

NEVADA DIVISION OF INSURANCE

STATE SPECIFIC REQUIREMENTS FRATERNAL BENEFIT SOCIETY APPLICATION CHECKLIST CERTIFICATE OF AUTHORITY NRS 695A

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 (NRS 680B.010, 680C.110 Fees)

a) Application Fee	\$2,450	Annual Renewal	**
b) Initial Certificate Fee	\$283		
c) Service of Process	\$5		
d) Annual Statement Fee	\$25	Annual Renewal	\$25
e) Fund for Insurance Admin. & Enforcement	\$1,000	Annual Renewal	\$1,000

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

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

Please refer any questions to Finances@doi.nv.gov.

Submit the above information via PDF documents through Finances@doi.nv.gov.

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

- o ACH MUST submit ACH Deposit Form at time of payment
- Check Submit remittance advice with your check if paying an invoice; otherwise note "Application Fees" on the check

^{**} 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.