



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 Web: [doi.nv.gov](http://doi.nv.gov)

## SURRENDER OF THIRD-PARTY ADMINISTRATOR CERTIFICATE OF REGISTRATION

**Directions:** Fill out all form fields. Write N/A in any fields that do not apply. If the field provided is not sufficient, include additional attachments as necessary.

Completed forms should be emailed to [TPAmail@doi.nv.gov](mailto:TPAmail@doi.nv.gov). Once your filing has been reviewed, you will receive further instructions regarding termination of the bond.

Separate notification to the [Division of Industrial Relations](#) is required for changes in the location of workers' compensation records. – [NAC 616B.448\(3\)](#)

| TPA Entity Information                            |   |       |                        |
|---|---|-------|------------------------|
| Administrator Name on Certificate of Registration |   |       |                        |
| FEIN  | NV Administrator Certificate of Registration Number |       |                        |
| Mailing Address                                   | City  | State | Zip or Foreign Country |

| Surrender Request  |  |
|--|--|
| Provide the date the surrender is requested to take effect and reason for surrender. |  |
| Requested Effective Date of Surrender  |  |
| Reason for Surrender   |  |

Statement continued on addendum

| Subsequent Contact Information   |               |       |                        |
|--|---------------|-------|------------------------|
| Provide your company's contact information for the person or party that should be contacted for any inquiries after the surrender. |               |       |                        |
| Name   |               | Title |                        |
| Telephone Number   | Email Address |       |                        |
| Mailing Address  | City          | State | Zip or Foreign Country |

## Client Transfer Information

Provide a list of all clients affected by the surrender, the associated addresses, the name of the new Administrator assuming the contract, and the date and location of transferred records. You are responsible for ensuring that records are transferred in compliance with applicable law.

|                                 |      |               |                        |
|---------------------------------|------|---------------|------------------------|
| Client Name                     |      |               |                        |
| Client Address                  | City | State         | Zip or Foreign Country |
| New Administrator               |      |               |                        |
| New Administrator Address       | City | State         | Zip or Foreign Country |
| Location of Transferred Records |      | Transfer Date |                        |
| Client Name                     |      |               |                        |
| Client Address                  | City | State         | Zip or Foreign Country |
| New Administrator               |      |               |                        |
| New Administrator Address       | City | State         | Zip or Foreign Country |
| Location of Transferred Records |      | Transfer Date |                        |
| Client Name                     |      |               |                        |
| Client Address                  | City | State         | Zip or Foreign Country |
| New Administrator               |      |               |                        |
| New Administrator Address       | City | State         | Zip or Foreign Country |
| Location of Transferred Records |      | Transfer Date |                        |

Additional clients on addendum

## Signature of Principal

\*By signing this form, the principal requesting the surrender certifies that the company shall no longer be operating in the State of Nevada as a Third-Party Administrator and has no outstanding financial obligations in connection with Nevada business as of the requested date of surrender.

|                       |       |               |                        |
|-----------------------|-------|---------------|------------------------|
| Signature             |       | Date          |                        |
| Typed or Printed Name | Title | Email Address |                        |
| Address               | City  | State         | Zip or Foreign Country |

**Important:**

Pursuant to NRS 679A.190, the expiration or voluntary surrender of a license or certificate issued pursuant to the provisions of this Code does not:

1. Prohibit the Commissioner from initiating or continuing a disciplinary proceeding against the holder of the license or certificate; or
2. Prevent the imposition or collection of any fine or penalty authorized pursuant to the provisions of this Code against the holder of the license or certificate.