



Department of Business and Industry

Nevada Division of Insurance

Nevada Application for Third Party Administrators

(Please Print or Type)

Entity Name				Fiscal Year End		FEIN	
DBA/Trade Name (if applicable)				State of Domicile			
Qualification Type(s):		<input type="checkbox"/> Life & Health		<input type="checkbox"/> Self-Funded Health Benefit Program			
		<input type="checkbox"/> Self-Funded Employer Program for Workers' Compensation		<input type="checkbox"/> Workers' Compensation			
Are you applying for a Resident or Non-Resident License?				If Non-Resident, indicate Resident State			
<input type="checkbox"/> Resident		<input type="checkbox"/> Non-Resident					
Mailing Address			City		State	Zip or Foreign Country	
Physical Business Address			City		State	Zip or Foreign Country	

TPA Contact Person

List the primary contact person with whom the Division should communicate with after the completion of the certification.

Name		Title	
Direct Telephone Number		Email Address	
Mailing Address (if different than applicant's mailing address)		City	State
			Zip Code

Owners, Partners, Officers & Directors

Identify sole proprietor or all owners, partners, officers and directors of the applicant (List only those owners with 10% or more ownership) Each person listed must submit a NAIC Biographical Affidavit.

	Name	Title	Percentage of Ownership
1.			%
2.			%
3.			%
4.			%
5.			%
6.			%
7.			%
8.			%
9.			%
10.			%

11.		%
12.		%
13.		%
14.		%
15.		%
16.		%
17.		%
18.		%
19.		%
20.		%

Licenses & Certifications Held		
List all licenses and certifications held in other states.		
License or Certification	Type	Resident or Non-Resident
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Background Information

Please read the following very carefully and answer every question:

- | | | |
|--|-----|----|
| 1. Has the applicant or any owner, partner, officer or director ever been convicted of, or is the applicant or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? | Yes | No |
|--|-----|----|

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
 “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

- | | | |
|--|-----|----|
| 2. Has the applicant or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? | Yes | No |
|--|-----|----|

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

- | | | |
|---|-----|----|
| 3. Has any demand been made or judgment rendered against the applicant or any owner, partner, officer or director for overdue monies by an insurer, insured, producer, or anyone else or have you ever been subject to a bankruptcy proceeding? | Yes | No |
|---|-----|----|

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

- | | | |
|---|-----|----|
| 4. Has the applicant or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? | Yes | No |
|---|-----|----|

If you answer yes, identify the jurisdiction(s): _____

- | | | |
|---|-----|----|
| 5. Is the applicant or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? | Yes | No |
|---|-----|----|

- | | | |
|---|-----|----|
| 6. Has the applicant or any owner, partner, officer or director ever had a contract or any other business relationship terminated for any alleged misconduct? | Yes | No |
|---|-----|----|

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

Applicants Certification and Attestation

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

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the applicant to civil or criminal penalties.
2. Where required by law, the applicant hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the applicant.
3. The applicant grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the applicant either: a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

Must be signed by an officer, director, principal or partner of the applicant:

Month Day Year

Signature

Typed or Printed Name

Title

Address

City State Zip

State of: _____ County of: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____ by

_____ and:

- Who is personally known to me, or
- Who produced the following identification: _____

Notary Public

Printed Notary Name

My Commission Expires