



NEVADA LIVE ADMINISTRATIVE AUTHORIZATION FORM NRS 485.314

REPORTING INFORMATION

Reporting Type:

Does your company currently offer Web Services? Yes No

If your company has web services, the registered owner information contained in queries shall not be kept in any form.

If "No", how many **vehicles** do you currently insure in Nevada? _____

By what date will Web Services be available? _____

INSURANCE COMPANY INFORMATION

Please type or print

Individual/Corporation Name _____

DBA Insurance Company Name _____

Address _____
Street City State Zip Code

Company NAIC # (only one company per form) _____

Administrative Contact: _____
First MI Last

Address _____
Street City State Zip Code

Telephone Number () Fax Number ()

Administrator's E-mail Address _____

Only one Information Technology Contact may be entered.

Information Technology Contact: _____
First MI Last

Telephone Number () Fax Number ()

Information Technology Contact's E-mail Address _____

