instructions 1. Click on the "Upload E&O" tab 2. A sample file format is available in the "Upload E&O tab". The columns to be included in the file are: Nebraska Broker or Salesperson License Number (If the insurance information is for a pending applicant, leave this column blank), Last Name, First Name Middle Initial, Effective Date, Expiration Date, Type (Type must be one of the three values: Individual or Group or Commission Offered) and State (In two digit format: NE for Nebraska, AL for Alabama etc.). Please note the length, starting, and ending position/index for each of these columns. License Number -> 10 characters. Position 1 to 10. Last Name -> 20 characters, Position 11 to 30. First Name -> 15 characters. Position 31 to 45. Effective Date -> 8 characters. Position 46 to 53 Expiration Date -> 8 characters. Position 54 to 61 . Type -> 20 characters. Position 62 to 81. State -> 2 characters. Position 82 to 83. 3. Please Note: If you are submitting insurance information for the next calendar year, please ensure the effective date and expiration date columns in the text file reflect that accordingly. 4. Click on the section that says "Click here to upload insurance file" to select and upload your file 5. Click on the "Import Insurance Data" button. 6. The system will process the entries and provide the result in the "Status" column. There are three statuses possible: (1) "Successfully Imported," indicates the system was able to find a matching licensee/applicant record and has imported the E&O information onto the licensee/applicant file. (2) "This record has already been imported." indicates a duplicate entry for the licensee/applicant and cannot be imported again. (3) "Not Imported. No record found." indicates the license number was not found in the system and there was no credit applied onto a licensee/applicant file. 7. To correct any errors, please upload a file containing only the corrected records again using the same steps described above. Please do not re-upload the entire file.

4. Upload E&O file

a. Provider Upload Data Questions

- i. Individual and Group Providers
 - 1. The upload begins by Clicking on the Upload E&O button.
 - 2. A box appears and asks the provider:
 - a. "Select one of the following:"
 - i. I would like to upload the Certificate of Coverage Form
 - ii. See Certificate of Coverage Form section below
 - iii. I will fill out an electronic Certificate of Coverage form
 - iv. See Certificate of Coverage Form section below
 - v. Commission-Offered Plan Provider
 - vi. If the provider is the Commission Offered Plan for the selected year, no form is required to be uploaded.
 - vii. An option will be provided to select "I am uploading a non-Commission Offered Policy" so that the Certification of Coverage form can be submitted as required by law.

Ipload E&O Data
Select Year
2020
Select any one
I would like to upload the Certificate of Coverage Form
I will fill out an electronic Certificate of Coverage Form
Continue Cancel

viii.	The error message if the form is not submitted will appear as shown
below:	

below:	
E Alert Message	
Please select option.	
	✔ Ok

- ii. Commission-Offered Providers or those changing
 - 1. The upload begins by Clicking on the Upload E&O button.
 - 2. Select the Year Coverage Begins
 - 3. If submitting Commission-offered policies click on Continue
 - 4. If not entering Commission-offered policy but an individual policy instead, Click on the box that says, I am uploading a non-commission offered policy
 - 5. A box appears and asks the provider:
 - a. "Select one of the following:"
 - i. I would like to upload the Certificate of Coverage Form
 - 1. See Certificate of Coverage Form section below
 - ii. I will fill out an electronic Certificate of Coverage form
 - 1. See Certificate of Coverage Form section below

b. Certificate of Coverage Form

- i. General Information
 - 1. If filling out the Certificate of Coverage form for a group of licensees, the provider may fill out the form as shown below to attach with the list submission.
 - 2. Instead of the "Insured Name and specific licensee information", you would instead put the text "Various" or "See Attached List" to submit with the list you are uploading.
 - 3. The **remainder of the form must be completed**, beginning with the Policy number field until the end of the form.

