



ADMINISTRATIVE AUTHORIZATION FORM NRS 485.314

REPORTING INFORMATION

Reporting Type:

Does your company currently offer Web Services? Yes No

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

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 _____

Information Technology Contact: _____
First MI Last

Telephone Number () _____ Fax Number () _____

Information Technology Contact's E-mail Address _____

