

State of Nevada
 Department of Business and Industry
 Division of Industrial Relations
 WORKERS' COMPENSATION SECTION

Employee Leasing Company (PEO) Registration Application

Completion of this Registration Application Form will enable the Division of Industrial Relations (DIR) to provide you with a Certificate of Registration. Please complete all areas. **Registration Certificate will expire one year after date of issuance unless renewed before that date. Renewal is incumbent upon the certificate holder.**

- () New
- () Renewal
- () Change

For Division of Industrial Relations Use Only

An applicant shall submit to the Administrator any change in information as required in NRS 616B.679 within 30 days after the change occurs. The Administrator may revoke the certificate of registration of an employee leasing company which fails to comply with the provisions of NRS 616B.670 to 616B.697, inclusive.

Section A:	
Name of Employee Leasing Company (PEO):	FEIN _____
Business Address of Employee Leasing Company (PEO) (P.O. Box is NOT acceptable):	

Business Telephone:	Business Contact Name and Title:
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List the Names of all Owners, Partners, and/or Corporate Officers:

Name	Title	SSN	% of Ownership

Section B:

Pursuant to NRS 616B.682 Employee Leasing Companies must maintain an office or similar site in Nevada. Please provide the Nevada address and Nevada telephone number.

Nevada Address of Employee Leasing Company:

Telephone:

- () *Proof of State Business License required by Chapter 76 of the Nevada Revised Statutes. **Attach verification of your State Business License. Please contact the Nevada Secretary of State for assistance. <http://www.nvsos.gov/index.aspx?page=267>***
- () *Proof of industrial insurance coverage as required by the Nevada Industrial Insurance and Occupational Diseases Acts (Chapters 616A to 616D, inclusive, and Chapter 617 of the Nevada Revised Statutes). **Attach copies of your Certificates of Insurance or Declaration Pages for Nevada leased employees at each client company and proof of coverage for your internal PEO staff residing in Nevada.***
- () *Payment of contributions or payments in lieu of contributions to the Nevada Employment Security Department as required by Chapter 612 of the Nevada Revised Statutes. **Attach verification of your Nevada Employment Security Dept. account number (such as cover page of your Nevada Unemployment Insurance contribution report).***
- () *Completion of Certification for each employee insurance benefit plan. Pursuant to Title 57 of the Nevada Revised Statutes, an employee leasing company (PEO) shall not offer its employees any self-funded insurance program or act as a self-insured employer.*
- () ***Do you offer insurance benefit plan(s) to your leased employees? ___ Yes ___ No***
- () ***If Yes, check the plan(s) you offer and submit an Insurance Certification Form (attached) for each. ___ Life, ___ Medical, ___ Dental; ___ Vision***
- () ***A registration or renewal fee of \$500.***
- () ***A financial statement of the applicant setting forth the financial condition of the employee leasing company. Except as otherwise provided in NRS 616B.679 subsection 5, the financial statement must include, without limitation:***
A financial statement of the applicant setting forth the financial condition of the employee leasing company. Except as otherwise provided in subsection 5, the financial statement must include, without limitation:
 - (1) ***For an application for issuance of a certificate of registration, the most recent audited financial statement of the applicant, which must have been completed not more than 13 months before the date of application; or***
 - (2) ***For an application for renewal of a certificate of registration, an audited financial statement which must have been completed not more than 180 days after the end of the applicant's fiscal year.***

5. A financial statement submitted with an application pursuant to this section must be prepared in accordance with generally accepted accounting principles, must be audited by an independent certified public accountant licensed to practice in the jurisdiction in which the accountant is located and must be without qualification as to the status of the employee leasing company as a going concern. An employee leasing company that has not had sufficient operating history to have an audited financial statement based upon at least 12 months of operating history must present financial statements reviewed by a certified public accountant covering its entire operating history. The financial statements must be prepared not more than 13 months before the submission of an application and must:

 - (a) ***Indicate that the applicant has positive working capital, as defined by generally accepted accounting principles, for the period covered by the financial statements; or***
 - (b) ***Be accompanied by a bond, irrevocable letter of credit or securities with a minimum market value equaling the maximum deficiency in working capital for the period covered by the financial statements plus \$100,000. The bond, irrevocable letter of credit or securities must be held by a depository institution designated by the Administrator to secure payment by the applicant of all taxes, wages, benefits or other entitlements payable by the applicant.***

Section C:

List all client companies currently under contract with your firm. (Print additional sheets if necessary.)