	NEBRASKA REAL ESTATE COMMISSION
	CERTIFICATION OF COVERAGE UNDER NEB. REV. STAT. SECTION 81-885.55 AND 299 N.A.C. CHAPTER 8
I hereby certify that the insur Insurance Rating Service an certify that:	rance company listed below has at least a "B+" rating from the A.M. Best Company id maintains an AM Best Financial Size Category of Class VI or higher. I further
INSURED NAME	* SEE ATTACHED LIST
LICENSE IDENTIFIC	CATION NUMBER
REAL ESTATE COM	
ADDRESS	

- ii. If the option to upload the Certificate of Coverage Form was selected:
 - 1. A button will appear on the popup screen to attach the form

Upload E&O Data	
Select Year	
2020	
Select any one	
🗹 I would like to upload the Certificate of Coverage Form	
I will fill out an electronic Certificate of Coverage Form	
Scrificate of Coverage Form	
Continue Cancel	

- 2. Once a document is selected on the Providers system, the document will show on the screen.
- 3. Click on the "Continue" button.

Upload E&O Data	
Select Year	
2020	~
Select any one	
☑ I would like to upload the Certificate of Coverage Form	
I will fill out an electronic Certificate of Coverage Form	
Certificate of Coverage Form	
Continue Cancel	

iii. If the option to fill out an electronic Certificate of Coverage Form wasselected:

