Application for Captive Certificate of Dormancy

Instructions for Filing:

This application must be completed by a captive insurer to apply for a certificate of dormancy. Please send completed application to the Division of Insurance via email to captives@doi.nv.gov. The form is PDF fillable form. Illegible or incomplete forms will be rejected.

Captive Name:			
Nevada Organization No.:		Other:	
		er "Captive Insurer") hereby applies for a certificate of dormancy. ity for the Captive Insurer is:	
Submit the follows: 1. A co 2. A co 3. A res 4. A pre mont	owing with this application py of the prior year's Ampy of recently prepared fisolution of the Captive Internation tax return and pay	nual Report inancial statements (within in the past 60 days) asurer's governing body authorizing this application yment for the current calendar year and for the twelve ion. Mail payments to 1818 E. College Pkwy, Ste 103,	
If the Captive I evidence of the 1. The	Insurer seeks to be dormate following with this applicate the Captive Insurer a	ant upon receiving a certificate of authority in Nevada. ant upon receiving a certificate of authority, submit ication: applied for the Nevada certificate of authority ive Insurer's governing body (resolution or consent) to	

2. The authorization of the Captive Insurer's governing body (resolution or consent) to place the Captive Insurer in dormant status.

The Captive Insurer affirms that it will abide by and fulfill all legal requirements for dormancy cited in NRS 694C.259. Upon the Commissioner's approval of this application, a certificate of dormancy will be issued before to the Captive Insurer effective as of the date on which the Commissioner issued the certificate.

A certificate of dormancy places an active Captive Insurer in a dormant status, under which the Captive Insurer may not transact in the business of insurance except to service policies issued before the effective date of the certificate of dormancy. A certificate of dormancy remains in effect for 5 years. If a Captive Insurer fails to timely renew the certificate of dormancy, the certificate of dormancy is forfeited automatically, and the Captive Insurer must immediately comply with all relevant provisions of Nevada law to engage in the business of insurance as authorized by the certificate of authority.

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:	Date:
☐ This application is submitted by a Captive Ma	anager on behalf of the Captive Insurer
Captive Manager Name:	