

## 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. Once completed, send this application to the Division of Insurance via email to [captives@doi.nv.gov](mailto:captives@doi.nv.gov). The form is a PDF fillable form. Illegible or incomplete forms will be rejected.

Captive Name \_\_\_\_\_

Nevada Organization No. \_\_\_\_\_

Other \_\_\_\_\_

The above-named captive insurer (hereinafter "Captive Insurer") hereby applies for a certificate of dormancy. The current status of the certificate of authority for the Captive Insurer is:

Active—The Captive Insurer currently holds a certificate of authority in good standing.

Submit the following with this application:

1. A copy of the prior year's Annual Report.
2. A copy of recently prepared financial statements (within past 60 days).
3. A resolution of the Captive Insurer's governing body authorizing this application.
4. A premium tax return and payment for the current calendar year and for the twelve months preceding this application. Mail payments to 1818 E. College Pkwy, Ste. 103, Carson City, NV 89706 or pay by ACH/EFT.

Pending—The Captive Insurer is currently applying for a certificate of authority in Nevada.

If the Captive Insurer seeks to be dormant upon receiving a certificate of authority, submit evidence of the following with this application:

1. The date the Captive Insurer applied for the Nevada certificate of authority.
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 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 \_\_\_\_\_ Title \_\_\_\_\_

This application is submitted by a Captive Manager on behalf of the Captive Insurer.

Captive Manager Name \_\_\_\_\_