STATE OF NEVADA
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Governor
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Chair, Nevada Tax Commission
MELANIE YOUNG
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INDEPENDENTLY PROCURED COVERAGE

Pursuant to NRS 680B.040, a report of coverage purchased from an unauthorized, foreign or alien insurer must be filed within 30 days after the date the policy was procured, continued or renewed.

Submit one form per policy, continued coverage or renewal

1. Name and Address of insured(s):

_____
_____
_____

2. Name and address of insurer:

_____
_____
_____

3. Subject and location of the risk insured (attach additional sheets if necessary):

_____
_____
_____

4. * For coverage purchased prior to June 13, 2011: Does this insurance also cover a subject of insurance resident, located or to be performed outside Nevada?_____Yes _____No.
If "yes", attach method and documentation supporting the allocation of premium to the Nevada portion of the risk.

5. General description of the coverage or attach a copy of the declaration page:

_____
_____
_____

6. Policy Number:_____. Effective dates of coverage:_____.
Is this a renewal?_____Yes_____No. If "yes", previous policy number_____.
If "no", previous insurer and policy number: _____
_____

7. Current Premium: Insurer's Charge _____
Policy Fee _____
Other Fees _____
Commission _____
Dividends or Credits _____

8. Name, address, telephone number of person responsible for the placement of this policy:

_____
_____
_____

9. Exact location where this insurance was purchased and negotiated:

_____
_____
_____

10. Name and address of broker or individual who assisted in the purchase of this insurance:

_____
_____
_____

11. Amount of premium tax submitted with this form: $ _____
Contact the Department of Taxation if you are uncertain of the tax rate or how to calculate the premium.

I_____, in my capacity as _____
for_____ , certify the foregoing is a full, true and correct statement of facts.

_____ _____
Signature Date

_____
Print or Type Name & Title

_____
Telephone Number

State of Nevada
County of _____

Signed or attested to before me on the_____day of_____, 20_____, by

_____.
(NAME OF PERSON SIGNING DOCUMENT)

NOTARY STAMP

_____
(NOTARY PUBLIC)