



SCOTT J. KIPPER
Commissioner

DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE

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**IRREVOCABLE STOCK OR BOND POWER
RE: WORKERS' COMPENSATION**

The undersigned does hereby assign to the **State of Nevada, Department of Business and Industry, Division of Insurance**, the following security, _____ for the sole benefit and protection of the Workers' Compensation policyholders of _____ in the State of Nevada; pursuant to Bulletin 98-001 II.3, NRS 682B.015 and NAC 682B.010 to 682B.030. The security is being held in trust at the _____.

This document is irrevocable and shall continue in full force and effect until surrendered to _____ with the release of the **Division of Insurance** endorsed hereon; provided, however, that the **Division of Insurance**, in its discretion may present this power at any time to _____ and upon delivery of said securities by _____ to the **Division of Insurance**, or to the designee of the **Division of Insurance**, _____ shall have no further liability with respect to said securities.

Co name _____ NAIC # _____

Co. street address _____

City, state, zip _____

Authorized Signature: _____ Date: _____

Authorized Signature _____ Telephone no: _____

**DIVISION OF INSURANCE RELEASE
(For Division Use ONLY)**

Pursuant to the authority vested in me the securities described above are released from the terms and conditions of this power and _____ may surrender, deliver or otherwise dispose of said securities in any manner so ordered by _____.

For the State of Nevada, Division of Insurance: _____

Title: _____ Commissioner of Insurance _____ Date: _____

**THIS NOTARY ACKNOWLEDGMENT MUST BE
ATTACHED TO EACH IRREVOCABLE STOCK OR BOND POWER
RE: WORKERS' COMPENSATION**

Name of Company _____ NAIC # _____

State of _____,

County of _____

On _____ personally appeared before me,
DATE

Company authorized signature who acknowledged that he
executed the above instrument.

Please print name of the above individual.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official
stamp at my office in the county of _____

the day and year in this certificate first above written.

Signature of Notary