



STATE OF NEVADA
DEPARTMENT OF TAXATION

Web Site: <https://tax.nv.gov>
Call Center: (877) 962-3707

LAS VEGAS OFFICE
700 E. Warm Springs Rd., Suite 200
Las Vegas, Nevada 89119
Phone: (702) 486-2300
Fax: (702) 486-2373

JOE LOMBARDO
Governor
GEORGE KELESIS
Chair, Nevada Tax Commission
SHELLIE HUGHES
Executive Director

CARSON CITY OFFICE
3850 Arrowhead Dr., 2nd Floor
Carson City, NV 89706
Phone: (775) 684-2000
Fax: (775) 684-2020

RENO OFFICE
4600 Kietzke Lane, Suite L235
Reno, Nevada 89502 Phone:
(775) 687-9999
Fax: (775) 688-1303

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)