

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE

Limited Lines Producer Procedures effective October 1, 2001

**MAILING ADDRESS FOR
APPLICATIONS WITH FEES:**

Nevada Division of Insurance
P.O. Box 98572
Las Vegas, Nevada 89193-8572

PHYSICAL MAILING ADDRESS:

Nevada Division of Insurance
788 Fairview Drive # 300
Carson City, Nevada 89701-5491

- ❑ **Business Entity Application:** The State of Nevada Business Entity Application and Resident and Nonresident checklists may be downloaded from <http://www.doi.state.nv.us> and may be accessed through “Producer licensing.” Document 302 and
- ❑ **Individual Application:** The State of Nevada licensing application may be downloaded from <http://www.doi.state.nv.us> and may be accessed through “Producer licensing”.
- ❑ **Fees:** The licensing fee is \$140.00. You must be associated to each business entity that you will be transacting on behalf of. Association fees are \$65.00 per agency. Checks or money orders are payable to the Nevada Division of Insurance. Fees for modifications such as adding business entity affiliation to an EXISTING license are \$65.00. **Please note there are no refunds of fees paid.**
- ❑ **Background check for resident applicants:** A resident applicant must furnish a copy of a search conducted by the Federal Bureau of Investigation, and a search through the Nevada Highway Patrol Division for records of criminal history. See instructions for obtaining background check for resident applicants.
- ❑ **Letter of Certification for nonresident applicants:** A nonresident applicant must provide an Original Letter of Certification from your “Home State” which is dated within 90 days of issuance.

Credit insurance, including life, disability, property, unemployment, involuntary unemployment, mortgage life, mortgage guaranty, mortgage disability, guaranteed protection of assets, and any other form of insurance offered in connection with an extension of credit that is limited to wholly or partially extinguishing the obligation which the commissioner determines should be considered as limited-line credit insurance.

Questions: Contact the Producer Licensing Section at (775) 687-4270. Access the Division of Insurance at <http://www.doi.state.nv.us> access Nevada laws and regulations at <http://www.leg.state.nv.us>.

STATE OF NEVADA
Department of Business & Industry---DIVISION OF INSURANCE
Individual Resident and Non-Resident Insurance License Application

Mailing Address: P O BOX 98572, Las Vegas, NV 89193-8572 Office Delivery: 788 Fairview Dr #300, Carson City, NV 89701

(Please Print or Type)

Division Use Only: Fees: _____ Check #: _____ Application ID#: _____ IND ID#: _____
 Approved by: _____ Date: _____ License No: _____ NV Resident Criminal History Report: _____

① Soc. Security Number	② If applicable, NASD Individual Central Registration Depository (CRD) Number
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③ Are you affiliated with a financial institution/bank?
 Yes No

④ Last Name JR./SR. etc	⑤ First Name	⑥ Middle Name	⑦ Date of Birth (month) ____ (day) ____ (year) ____
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⑧ Residence/Home Address (Physical Street)	⑨ P.O. Box	⑩ City	⑪ State	⑫ Zip or Foreign Country
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⑬ Home Phone Number () -	⑭ Gender (Circle One) Male <input type="checkbox"/> Female <input type="checkbox"/>	⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization)
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⑯ **Personal Business Name (dba)** (Provide Nevada County Clerk Filing if you have a physical location in Nevada)

⑰ Business Address (Physical Street)	⑱ P.O. Box	⑲ City	⑳ State	㉑ Zip or Foreign Country
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㉒ Business Phone Number () -	㉓ Business Fax Number () -	㉔ Business E-Mail Address	㉕ Business Web Site Address
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㉖ Applicant's Mailing Address	㉗ P.O. Box	㉘ City	㉙ State	㉚ Zip or Foreign Country
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㉛ If Applicable, beginning date of residency in the State of Nevada: _____
 _____ Month _____ Day _____ Year
Nonresidents: "Home State" where you hold a Resident License _____

Agency or Business Entity Affiliations

㉜ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____
Fein # _____	Name of Agency _____

Employment History

㉝ Account for all time for the past five years. Give all employment experience starting with your previous employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

	From Month	Year	To Month	Year	Position Held
Name					
City					
Name					
City					
Name					
City					
Name					
City					
Name					
City					

Are you now or have you ever been licensed in Nevada? _____ Yes _____ No

Background Information

35 The Applicant must read the following very carefully and answer every question:

- 1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No___
'Crime' includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
'Convicted' includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.
If you answer yes, you must attach to this application:
a) a written statement explaining the circumstances of each incident,
b) a copy of the charging document,
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment, and
d) a copy of any 18 USC 1033 waiver you received from any other state Insurance Division (if applicable)

- 2. Have you any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No___
'Involved' means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. 'Involved' also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. 'Involved' also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.
If you answer yes, you must attach to this application:
a) a written statement identifying the type of license and explaining the circumstances of each incident,
b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

- 3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No___
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

- 4. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No___
If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident,
b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

- 5. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No___
If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b) copies of all relevant documents.

