



# NEVADA DIVISION OF INSURANCE

## STATE SPECIFIC REQUIREMENTS RISK PURCHASING GROUP CERTIFICATE OF APPROVAL NRS 695E

Date:  
Name of Applicant:  
NV ID:  
FEIN:

The following checklist pertains to a RISK PURCHASING GROUP who wishes to operate in the State of Nevada. The 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 of Insurance, 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 Approval, allowing you to transact business in Nevada.

1. A letter or notice of anticipated operations in Nevada.
2. Completion of NAIC Application Form.
3. Name of state in which Purchasing Group is domiciled.
4. The principal place of business of the RPG.
5. The name of insurer who will purchase insurance for the RPG.
6. The name of state of Domicile of the insurer and date of Charter.
7. The designation of who will accept service of process that will be forwarded by the Commissioner. Form ID-21.
8. List of name and address of Nevada licensed agent(s), who will sell the insurance product in Nevada.
9. The type of marketing method used by agents or brokers.
10. Identify all states in which the RPG intends to do business.
11. A copy of the Articles of Incorporation, certified by the Secretary of State or Articles of Association, certified by the secretary of the company. Purpose clause for Domestic companies - Articles of Incorporation or association must have as one of its purposes the purchase of liability insurance on a group basis. If not so stated in the articles, the RPG must file a statement, approved by the board, that one of the purposes of the purchasing groups is the purchase of liability insurance on a group basis. Purpose clause for foreign companies - must state in the NAIC application that one of the purposes of the purchasing group is to purchase liability insurance on a group basis, and a letter from the domiciliary state advising the Division that the RPG is properly registered.
12. A description of the RPG's members and their similar interests for its qualification as an RPG.
13. State the lines and classification of liability insurance the group intends to purchase.
14. A copy of approval letter stamped "Filed" by the Division (for rates & forms) filed by the admitted insurer in Nevada. Approval of the rates is required for the following commercial liability coverages: (1) hospital comprehensive liability coverage and (2) Insurance covering the liability of practitioners licensed pursuant to chapters 630 to 640, inclusive, of the Nevada Revised Statutes (NRS). Approval of forms is required for the following: policy coverage forms, endorsements, application forms and declaration pages. Instructions for rates and forms approval can be obtained at the Division's website [www.doi.nv.gov](http://www.doi.nv.gov) at the Property and Casualty menu.
15. A letter from the domiciliary state advising the Division that the Purchasing Group is properly registered.
16. Application fees (see NRS 680B.010, NRS 680C.110 Fees):

a) Initial Registration	\$100	Annual Renewal	\$100
b) Service of Process	\$5		
c) Fund for Insurance Admin & Enforcement	\$250	Annual Renewal	\$250

On or before March 1 of each year, a RISK PURCHASING GROUP shall submit to the Commissioner a written notice of its intention to continue doing business in Nevada.

Please refer any questions to [Finances@doi.nv.gov](mailto: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](mailto: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 itemized remittance advice with your check if paying an invoice.



NEVADA DIVISION OF INSURANCE  
APPOINTMENT DESIGNATION FOR SERVICE OF PROCESS  
RISK PURCHASING GROUPS  
NRS 680A.250

Date:  
Name of Applicant:  
Applicant Home Office Address:  
NV ID:  
NAIC:

DESIGNATED INDIVIDUAL WHO WILL ACCEPT SERVICE OF PROCESS  
FORWARDED BY THE COMMISSIONER OF INSURANCE

Individual Name:  
Address:

Dated this        day of        , 20\_\_.

OFFICER CERTIFICATION AND ATTESTATION

Insert Name of Company Officer

- I attest that this is my true electronic signature
- I acknowledge that I am authorized to execute this document on behalf of the Applicant.
- I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the foregoing is true and correct.

*The entity named above agrees to submit an amended Appointment for Service of Process form upon a change in any of the information provided herein.*

## Appendix E

The following is the uniform registration form adopted in June 1991, by the NAIC.

### Part A

STATE OF  
DEPARTMENT OF INSURANCE  
PURCHASING GROUP - NOTICE AND REGISTRATION

- 1a. Name of the Purchasing Group:
- 1b. FEIN:
2. List any other name(s) by which the Purchasing Group is known or may be doing business in this State or any other state:
3. a) Form of organization (i.e., corporation, partnership, association) and the state in which organized:  
b) Purpose(s) of organization:
4. a) The Purchasing Group is domiciled in the state of:  
b) Address:
5. Physical address of the administrative offices of the Purchasing Group, if different from response to Item #4b above:
6. The Purchasing Group intends to purchase the following classifications of liability insurance and/or sub classifications thereof:
7. The Purchasing Group intends to purchase the liability insurance described in Item #6 above from the following insurance company or companies: [Give full name of company, state of domicile, NAIC code and Federal Employer Identification Number (FEIN)].

<u>Name of Company</u>	<u>State of Domicile</u>	<u>NAIC Code</u>	<u>FEIN</u>
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8. List the name, address and social security number (SS#) of each officer and director of the Purchasing Group: (Attach additional pages if necessary.) Supply SS#'s if requested.

<u>Name</u>	<u>Address</u>	<u>SS#</u>	<u>Position with Purchasing Group</u>
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9. List the name, SS#, address and telephone number of the person within the Purchasing Group who is most knowledgeable about the Purchasing Group's insurance program, including membership criteria and coverages:

<u>Name</u>	<u>SS#</u>	<u>Address</u>	<u>Telephone #</u>
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10. List the name, FEIN, address and telephone number of the company that manages or administers the insurance program for the Purchasing Group, and the name, SS# and telephone number of the person responsible for the Group's insurance program: (If none, answer none.)

