

CAPTIVE CERTIFICATE OF DORMANCY SURRENDER APPLICATION

Instructions for Filing: This application must be submitted by a dormant captive insurer for approval to surrender a certificate of dormancy. Once completed, send this application to the Division of Insurance via email to 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 (“Captive Insurer”) hereby applies for approval to surrender its certificate of dormancy and to resume transacting in the business of insurance. The Captive Insurer submits the following:

1. A resolution from the Captive Insurer’s governing body authorizing this request
2. Updated business plan
3. Biographical affidavits for any new officers or directors
4. Executed contracts with approved service providers
5. Evidence of minimum capital and surplus pursuant to NRS 694C.250

Furthermore, the Captive Insurer affirms the following:

I (WE) UNDERSTAND THAT THE SURRENDER OF THE CERTIFICATE OF DORMANCY AND THE REACTIVATION OF THE CERTIFICATE OF AUTHORITY OBLIGES THE CAPTIVE INSURER TO COMPLY WITH ALL RELEVANT PROVISIONS OF NRS CHAPTER 694C, INCLUDING PAYMENT OF TAXES AND FEES, AND FINANCIAL REPORTING REQUIREMENTS.

Pursuant to NRS 694C.259, upon approval of this application by the Commissioner, the Captive Insurer’s Certificate of Dormancy is rescinded and shall be immediately surrendered to the Division. The transaction of the business of insurance may commence.

Printed Name of Captive Manager: _____

Signature of Captive Manager: _____

Dated at Carson City, Nevada this _____ day of _____, 20_____.

SCOTT J. KIPPER
Commissioner of Insurance