1. Click on the Continue button and it the electronic version of the form will appear

	Soloct Voor				
	Select real				
	2020				
	Select any one				
	I would like	to upload the Certific	ate of Coverage Form		
	🗹 I will fill out	an electronic Certifica	ate of Coverage Form		
		Continue	Cancel		
	265-164040.				
	structions	Upload E&O	Past Import Hist	ory Change Passwo	rd
RTIFICATION OF COVE	RAGE				Step 1
		CER	TIFICATION OF COVERAGE		- 25
		UNDER NEE	B. REV. STAT. SECTION 81-885.55		
I hereby certify that the insura	nce company listed be	elow has at least a "B+" rat	ing from the A M. Post Company	Insurance Dating Capiles and mai	ntains an AM Best Financial Size
Category of Class VI or higher.			ing nom me A.w. Best company	insurance Rating Service and mar	
	I further certify that:		ang nom the A.M. Best company	insurance Rating service and mar	
INSURED NAME	I further certify that:		ing for the A.M. Best company	insurance Rating service and man	
INSURED NAME Insured Name LICENSE IDENTIFICATION NUM	I further certify that:		ing non the A.M. Best company	* POLICY NO	
INSURED NAME Insured Name LICENSE IDENTIFICATION NUM License Number	I further certify that:		ing rom the A.M. Best Company	* POLICY NO.	
INSURED NAME Insured Name LICENSE IDENTIFICATION NUM License Number REAL ESTATE COMPANY NAME	I further certify that:		ing non the Alw. Best company	* POLICY NO. Policy Number	
INSURED NAME Insured Name LICENSE IDENTIFICATION NUM LICENSE Number REAL ESTATE COMPANY NAME Company Name	I further certify that:		ing non the Alw. Best company	* POLICY NO. Policy Number	
INSURED NAME Insured Name LICENSE IDENTIFICATION NUM License Number REAL ESTATE COMPANY NAME Company Name ADDRESS	I further certify that:		ing non the Alw. Best company	* POLICY NO. Policy Number	
INSURED NAME Insured Name LICENSE IDENTIFICATION NUM LICENSE Number REAL ESTATE COMPANY NAME Company Name ADDRESS Address	I further certify that:		ing nom ne Alw. Best company	* POLICY NO. Policy Number	
INSURED NAME Insured Name LICENSE IDENTIFICATION NUM LICENSE NUMBER REAL ESTATE COMPANY NAME Company Name ADDRESS Address INSURANCE AGENT	I further certify that:		ing nom ne Anv. Best company	* POLICY NO. Policy Number	
INSURED NAME Insured Name LICENSE IDENTIFICATION NUM LICENSE IDENTIFICATION NUM COMPANY NAME COMPANY NAME ADDRESS Address INSURANCE AGENT Insurance Agent	I further certify that:		ing non ne Alw. Best company	POLICY NO. Policy Number	
INSURED NAME Insured Name LICENSE IDENTIFICATION NUM License Number REAL ESTATE COMPANY NAME Company Name ADDRESS Address INSURANCE AGENT Insurance Agent INSURANCE AGENT ADDRESS	I further certify that:		ing non ne Alw. Best company	POLICY NO. Policy Number	
INSURED NAME Insured Name LICENSE IDENTIFICATION NUM LICENSE IDENTIFICATION NUM COMPANY NAME COMPANY NAME ADDRESS Address INSURANCE AGENT INSURANCE AGENT INSURANCE AGENT ADDRESS Insurance Agent Address	I further certify that:		ing non ne Alw. Best company	POLICY NO. Policy Number	
INSURED NAME Insured Name LICENSE IDENTIFICATION NUM LICENSE IDENTIFICATION NUM ELICENSE NUMBER REAL ESTATE COMPANY NAME Company Name ADDRESS Address INSURANCE AGENT Insurance Agent INSURANCE AGENT ADDRESS Insurance Agent Addres	I further certify that:		ing non ne Alw. Best company	POLICY NO. Policy Number	
INSURED NAME Insured Name LICENSE IDENTIFICATION NUM LICENSE IDENTIFICATION NUM LICENSE NUMBER REAL ESTATE COMPANY NAME Company Name ADDRESS Address INSURANCE AGENT Insurance Agent INSURANCE AGENT ADDRESS Insurance Agent Address Insurance Agent Address Insurance Company Name	I further certify that:		ing non ne Alw. Best company	POLICY NO. Policy Number	
INSURED NAME Insured Name LICENSE IDENTIFICATION NUM LICENSE IDENTIFICATION NUM LICENSE IDENTIFICATION NUM ECOMPANY NAME COMPANY NAME ADDRESS Address INSURANCE AGENT INSURANCE AGENT ADDRESS Insurance Agent Address INSURANCE CO, Insurance Company Name INSURANCE COMPANY ADDRES	I further certify that:		ing non ne Alw. Best company	POLICY NO. Policy Number	
INSURED NAME Insured Name LICENSE IDENTIFICATION NUM LICENSE IDENTIFICATION NUM COMPANY NAME COMPANY NAME ADDRESS Address INSURANCE AGENT Insurance Agent INSURANCE AGENT ADDRESS Insurance Company Name INSURANCE CO. Insurance Company Name INSURANCE COMPANY ADDRES Insurance Company Address	I further certify that:			POLICY NO. Policy Number	
INSURED NAME Insured Name ILCENSE IDENTIFICATION NUM LICENSE IDENTIFICATION NUM LICENSE IDENTIFICATION NUM Company Name ADDRESS Address INSURANCE AGENT Insurance Agent INSURANCE AGENT ADDRESS Insurance Company Name INSURANCE CO. Insurance Company Name Insurance Company Address	I further certify that:			POLICY NO. Policy Number	
INSURED NAME Insured Name License IDENTIFICATION NUM License Number REAL ESTATE COMPANY NAME Company Name ADDRESS Address INSURANCE AGENT INSURANCE AGENT INSURANCE AGENT ADDRESS Insurance Agent Address INSURANCE CO. Insurance Company Name INSURANCE COMPANY ADDRES Insurance Company Address EFFECTIVE POLICY DATE	I further certify that:		* POLICY EXPIRATION	POLICY NO. POLICY NO. Policy Number	
INSURED NAME Insured Name LICENSE IDENTIFICATION NUM LICENSE IDENTIFICATION NUM LICENSE IDENTIFICATION NUM LICENSE NUMBER REAL ESTATE COMPANY NAME Company Name ADDRESS Address INSURANCE AGENT INSURANCE AGENT INSURANCE AGENT ADDRESS Insurance Company Name INSURANCE CO. Insurance Company Address EFFECTIVE POLICY DATE MM/DD/YYY	I further certify that:		* POLICY EXPIRATION	POLICY NO. Policy Number DATE	

- 2. Complete all of the information and click on the "Next" button to continue.
- 3. A Confirmation Page will appear, once reviewed, click edit or "Next" to continue.

firmation Page		Step 2
Please review Prior to Submission. Corrections can be made by selecting the Edit link next	t to the desired section.	
CERTIFICATION OF COVERAGE	F	Edit ^
CERTIFICATION OF CO UNDER NES, REV. STAT. SEC AND 299 N.A.C. CHA I hereby certify that the insurance company listed below has at least a "B+" rating from the A.M Category of Class VI or higher. I further certify that:	WEBAGE TION 81-685.55 PTER 8 L Best Company Insurance Rating Service and maintains an AM Best Financial Size	
* INSURED NAME		
LICENSE IDENTIFICATION NUMBER	* POLICY NO.	
REAL ESTATE COMPANY NAME		
ADDRESS		
* INSURANCE AGENT		~
rvious		Next

