



Department of Business and Industry

Nevada Division of Insurance

Nevada Application for Third-Party Administrators

(Please Print or Type)

Nevada Application for Third-Party Administrators (Please Print or Type)			
Entity Name		Fiscal Year End (dd/mm)	FEIN
DBA/Trade Name (if applicable)		State of Domicile	
Qualification Type(s): <input type="checkbox"/> Life & Health <input type="checkbox"/> Self-Funded Health Benefit Program <input type="checkbox"/> Self-Funded Employer Program for Workers' Compensation <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Pharmacy Benefits Manager			
Are you applying for a Resident or Non-Resident License? <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident		If Non-Resident, indicate Resident State	
Mailing Address	City	State	Zip or Foreign Country
Physical Business Address	City	State	Zip or Foreign Country

TPA Contact Person

List the primary contact person with whom the Division should communicate with after the completion of the certification.

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Name		Title	
Direct Telephone Number		Email Address	
Mailing Address (if different than applicant's mailing address)	City	State	Zip Code

Ownership

Identify the owner(s) or parent(s) of the applicant. (Individuals who are owners should be listed on the following page.)

Corporation Limited Liability Company Other

Name	Percentage of Ownership
1.	%
2.	%

Owners, Partners, Officers & Directors

List all sole proprietor or partners, officers and directors of the applicant. (List only those owners with 10% or more ownership.) An NAIC biographical affidavit is required for each person listed.

Name	Title	Percentage of Ownership
1.		%
2.		%
3.		%
4.		%
5.		%
6.		%
7.		%
8.		%
9.		%
10.		%
11.		%
12.		%
13.		%
14.		%
15.		%
16.		%
17.		%
18.		%
19.		%
20.		%

Must be signed by an officer, director, principal or partner of the applicant:

 Month Day Year

 Signature

 Typed or Printed Name

 Title

 Address

 City State Zip