



Nevada Division of Insurance

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Nevada Self-Insured Employer APPLICATION FOR ADDITION OF SUDDSIDIARY Pursuant to NAC 616B.451

NAC 616B.451 Certificate of authority covering self-insured employer and any subsidiary or affiliated corporation: Procedure; requirements. (NRS 616B.312, 679B.130)

1. A self-insured employer may request that the Commissioner issue one certificate of authority to cover the employer and any subsidiary or affiliated corporation. In reviewing such a request, the Commissioner will apply the standards of [NAC 616B.424](#) to all of the subsidiaries and corporations as if they were a single entity.

2. The businesses that wish to be covered by one certificate shall file a statement with the Commissioner that lists the owners of the businesses and the percentage of the businesses held by each owner and that verifies that the operations of each business are controlled by the same owners. The Commissioner may require each business, or the owner of each business, or both, to indemnify the other businesses or owners who will be covered by the certificate and hold them harmless from liability for any claim for compensation filed pursuant to [chapters 616A to 617, inclusive, of NRS.](#)

3. The Commissioner may issue one certificate to cover a business and one or more subsidiaries or affiliated corporations if:

(a) The operations of each business are controlled by the same natural persons or corporation; and

(b) An independent auditor determines that there is sufficient similarity in the control of the businesses to present a combined financial statement for all of the businesses that will be covered by the certificate.

4. A certificate issued by the Commissioner pursuant to this section will list the names and locations of all the businesses covered by the certificate.

5. If the self-insured employer later requests that a new business or a new location be added to the certificate, the Commissioner will review that request in accordance with this section. If approved, a new certificate will be issued to the self-insured employer and list all covered businesses or locations. The self-insured employer shall return the original certificate to the Commissioner.

6. As used in this section, "affiliated corporation" means a corporation that directly or indirectly, through one or more intermediaries, is controlled by, or is under common control with, the self-insured employer.

Self-Insured Employer: _____ FEIN _____

Certificate Number: _____ Effective Date Subsidiary to be Added: _____

Name of Subsidiary to be Added: _____ FEIN _____

Name of Subsidiary DBA	FEIN	Effective date
_____	_____	_____
_____	_____	_____

Please provide complete ownership information regarding the self-insured employer covered by this certificate of authority:

Business is: _____Corporation _____Partnership _____Sole Proprietor _____Other

Owner of Self-Insured Employer	Organizational Relationship	% Ownership
_____	_____	_____
_____	_____	_____

Please provide complete ownership information regarding the subsidiary to be added to this employer's certificate of authority:

Business is: _____Corporation _____Partnership _____Sole Proprietor _____Other

Owner of Subsidiary	Organizational Relationship	% Ownership
_____	_____	_____
_____	_____	_____

Subsidiary Address: _____

Operations of Subsidiary: _____

I hereby attest that the information provided regarding the ownership of the captioned self-insured employer and the subject subsidiary is truthfully and accurately represented.

Corporate Officer's Name

Title

Date