4. An Affirm and Submit page appears and will capture the providers digital signature.

5. Click on the "Submit" button to continue.



Ongratulations you have successfully submitted the CERTIFICATION OF COVERAGE.
The form will be rejected if all requested information is not supplied and/or this form is not properly completed and submitted by the applicant.
Electronically submitted forms are subject to further manual review by the Commission, and are not successfully filed until such review is completed.
Your confirmation number:

7. Click "ok" to continue to submit the list.

c. Upload List

- i. There is a help option to view the format of the file to be uploaded.
 - 1. (Click here to download a sample file format. Please upload in text file format. Include license number column where available. If there is no license number, the system will consider that to be a pending applicant waiting to be licensed by the Commission.)
 - 2. The test file is located at: https://nrec.igovsolution.net/online/Provider/Insurance_Format.txt

		Upload E&O	Past Import History	Change Password	
pload Insurance Data	a				
lick here to download a	sample file format. Please upload	d in text file format. Include lic n)	ense number column where avail	able. If there is no license number, the sys	tem will consider that to be a
shang apprount mutting	to be needed by the ooninhooio	,			C Rencon
Click ber	a to upload in	surance file			
Click here	e to upload in	surance file			

🗸 Ok

- 3. Click in the box with the text that says "Click here to upload insurance file".
 - a. It will pull up the screen to choose a file to upload



- b. Once the file is selected, click "Open".
- 4. Once a file is uploaded, the system will show a preview of the file as shown below.

ad Insurance Dat	a						
here to download n will consider tha	a sample file format. P It to be a pending applic	lease upload in text file cant waiting to be licer	e format. Include license i used by the Commission.)	number column where av	ailable. If there is no) license r	
Row Number	License Number	Last Name	First Name	Effective Date	Expiration Date	Туре	State
1				07/01/2020	12/31/2020		
2				07/01/2020	12/31/2020		
		·					
20.txt							

- ii. On click of the "Import Insurance data" button, the system will process the file and show the following:
 - 1. If the file does not have a field completed, it will return a **Fix it** type error to enter the column if left blank
 - a. To do so, fix the incorrect records to the imported file and save the changes on your computer.
 - b. In the portal, click on the "Refresh" button to resubmit a new file.
 - c. Only resubmit the incorrect records, not the records that successfully imported.
 - 2. If the list is uploaded and the list is processed and returns a message that says: Data Imported Successfully. Please Check the Status Column to fix errors, if any.

(Instructions		Upload Alert Mess	E&O	Past I	mport	History Cha	ange Password	
load Insura	nce Data		\rm Data Impo	orted Successfully. P	lease check the Statu	to fix errors, if any.			
ick here to do ense number,	ownload a samp , the system will	le file forn consider 1					volun ✓ ^{ok} mmi	nn where available. ission.)	If there is no CRefree
Total Record	s: 4 Total Proces	sed: 3 Total F	ailures: 1						
Total Record Row Number	s: 4 Total Proces: License Number	sed: 3 Total F Last Name	ailures: 1 First Name	Effective Date	Expiration Date	State	Туре	Status	
Total Record Row Number 1	s: 4 Total Process License Number 20050384	sed: 3 Total F Last Name	ailures: 1 First Name	Effective Date 01/01/2018	Expiration Date 01/01/2019	State	Type Commission Offered	Status Successfully In	nported.
Total Record Row Number 1 2	s: 4 Total Process License Number 20050384 20080540	sed: 3 Total F Last Name	ailures: 1 First Name	Effective Date 01/01/2018 01/01/2018	Expiration Date 01/01/2019 01/01/2019	State AL	Type Commission Offered Commission Offered	Status Successfully In Successfully In	nported.
Total Record Row Number 1 2 3	s: 4 Total Process License Number 20050384 20080540 20170098	sed: 3 Total F Last Name	ailures: 1 First Name	Effective Date 01/01/2018 01/01/2018 01/01/2018	Expiration Date 01/01/2019 01/01/2019 01/01/2019	State AL NE	Type Commission Offered Commission Offered Commission Offered	Status Successfully In Successfully In Successfully In	nported. nported. nported.

