



NEVADA DIVISION OF INSURANCE
STATE SPECIFIC REQUIREMENTS
ORGANIZATION FOR DENTAL CARE APPLICATION CHECKLIST
CERTIFICATE OF AUTHORITY NRS 695D

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

The following checklist pertains to an ORGANIZATION FOR DENTAL CARE 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. Copy of an organizational document and all amendments.
2. Copy of any bylaws, rules or regulations governing the internal affairs of the organization.
3. A list of the names, addresses and official positions of the persons responsible for operating the organization, including the members of the board of directors, board of trustees, executive committee, principal officers or partner.
4. A copy of the contracts made or proposed to be made between the applicant and those persons listed in item 4 and the dentists.
5. A statement describing the applicant's plan for dental care, its facilities and personnel.
6. A copy of the policy to be issued to its members.
7. A copy of any contract for groups to be issued to employers, unions, trustees or other organizations.
8. Certified financial statements showing the applicant's assets, liabilities and sources of support.
9. A description of the method to be used to market the plan for dental care, including a financial statement, a projection for the initial 5 years of operation of the plan and a statement of the sources of capital for the organization.
10. A power of attorney executed by the applicant or its officers, which appoints the Commissioner as the attorney for the applicant upon whom service of process may be made in Nevada.
11. A statement describing the geographic area or areas to be served by the applicant.
12. Any other information that may be requested by the Commissioner.
13. Application fees (see NRS 680B.010, NRS 680B.010 Fees)

a) Application Fee	\$2,450	Annual Renewal	\$2,450
b) Initial Certificate	\$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 695D.260 Annual filing requirements to continue doing business in Nevada. On or before March 1 of each year, an Organization for Dental Care shall submit to the Commissioner a written notice of its intention to continue doing business in Nevada, with applicable renewal fees. 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