6. CHECK ONLY ONE STATEMENT REGARDING CHILD SUPPORT OBLIGATION:
I am NOT SUBJECT to a court order for the support of a child.....
I am subject to a court order for the support of one or more children and AM IN COMPLIANCE with that order or plan approved by the District Attorney.....
I am subject to a court order for the support of one or more children and NOT IN COMPLIANCE with that order or plan approved by the District Attorney.....

Applicants Certification and Attestation

36 The Applicant must read the following very carefully:
I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

- 1. Nonresidents Only: Where required by law, I hereby designate the Commissioner of Insurance to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.
2. I further certify that I grant permission to the Commissioner of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company.
3. I authorize the Commissioner of Insurance to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I acknowledge that I am familiar with the insurance laws and regulations of the State of Nevada to which I am applying for licensure.

Month Day Year

Original Applicant Signature

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE**

Changes in Nevada's laws go into effect on October 1, 2001. Nevada has adopted the NAIC Producer Licensing Model Act and will issue a Producer License (no more agent, broker or solicitor license)

Check the license type(s) and line(s) of authority for which you are applying.

PRODUCER SURPLUS LINES BROKER
Currently licensed in Nevada.
Adding qualifications or entity affiliation to an existing license.

Individual	Corporation	Partnership	Sole-Proprietorship	Limited Liability Company	Limited Liability Partnership
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Major Lines of Authority/Qualifications:

Qualification(s)

Life	Health	Variable Annuities/ Life	Property	Casualty	Surety	Personal Lines
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Limited Lines:

CREDIT	FIXED ANNUITIES	TRAVEL/BAGGAGE	RENTAL CAR AGENCY
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Other License Types:

Please note that some license types may have special requirements and / or restrictions. You may access the checklist for your specific license type on our web site at <http://www.doi.state.nv.us>.

Insurance Consultant	Funeral Agent	Cemetery Merchandise Agent	Funeral Seller	Cemetery Merchandise Seller
Motor Club Agent	Fraternal Agent	Viatical Settlement Broker	Viatical Broker use Individual Application. Viatical Provider use Entity Application.	Viatical Settlement Provider

Independent Adjuster	Public Adjuster	Associate Adjuster	Motor Vehicle Physical Damage Appraiser
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Title Agent	Escrow Officer	Reinsurance Intermediary Manager	Reinsurance Intermediary Broker
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Bail Agent	Bail Solicitor	General Agent for Bail	Bail Enforcement Agent
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Third Party Administrator for life, health and workers' compensation	Utilization Review Agent	Managing General Agent
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Nonresident's only: If you do not find your license type listed above you must provide the license type and qualifications you hold in your home state.

STATE OF NEVADA
Department of Business & Industry---DIVISION OF INSURANCE
Business Entity Resident and Nonresident Insurance License Application

Mailing Address: P O BOX 98572, Las Vegas, NV 89193-8572 Physical Address: 788 Fairview Dr #300, Carson City, NV 89701

(Please Print or Type)

Division Use Only:	Fees: _____	Check #: _____	Application ID#: _____	ORG ID # _____
Approved by: _____	Date: _____	License No: _____		

① Business Entity Name		② Incorporation/Formation Date (month) ___(day) ___(year)	③ FEIN -
④ DBA (Provide Nevada County Clerk Filing if required by county)		⑤ State of Domicile	⑥ Country of Domicile
⑦ If applicable, NASD Firm Central Registration Depository (CRD) Number		⑧ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>	
⑨ Business Address		⑩ City	⑪ State ⑫ Zip or Foreign Country
⑬ Phone Number () -	⑭ Fax Number () -	⑮ Business Web Site Address	⑯ Business E-Mail Address
⑰ Mailing Address	⑱ P.O. Box	⑲ City	⑳ State ㉑ Zip or Foreign Country

Designated/Responsible Licensed Producer

㉒ Identify at least one Designated/Responsible Licensed Producer:

Name _____ SSN _____ - -

Name _____ SSN _____ - -

Name _____ SSN _____ - -

Name _____ SSN _____ - -

Owners, Partners, Officers and Directors

㉓ Identify all owners, partners, officers and directors of the business entity:

Name _____ Title _____ SSN _____ - -

Name _____ Title _____ SSN _____ - -

Name _____ Title _____ SSN _____ - -

Name _____ Title _____ SSN _____ - -

Name _____ Title _____ SSN _____ - -

Name _____ Title _____ SSN _____ - -

Name _____ Title _____ SSN _____ - -

Name _____ Title _____ SSN _____ - -

Name _____ Title _____ SSN _____ - -

Name _____ Title _____ SSN _____ - -

Name _____ Title _____ SSN _____ - -

Are you now or have you ever been licensed in Nevada? _____ Yes _____ No

Background Information

25 Please read the following very carefully and answer every question:

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- e) a written statement explaining the circumstances of each incident,
- f) a copy of the charging document, and
- g) a copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- d) a written statement identifying the type of license and explaining the circumstances of each incident,
- e) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- f) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- d) a written statement summarizing the details of each incident,
- e) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- f) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- c) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- d) copies of all relevant documents.

