



STATE OF NEVADA
DEPARTMENT OF TAXATION

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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):

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. 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)