Name of Business		FEIN #	Primary Business Operation (Construction, Sales, Etc.)	
Business Address (P. O. box NOT acceptable)			Business Telephone	
Estimated Number of Client's Employees	Number of Leased Employees	Estimated Monthly Payroll of Employees Leased to Business	Entity Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	

Name of Business		FEIN #	Primary Business Operation (Construction, Sales, Etc.)	
Business Address (P. O. box NOT acceptable)			Business Telephone	
Estimated Number of Client's Employees	Number of Leased Employees	Estimated Monthly Payroll of Employees Leased to Business	Entity Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	

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Business Address (P. O. box NOT acceptable)			Business Telephone	
Estimated Number of Client's Employees	Number of Leased Employees	Estimated Monthly Payroll of Employees Leased to Business	Entity Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	

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Business Address (P. O. box NOT acceptable)			Business Telephone	
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Name of Business		FEIN #	Primary Business Operation (Construction, Sales, Etc.)	
Business Address (P. O. box NOT acceptable)			Business Telephone	
Estimated Number of Client's Employees	Number of Leased Employees	Estimated Monthly Payroll of Employees Leased to Business	Entity Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	

Section D:

I/we, the undersigned, swear under penalty of perjury that the information given in this form is true and accurate. I/we agree to submit to the Division of Industrial Relations, Industrial Insurance Regulation Section any changes in this information within thirty (30) days, pursuant to NRS 616B.679 (3). **This form must be signed by the sole proprietor, a partner, or a corporate officer of the employee leasing company. Signature must be notarized.**

Signature of sole proprietor, partner or corporate officer of
employee leasing company

Full name of sole proprietor, partner or corporate officer of
employee leasing company (type or print)

Subscribed and sworn before me on this _____ day of _____,
20_____, in _____ County, State of

Notary Public Seal

Mail this form to:

Division of Industrial Relations
Workers' Compensation Section
Employer Compliance Unit
1301 North Green Valley Parkway, Suite 200
Henderson, Nevada 89074
(702) 486-9080

PEO DOMICILE AND CONTACT INFORMATION

Name of PEO:	
Address of PEO:	
Name of PEO Contact:	Title of PEO Contact:
Contact Phone:	Contact Fax:
Contact E-mail:	

Employee Leasing Company (PEO) Insurance Certification / Instruction Sheet

Line of Insurance: Complete a certification form for each line of insurance. Identify whether the policy is medical, dental, vision or life insurance. If it is a voluntary product, such as cancer protection, short-term disability, long-term disability, etc., it is not necessary to complete a certification form.

Policy #: The Employer Group Policy number.

Form #: The form number of the policy. This number is typically found on the lower left hand corner of the policy and will be compared to the Nevada Division of Insurance's database to ensure the Division has approved the form. An application cannot be approved without a valid form number.

Licensed Nevada Insurance Company: The insurance company providing the policy must have a Nevada Certificate of Authority to sell insurance products to Nevada residents.

Insurer's NAIC ID#: The insurer's National Association of Insurance Commissioner's identification number.

FEIN: The Federal employer's identification number.

NV ID#: The identification number provided on the insurer's Nevada Certificate of Authority.

Contact information for the "Licensed Sales Person/Producer" that marketed the above referenced policy to the Employee Leasing Company (PEO): This section must be completed by the person that actually marketed the insurance product to the PEO. This person is responsible for the completion of the application and will be contacted by the Nevada Division of Insurance to answer questions concerning the accuracy of the information provided.

Insurance Company Certification: An authorized representative of the insurance company and the leasing company must confirm that the insurance product is fully-insured. Fully-insured is a plan where the employer contracts with another licensed organization to assume financial responsibility for the enrollees' claims and for all incurred administrative costs. The plan cannot include stop-loss coverage or any other out-of-pocket expenses to the employer.

Employee Leasing Company's Certification: The sole proprietor, partner or corporate officer of the employee leasing company must certify that the Company shall not offer its employees any self-funded insurance program or be a member of an association of self-insured public or private employers.