NEVADA DIVISION OF INSURANCE

STATE SPECIFIC REQUIREMENTS

FRATERNAL BENEFIT SOCIETY APPLICATION CHECKLIST

CERTIFICATE OF AUTHORITY NRS 695A.010, 080, 300

Date:

Name of Applicant:

NV ID:

Email Address:

The following checklist pertains to a FRATERNAL BENEFIT SOCIETY who wishes to operate in the State of Nevada. The Nevada Division of Insurance (“Division”) requires the following items in order to process your application. Failure to provide any of the items listed below will delay the review of your application. Please note, until all of the items listed below have been received and reviewed by the Division, you may not operate, solicit or otherwise transact insurance in Nevada. Upon completion of our review, you will receive written notice, along with a Certificate of Authority, allowing you to transact business in Nevada.

1. A certified copy of Society's laws and rules and circulars, certified by Society's secretary of corresponding office

2. A power of attorney to the Commissioner as prescribed in NRS 695A.400

3. A statement of business under oath of society's president and secretary or corresponding officers, fully verified by an examination made by the supervising insurance officer of its home state or other state, territory, province or country

4. Certification from the proper officer of its home state, territory, province or country that the Society is legally incorporated and licensed to transact business

5. Copy of certificate forms

6. Application fees (see NRS 680C.110 Fees)

 (a) Application Fee $2,450 Annual Renewal \*\*

 (b) Application Review Fee $500

 (c) Initial Certificate Fee $283

 (d) Service of Process $5

 (e) Annual Statement Fee $25 Annual Renewal $25

 (f) Fund for Insurance Admin. & Enforcement $1,000 Annual Renewal This fee will be

##  assessed based

 on total

##  premiums

##  written.

Any foreign or alien society desiring admission into NV must comply substantially with the requirements and limitations applicable to domestic societies.

\*\* If the number of outstanding benefit contracts in NV is 1-600, the fee is $250.

 If the number of outstanding benefit contracts in NV is 601-1,999, the fee is $500.

 If the number of outstanding benefit contracts in NV is over 1,200, the fee is $2,450.

NRS 695A.080 Annual filing requirements to continue doing business in Nevada. Invoices will be mailed in January.

Please refer any questions to klamb@doi.nv.gov (775) 687-0753

Submit the above information via electronic means (preferred), CD or flash drive to:

Nevada Division of Insurance

## Kathy Lamb C&F

1818 E. College Parkway, Suite 103

Carson City, NV 89706

Send payment to the Nevada Division of Insurance via ACH or Check.

ACH - MUST submit [ACH Deposit Form](http://doi.nv.gov/uploadedFiles/doinvgov/_public-documents/Insurers/FundsNotificationFormB.pdf) at time of payment

Check - Submit remittance advice with your check if paying an invoice; otherwise note “Application Fees” on the check