



NEVADA DIVISION OF INSURANCE
STATE SPECIFIC REQUIREMENTS
NONPROFIT MEDICAL SERVICE ORGANIZATION APPLICATION CHECKLIST
CERTIFICATE OF AUTHORITY NRS 695B

Date:
Name of Applicant:
NV ID:
FEIN:
Email Address:

The following checklist pertains to a NONPROFIT MEDICAL SERVICE ORGANIZATION who wishes to operate in Nevada. The Nevada Division of Insurance (“Division”) requires the following items in order to process your application. Failure to provide any of the items listed below will delay the review of your application. Please note, until all of the items listed below have been received and reviewed by the Division, you may not operate, solicit or otherwise transact insurance in Nevada. Upon completion of our review, you will receive written notice, along with a Certificate of Authority, allowing you to transact business in Nevada.

1. A copy of the applicant’s charter or articles of incorporation, certified by the public officer with whom the original is required to be filed in its state of domicile.
2. A copy of the applicant’s bylaws, certified by the corporate secretary.
4. A copy of each contract the applicant has, or is proposed to make with hospitals, or physicians or dentists in Nevada.
5. A copy of each service contract proposed to be issued to its subscribers in Nevada.
6. A schedule of the rates, dues, fees or other periodical charges proposed to be charged for such service contracts.
7. Other information as the Commissioner may require.
8. Application fees (see NRS 680B.010, NRS 680C.110 Fees)

a) Application Fee	\$2,450	Annual Renewal	\$2,450
b) Initial Certificate Fee	\$283		
c) Annual Statement Filing Fee	\$25	Annual Renewal	\$25
d) Service of Process	\$5		
e) Fund for Insurance Admin & Enforcement	\$1,300	Annual Renewal	\$1,300

NRS 695B.135 Annual filing requirements to continue doing business in Nevada. Invoices will be mailed in January.

Please refer any questions to Finances@doi.nv.gov.

Submit the above information via NAIC UCAA electronic filing. If you are unable to submit through the UCAA electronic portal, send the application via PDF documents through Finances@doi.nv.gov.

Send payment to the Nevada Division of Insurance via ACH or Check.

- ACH - MUST submit [ACH Deposit Form](#) at time of payment
- Check - Submit remittance advice with your check if paying an invoice; otherwise note “Application Fees” on the check