



Department of Business and Industry

# Nevada Division of Insurance

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## **BUSINESS ENTITY MODIFICATION FORM**

**For use by Business Entities with an existing Producer license only.**

**Fees: Adding lines of authority \$60. All fees are non-refundable.**

**Fees are payable to the Nevada Division of Insurance**

(Please print or type)

Division Use Only:	Fees: _____	Check #: _____	Application ID#: _____	ORG ID # _____
Approved by: _____	Date: _____	License No: _____		

① Business Entity Name		② Incorporation/Formation Date (month) ___(day) ___(year) ____		③ FEIN	
④ DBA (Provide Nevada County Clerk Filing if required by county)		⑤ State of Domicile		⑥ Country of Domicile	
⑦ If applicable, NASD Firm Central Registration Depository (CRD) Number			⑧ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>		
⑨ Business Address			⑩ City		⑪ State
			⑫ Zip or Foreign Country		
⑬ Phone Number		⑭ Fax Number		⑮ Business Web Site Address	
				⑯ Business E-mail Address	
⑰ Mailing Address			⑱ P.O. Box		⑲ City
					⑳ State
					㉑ Zip or Foreign Country

**Nonresident business entities may submit license modifications online through Sircon's Compliance Express at [www.sircon.com/nevada](http://www.sircon.com/nevada) or through the National Insurance Producer Registry (NIPR) at [www.nipr.com](http://www.nipr.com).**

⑳ This form may be used by resident or nonresident business entities intending to modify existing lines of authority held by the licensee in this state. It is the entities responsibility to transact business within the scope of its license. Each individual transacting Nevada business on behalf of the business entity must be authorized to do so through the association process.

List the busines entity's Nevada license number (s): \_\_\_\_\_

Is the entity adding lines of authority to an existing license? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate the line of authority being added. There must be an individual or individuals authorized to transact for the same line or combination of lines of authority that the business entity is licensed for.

Life \_\_\_\_\_ Health \_\_\_\_\_ Variable Annuity/Life \_\_\_\_\_ Property \_\_\_\_\_ Casualty \_\_\_\_\_ Other: \_\_\_\_\_

The laws and regulations that govern the business of insurance are governed by Title 57 of the Nevada Revised Statutes. The laws and regulations may be accessed online at [www.leg.state.nv.us/NRS/](http://www.leg.state.nv.us/NRS/).

㉓ The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. The business entity grants permission to the Commissioner of Insurance in the State of Nevada to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
2. I authorize the State of Nevada to give any information they may have concerning me to any federal, state or municipal agency, or any other organization, and I release the State of Nevada and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
3. I acknowledge that I am familiar with the insurance laws and regulations of the State of Nevada to which I am applying for licensure.
4. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Must be signed by an officer, director, principal or partner of the business entity**