

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:

The application for PEO registration should be submitted in a Smead #14075 Classification or similarly tabbed file folder. Incomplete submission will be returned without further review. The following items must be included with the application:

- Tab #1 – Application and attachments
 - PEO Registration Fee of \$500 (Make check Payable to Division of Industrial Relations)
 - PEO Registration Application
 - Section B - Checklist
 - Section C – Client Company List. A separate list may be used, however all information requested must be included in the table.
 - Section D – Declaration Page. This form **MUST** be signed by each officer as listed in the registration application and registered by the Nevada Secretary of State.
 - Proof of State Business License required by Chapter 76 of the Nevada Revised Statutes. Please Contact the Nevada Secretary of State for assistance.
<http://www.nvsos.gov/index.aspx?page=267>.

Acceptable proof is a copy of the Business License Certificate and a printout from the Nevada Secretary of States website showing current officers/managers/directors.

- Tab #2 - Insurance Benefit Plans. 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.
 - Completed PEO Domicile & Contact Information Sheet (**required**)
 - Do you offer insurance benefit plan(s) to your leased employees? ___Yes ___No
 - If yes, check the plan(s) you offer:
___Life ___Medical ___Dental ___Vision
 - The Employee Leasing Company (PEO) Insurance Certification Form must be included for each Benefit Plan offered.

- Tab #3 - 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 the 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.**

- Proof of Workers' Compensation Insurance for each Client listed in Section C of the application. The certificates **must be in the same order as the list of clients**.
Each client must have Nevada Specific coverage or Nevada must be listed in 3A of the Declaration page of the Master policy and **must have correct client name on it**.
- Proof of Workers' Compensation Insurance for internal staff.

Section B: Continued

Tab #4 - 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*.

Include Nevada Employment Security Dept (DETR) Notice of Contribution or Wage Report for each client listed in Section C of the application. (Confirmation from DETR showing that an account number has been assigned may be submitted for new companies.) The forms **must be in the same order as the list of clients**.

Tab #5 – Financial Statement and Proof of Working Capital

NRS 616B.679(1)(h)

1. (h) 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:

(1) For an application for issuance of a certificate of registration, the most recent audited financial statement that includes 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 that includes the applicant and which must have been completed not more than 180 days after the end of the applicant's fiscal year.

NRS 616B.679 subsection 5 and 6

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. Except as otherwise provided in subsection 6, 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) Demonstrate, in the statement, 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.

6. An applicant required to submit a financial statement pursuant to this section may submit a consolidated or combined audited financial statement that includes, but is not exclusive to, the applicant.

Please mark the appropriate box for items included:

Audited Financial Statement Bond

Irrevocable Letter of Credit Securities

Fasten a copy of the appropriate page that demonstrates working capital into tab #5 of the folder.

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

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

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:

Declaration Page must be signed by each officer/director of the PEO

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, Workers' Compensation 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, each partner, or each corporate officer of the employee leasing company. Each signature(s) 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

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

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

Additional page(s) must be attached for additional signature(s) of all partners or additional corporate officers.

Mail completed application packet to:

Division of Industrial Relations
Workers' Compensation Section
Employer Compliance Unit
400 W. King St, Suite 400
Carson City, NV 89703
775-684-7270

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.

