NEBRASKA
NEXTGEN
YOUNG INSURANCE PROFESSIONALS

NExtgen Committee Application

Return completed form to Jacilyn Swanigan at jacilyn.swanigan@biginebraska.org

Name:_____Position/Title:_____

Agency:_____Location:_____

How long have you worked in the insurance industry?

Why do you want to be involved in NExtgen?

Signature: _____ Date: _____

Thank You!