Background Information

26 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Nonresidents Only: The business entity hereby designates the Commissioner, of Insurance to be its agent for service of process regarding all insurance matters in the State of Nevada and agrees that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner of Insurance in the State of Nevada to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. I authorize the State of Nevada to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the State of Nevada and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I am familiar with the insurance laws and regulations of the State of Nevada to which I am applying for licensure.
6. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

Date: _____

Signature: _____

Must be signed by an officer, director, principal or partner of the business entity:

Printed Name: _____

Title: _____

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE**

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Check the license type(s) and line(s) of authority for which you are applying.

PRODUCER SURPLUS LINES BROKER

Currently licensed in Nevada.

Adding qualifications or entity affiliation to an existing license.

Individual	Corporation	Partnership	Sole-Proprietorship	Limited Liability Company	Limited Liability Partnership
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Major Lines of Authority/Qualifications:

Qualification(s)

Life	Health	Variable Annuities/ Life	Property	Casualty	Surety	Personal Lines
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Limited Lines:

CREDIT	FIXED ANNUITIES	TRAVEL/BAGGAGE	RENTAL CAR AGENCY
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Other License Types:

Please note that some license types may have special requirements and / or restrictions. You may access the checklist for your specific license type on our web site at <http://www.doi.state.nv.us>.

Insurance Consultant	Funeral Agent	Cemetery Merchandise Agent	Funeral Seller	Cemetery Merchandise Seller
Motor Club Agent	Fraternal Agent	Viatical Settlement Broker	Viatical Broker use Individual Application. Viatical Provider use Entity Application.	Viatical Settlement Provider

Independent Adjuster	Public Adjuster	Associate Adjuster	Motor Vehicle Physical Damage Appraiser	
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Title Agent	Escrow Officer	Reinsurance Intermediary Manager	Reinsurance Intermediary Broker	
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Bail Agent	Bail Solicitor	General Agent for Bail	Bail Enforcement Agent	
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Third Party Administrator for life, health and workers' compensation	Utilization Review Agent	Managing General Agent	
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Nonresident's only: If you do not find your license type listed above you must provide the license type and qualifications you hold in your home state.

STATE OF NEVADA
DEPARTMENT OF BUSINESS & INDUSTRY
DIVISION OF INSURANCE
788 FAIRVIEW DR #300
CARSON CITY, NV 89701
(775) 687-4270

PROCEDURES FOR RESIDENT PRODUCERS TO OBTAIN A
CRIMINAL HISTORY REPORT

Effective October 1, 2001, Pursuant to Section 87(3) of Assembly Bill 618

An applicant for a license as a RESIDENT PRODUCER of INSURANCE must obtain the results of a search concerning him conducted by the Federal Bureau of Investigation in its national criminal records and a search concerning him of the central repository for Nevada records of criminal history and furnish them to the Division of Insurance.

1. Obtain 2 fingerprint cards from the Division of Insurance. You can use other fingerprint cards if the following **ORI** information is filled out on the card:

NV920190Z

St Insurance Comm

Carson City NV

Account Number: 880141

2. Contact or visit the Nevada Highway Patrol Division- Records and Identification Services Section for their procedures for obtaining the criminal history reports and the fees charged.

NHP Records & Identification Service- Carson City **(775) 687-1600**

808 West Nye Lane

Current Fees: \$ 4.00 to roll prints

Carson City, NV 89706

\$39.00 for reports

Cash in exact amount or Money Order to Nevada Highway Patrol

3. Obtain documentation as proof from the Nevada Highway Patrol that you have requested the criminal history report. Documentation can be a receipt or a copy of the money order or cashiers check you will give to them to pay for the report.

4. Instruct the Nevada Highway Patrol Records & Identification Services section to mail the results of the criminal history reports directly to the Division of Insurance.

Note: If an applicant has had no criminal history, as indicated and certified on their application for a license, the commissioner may issue a license before the actual report is received if the applicant provides evidence of their request by furnishing a copy of the receipt obtained from the Nevada Highway Patrol Records Division or other documentation that shows proof of the request.

The commissioner may suspend, revoke or refuse to continue the license if the applicant's criminal history report shows a conviction or other criminal activity that was not disclosed on their licensing application.