



STATE OF NEVADA
DEPARTMENT OF TAXATION

Web Site: http://tax.nv.gov
1550 College Parkway, Suite 115
Carson City, Nevada 89706-7937
Phone: (775) 684-2000 Fax: (775) 684-2020

RENO OFFICE
4600 Kietzke Lane
Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

BRIAN SANDOVAL
Governor
ROBERT R. BARENGO
Chair, Nevada Tax Commission
DEONNE E. CONTINE
Executive Director

LAS VEGAS OFFICE
Grant Sawyer Office Building, Suite 1300
555 E. Washington Avenue
Las Vegas, Nevada 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

HENDERSON OFFICE
2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

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):

Three horizontal lines for text entry.

2. Name and address of insurer:

Three horizontal lines for text entry.

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

Three horizontal lines for text entry.

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:

Three horizontal lines for text entry.

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:

One horizontal line for text entry.

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)