



DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE
1818 East College Pkwy., Suite 103
Carson City, Nevada 89706
(775) 687-0700 • Fax (775) 687-0787
Website: doi.nv.gov
E-mail: insinfo@doi.nv.gov

Should you feel that you are entitled to a refund, you must provide the following information for consideration:

Name: []
Address: []
City/State/ZIP: []
Phone number: [] Email/Fax: []
SSN/FEIN: []
Check number(s)/ACH transaction #(s) [], in the amount(s) of \$ [].
Reason for request: []

Please verify the address where your fees were submitted. (Check only one)

Nevada Insurance Division
1818 College Pkwy #103
Carson City, NV 89706-7986

Nevada Insurance Division
2501 E. Sahara Avenue # 302
Las Vegas, NV 89104

[]
Requestor's Signature Date

If the refund is approved, how would you prefer to receive the payment? (Check only one)

- Reimbursement Check
- Credit toward future fees*

*If a credit is approved, you must provide the original approved form for payment at the time of invoice.

Please send this signed form along with copies of proof of payment (front and back of check or ACH transaction) to:

Nevada Division of Insurance
1818 E. College Pkwy., Ste. 103
Carson City, NV 89706

DOI Use Only

Refund/Credit Amount: \$ []

- Recommend Approval. The fee was erroneously collected and should be returned pursuant to NRS 680B.120. A refund is recommended. Documentation attached.
- Disapproved. NRS 683A.251 specifies that fees paid may not be refunded.

DOI Staff Member/Title Date

Laurie Squartsoff Date
Chief Deputy Commissioner of Insurance