

ADD the following Authorization Contacts:

Name(s):

Telephone Number(s)

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REMOVE the following previously authorized contacts:

Name(s):

Telephone Number(s)

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In compliance with the Insurance Company User Guidelines for Nevada LIVE – Group A, the insurance company identified in the Insurance Company Information must comply with:

1. Keep specifically the beginning, ending, and lapse dates on the database, see section 3.04 Response.
2. Confirmed policies must be written specifically for Nevada, see section 3.04 Response.
3. Databases must be updated keeping up with the real time verification, see section 3.01 Service Availability.

I declare the foregoing is true and correct and that I am the authorized person responsible for conducting business on behalf of the named insurance company. I further declare the registered owner information contained in queries shall not be kept in any form.

Company Name: _____

***Administrator's Signature** _____ **Date** _____

*Please note: When changing administrators, this form must be accompanied by a letter appointing the new administrator and signed by the company president or CEO.