

STATE OF NEVADA DEPARTMENT
OF BUSINESS AND INDUSTRY
OFFICE OF LABOR COMMISSIONER

1818 COLLEGE PARKWAY, SUITE 102 CARSON CITY, NEVADA 89706
775-684-1890

3340 WEST SAHARA AVENUE, LAS VEGAS, NEVADA 89102
702-486-2650

APPLICATION FOR PROFESSIONAL EMPLOYER ORGANIZATION LICENSE

All Questions Must be Answered – Application Must be Completed in either Blue Ink or be Typewritten

License will expire on September 30. Renewal is incumbent upon the license holder.

PLEASE SELECT THE PURPOSE OF YOUR APPLICATION:

New Renewal License Number: **OLC**

Professional Employer Organization License (PEO) for the year ending **September 30,**

An applicant shall submit to the Labor Commissioner any change in information as required in NRS 611.430(3) within 30 days after the change occurs. The Labor Commissioner may revoke the certificate of registration of an Professional Employer Organization which fails to comply with the provisions of NRS 611.400 to 611.490, inclusive.

PEO CONTACT INFORMATION

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

For PEO applications to be approved and/or renewed, you must certify, under penalty of perjury, that the client(s) are covered in accordance with NRS *Nevada Industrial Insurance and Occupational Diseases Acts (Chapters 616A to 616D, inclusive, and Chapter 617 of the Nevada Revised Statutes)*. You must keep records of the insurance policies and be able to provide them upon request.

The SMEAD folder is no longer required, but we do request you put the documents in a logical order so we can easily enter them into our system for review. Please keep the order of documents as close to those listed on the ***PEO Required Documents Checklist*** as possible.

The Office of the Labor Commissioner would like to announce that we have signed an agreement with Employer Services Assurance Corporation (ESAC), a PEO Accreditation company. If you are registered with ESAC, please review and update your accounts to meet the State of Nevada requirements. For more information regarding ESAC and their services, please go to <http://www.esac.org>.

SECTION A: PEO NAME/OWNERS, PARTNERS, and/or CORPORATE OFFICERS

Name of Professional Employer Organization (PEO):	FEIN:
Business Address of Professional Employer Organization (PEO) (P.O. Box is NOT acceptable):	
Business Telephone:	Business Contact Name and Title:

List the Names of all Owners, Partners, and/or Corporate Officers:

Name	Title	SSN	% of Ownership
Name	Title	SSN	% of Ownership
Name	Title	SSN	% of Ownership
Name	Title	SSN	% of Ownership

SECTION B: INSURANCE REQUIREMENTS

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

- INSURANCE BENEFITS PLANS-** Pursuant to *Title 57 of the Nevada Revised Statutes*, a Professional Employer Organization (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:

Life Medical Dental Vision

******The Professional Employer Organization (PEO) Insurance Certification Form must be included for each Benefit Plan offered.**

- 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)*.

I hereby certify under penalty of perjury that Workers’ Compensation Insurance is maintained for each Client listed in Section C of the application.

******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.**

I hereby certify under penalty of perjury that Workers’ Compensation Insurance is maintained for internal staff.

SECTION B: CONTINUED

3. 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 should be in the same order as the list of clients.*

4. FINANCIAL STATEMENT AND PROOF OF WORKING CAPITAL

Include a copy of the appropriate page that demonstrates working capital in the application.

-An employee leasing company with less than 12 months of operating history must present financial statements reviewed by a certified public accountant covering its entire operating history.

-An employee leasing company with 12 or more months of operation must provide an audited financial Statement that shows positive working capital.

NRS 616B.679(1)(h)

1(h) A financial statement of the applicant setting forth the financial condition of the Professional Employer Organization. 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 Professional Employer Organization as a going concern. Except as otherwise provided in subsection 6, a Professional Employer Organization 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 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.

SECTION C: CLIENT COMPANIES:
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:

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:

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:

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:

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:

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 and that each client has a valid worker's compensation policy in the State of Nevada as defined by NRS 616B.692. I/we agree to submit to the Office of the Labor Commissioner, any changes in this information within thirty (30) days, pursuant to NRS 611.430(3). Any falsification of this application or statements therein will be cause for denial, revocation and/or Administrative Penalties being assessed.

This form must be signed by the sole proprietor, each partner, or each corporate officer of the Professional Employer Organization. Each signature(s) must be notarized.

Signature of sole proprietor, partner, or corporate officer of Professional Employer Organization

Full name of sole proprietor, partner, or corporate officer of Professional Employer Organization (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 Professional Employer Organization

Full name of sole proprietor, partner, or corporate officer of Professional Employer Organization (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 Professional Employer Organization

Full name of sole proprietor, partner, or corporate officer of Professional Employer Organization (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:

STATE OF NEVADA
OFFICE OF LABOR COMMISSIONER
1818 COLLEGE PARKWAY, SUITE 102
CARSON CITY, NEVADA 89706
775-684-1890

Professional Employer Organization (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 Salesperson/Producer" that marketed the above referenced policy to the Professional Employer Organization (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.

Professional Employer Organization's Certification: The sole proprietor, partner or corporate officer of the Professional Employer Organization 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.

Professional Employer Organization (PEO) Insurance Certification

A Professional Employer Organization shall not act as a self-insured employer or be a member of an association of self-insured public or private employers pursuant to chapters 616A to 616D, inclusive, or Chapter 617 of NRS, or pursuant to Title 57 of NRS. **Please complete this certification of compliance and submit to the Office of the Labor Commissioner with the Professional Employer Organization (PEO) Registration Application.**

PEO Company Name		
Line of Insurance:	Policy #:	Form#
Licensed Nevada Insurance Company:		
Insurer's NAIC#:	FEIN:	NV ID#:
Contact information for the "Licensed Salesperson/Producer" that marketed the above referenced policy to the Professional Employer Organization (PEO):		
Name:		Direct Telephone #:
Address:		Direct Fax #:
Direct E-mail Address:		

Insurance Company's Certification:

As an officer of the above-named licensed Nevada Insurance Company, I certify that the product provided to the named Professional Employer Organization (PEO) is fully insured* and the policy form approved by the Nevada Division of Insurance.

Printed Name in full	Date	Signature	Date
----------------------	------	-----------	------

Professional Employer Organization's Certification:

As an authorized representative of the above-named Professional Employer Organization (PEO), I 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.

Printed Name in full	Date	Signature	Date
----------------------	------	-----------	------

*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.

An incomplete or inaccurate application will be returned to the Professional Employer Organization (PEO). All certifications must be clearly signed and dated. A photocopy of an application will not be accepted.