<u>Name</u>	<u>FEIN/SS#</u>	<u>Address</u>	<u>Telephone #</u>
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11. List the name(s), SS#(s) and address(es) of the licensed insurance agent(s), broker(s) or excess (surplus) lines which they are licensed: (Attach additional pages, if necessary. If none, answer none.)

Name                      SS#                      Address                      State(s)

- 12. Has any person transacting business on behalf of this Purchasing Group ever:
  - a) been arrested, indicted and convicted of a felony or is a felony charge currently pending against any such person?
  - b) had denied any application for a professional, vocational or business license?
  - c) had suspended or revoked any such license?
  - d) had withdrawn or surrendered any such application or license to avoid potential disciplinary action against licensee?
 If the answer to any part of this question is yes, attach a supplementary statement explaining in full each such occurrence.
- 13. The Purchasing Group is composed of members whose businesses or activities are similar or related with respect to the liability to which members are exposed by virtue of any related, similar or common business, trade, product, services, premises or operations. Give a general description of business or activities engaged in by Purchasing Group members:
- 14. The Purchasing Group purchases the liability insurance listed in Item #6 above only for its group members and only to cover their similar or related liability exposure, as described in Item #13 above.
- 15. The Purchasing Group has as one of its purposes the purchase of liability insurance on a group basis.
- 16. The Purchasing Group has designated the Insurance Commissioner of this State to be its agent solely for the purpose for receiving service of legal documents or process by executing Part B of this form, attached hereto.
- 17. The Purchasing Group has submitted a registration fee of \$ \_\_\_\_\_, if applicable, payable to the Insurance Commissioner of this Nevada.
- 18. The Purchasing Group will not purchase any insurance policy in this State which provides coverage prohibited generally by statute of this State or declared unlawful by the highest court of this State whose law applies to such policy.
- 19. The Purchasing Group will comply with all other applicable state laws.
- 20. The Purchasing Group will notify the Insurance Commissioner of any subsequent changes in any of the items included in this form.

The undersigned hereby swear and affirm that the foregoing statements and information regarding their principal, the \_\_\_\_\_ are true and correct.

(Name of Purchasing Group)

\_\_\_\_\_  
President of the Purchasing Group

\_\_\_\_\_  
Secretary of the Purchasing Group

State of \_\_\_\_\_)

)ss:

County of \_\_\_\_\_)

Sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Notary Public. My Commission Expires: \_\_\_\_\_

Part B

**PURCHASING GROUP FORM**

**APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE AND DESIGNATION**

The \_\_\_\_\_ (“the Group”), a purchasing group organized under the laws of the State of \_\_\_\_\_, having notified the Insurance Commissioner of the State of Nevada of its intention to do business in this State as a purchasing group pursuant to the federal Liability Risk Retention Act of 1986, hereby appoints the Insurance Commissioner of the State of Nevada, any successor in office, and any authorized deputy its true and lawful attorney, in and for the State of Nevada, upon whom all legal documents or process in any proceeding against it may be served. Such service of process shall be of the same legal force and validity as if served personally upon the Group.

The Group designates:

- Name \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_
- State and ZIP Code \_\_\_\_\_

as its officer, agent or other person to whom shall be forwarded all legal documents or process served upon the Insurance Commissioner of the State of Nevada, any successors in office, or any authorized deputy, for the Group. This designation shall continue in full force and effect until superseded by a new written designation filed with the Insurance Commissioner.

This appointment and designation is made pursuant to a resolution by the Group’s governing body authorizing it, and a certified copy of the resolution is attached hereto. This appointment shall be binding upon any person or corporation which as successor acquires the Group’s assets or assumes its liabilities, by merger or consolidation or otherwise.

This appointment may be withdrawn only upon a written notice of termination and, in any event, shall not be terminated by the Group or its successor so long as any contracts or liabilities or duties arising out of contracts entered into by the Group while it was doing business in this State are in effect.

IN WITNESS OF THIS APPOINTMENT AND DESIGNATION, the Group, in accordance with the resolution of its Board of Directors duly passed on \_\_\_\_\_, 201\_\_\_\_, has affixed its corporate seal, and caused the same to be subscribed and attested in its name by its President and Secretary, at the City of \_\_\_\_\_ in the State of \_\_\_\_\_ on \_\_\_\_\_, 201\_\_\_\_.

(Name of Purchasing Group)

By: \_\_\_\_\_ President  
\_\_\_\_\_ Secretary

State of \_\_\_\_\_ ) ss:

County of \_\_\_\_\_)

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Notary Public. My Commission Expires:



Department of Business and Industry

# Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 Phone: (775) 687-0700 Fax: (775) 687-0787

## Change of Address Form for Insurers

Questions: Call (775) 687-0761 Email completed form to [Finances@doi.nv.gov](mailto:Finances@doi.nv.gov)

Nevada ID Number	NAIC Number	NAIC Group Code
FEIN Number	State of Domicile	
Company Name	Company Contact Name	Company Email
Company Web Address	Company Phone Number	Company Fax Number

### Statutory Home Office

Do not include branch offices

Contact/Title	Street Address/PO Box	City, State, Zip
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### Address to receive correspondence

Used to receive correspondence including letters, information, billing notices, assessments and hearing notices for companies holding Certificates of Authority, Certificates of Registration, Certificates of License, Certificates of Approval or Letters of Approval

Contact/Title	Phone	Mailing Address Contact E-mail
Street Address/PO Box	City, State, Zip	

### Address to receive renewal invoices

Used to receive annual renewal invoices for insurers (not appointment renewals)

Contact/Title	Phone	Renewals Contact E-mail
Street Address/PO Box	City, State, Zip	

### Must be signed by a principal officer of the company

Name/Title of Principal Officer	<input type="checkbox"/> I attest that this is my electronic signature	Date of Signature
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