



# Nevada Division of Insurance

## Service Request: Additional Locations (Firms Only) Bail

**Instructions for Filing.**

This form must be used by a firm licensee to register all locations other than the primary business location or to change or remove registered business locations on file with the Division of Insurance. Once the form is complete, send the form to the Division via email (lbard@doi.nv.gov) or first-class mail (attention: Producer Licensing). The form is a PDF fillable form, which may be emailed to the Division. Illegible or incomplete forms will be rejected.

Firm Name \_\_\_\_\_

Nevada License No. \_\_\_\_\_

FEIN \_\_\_\_\_

Check the box for the service being requested. Remember that the business address must be the physical location, not a post office box.

Add location                       Remove location

Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Add location                       Remove location

Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Add location                       Remove location

Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attestation**

I attest that I am or represent the Nevada licensed firm listed above, and that the information provided above is true and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_