



STATE OF NEVADA  
DEPARTMENT OF TAXATION

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STEVE SISOLAK  
*Governor*  
TONY WREN  
*Chair, Nevada Tax Commission*  
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4600 Kietzke Lane, Suite L235  
Reno, Nevada 89502  
Phone: (775) 687-9999  
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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):

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2. Name and address of insurer:

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

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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:

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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: \_\_\_\_\_

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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)