- 3. The Status Column should either show an error message or a success message as shown below.
 - a. There are four statuses possible:
 - i. "Successfully Imported." indicates the system was able to find a matching licensee/applicant record and has imported the E&O information onto the licensee/applicant file.
 - ii. "This record has already been imported." indicates a duplicate entry for the licensee/applicant and cannot be imported again.
 - iii. "Not Imported. No record found." indicates the license number was not found in the system and there was no credit applied onto a licensee/applicant file.
 - iv. "Type is invalid", indicates that the it must be an commission offered, individual or group policy.
- 4. If receiving one of the above "fix it" statuses, fix the file for the rows with the **errors only** and save the changes on your computer
- 5. In the portal will click on the "Refresh" button to resubmit a new file.

Out a imported Successfully. Please check the Status column to fix errors, if any ick here to download a sample file forms v ox	Ko Kel
✓ 0k	
Iotal Records: 2 Iotal Processed: 0 Iotal N	
Row Number License Number Last Name First Name Effective Date Expiration Date Status	
1 01/01/2020 12/31/2020 Not Imported, Invalid License Num 2 01/01/2020 12/31/2020 Successfully Imported.	ber

iii. After receiving the success message, the provider can see the summary as underlined below.

Jpload Insurance Data CRefr									
lick here to down	oad a sample file fo	ormat.)							
Total Records: 2	Total Processed: 0 To	tal Failures: 2	•						
Row Number	License Number	Last Name	First Name	Effective Date	Expiration Date	Status			
1				01/01/2020	12/31/2020	Not Imported, Invalid License Number			
2				01/01/2020	10/01/0000	Quesesefully Immerted			

iv. The providers are emailed a confirmation of their submission as well:



Congratulations you have successfully submitted the Errors and Omissions Insurance data file. Electronically submitted data files are subject to further mar review by the Commission, and are not successfully filed until such review is completed. The Commission will notify you with any questions regarding you submission.

E&O Provider: Date: 08/04/2020 Total Records: 4 Imported Records:3 Failed Records:1

Thank you, Nebraska Real Estate Commission 301 Centennial Mall South PO Box 94667 Lincoln, NE 68509-4667 Phone: 402-471-2004, Fax: 402-471-4492 Email: realestate.commission@nebraska.gov

- v. Providers can view the Past Import History by clicking on the tab located at the top of the screen.
 - 1. Search by clicking on the filters below each heading and typing in their criteria.

				ons	Upload E&O		ast Import History	Change F	Password				
					Start Date MM/DD/YYYY		End Da MM/DI Search	te D/YYYY					
In	nported Insurance Data	a											
	Imported Date		Lic #		Last Name		First Name	St	atus	Effecti	ive Date	Expiration Date	
	Filters			Filters		Filters		Filters		Filters		Filters	
	08/25/2019			1				State cann	not be blank.	01/01	1/2019	12/31/2019	
	08/25/2019							Successfu	lly Imported.	01/01	1/2019	01/01/2020	
	08/25/2019							Successfu	lly Imported.	01/01	1/2019	01/01/2020	
	08/25/2019							Successfu	lly Imported.	01/01	1/2019	01/01/2020	
	08/25/2019							Successfu	lly Imported.	01/01	1/2019	01/01/2020	
	08/14/2019							Not Imported.	No record found.	01/01	1/2019	12/31/2019	
	08/14/2019							Not Imported.	No record found.	01/01	1/2019	12/31/2019	
	08/14/2019							State cann	not be blank.	01/01	1/2019	12/31/2019	
	08/13/2019							Not Imported.	No record found.	01/01	1/2020	12/31/2020	
	08/13/2019							Successfu	lly Imported.	01/01	1/2020	12/31/2020	
	08/13/2019							Not Imported.	No record found.	01/01	1/2020	12/31/2020	

5. Fields on Text File

- a. The text file includes the following columns:
 - i. License Number
 - ii. Last Name
 - iii. First Name Middle Name
 - iv. Begin/End of Coverage dates (2016010120161231)
 - v. Other fields we added to the text file
 - 1. Insurance Type (Commission Offered; Group; Individual)
 - 2. State (not a required entry)

b. Variances to the text fields

- i. Applicants Without License Numbers
 - a. Leave the license number field blank for any pending applicant.