



iiX NEVADA NAIC FORM

Insurance

Account number

In compliance with Nevada Administrative Code 485.175, the Nevada Department of Motor Vehicles (DMV) requires that all requests for driver records used for insurance purposes must contain an insurance carrier's National Association of Insurance Commissioners (NAIC) number. Agents/brokers who request Nevada Motor Vehicle Reports (MVRs) are required to provide iiX with the NAIC number of the insurance company where they intend to place the coverage.

iiX is not able to process Nevada MVRs without an appropriate NAIC number. For access to Nevada MVRs, please complete and return this form to iiX.

INSURANCE COMPANY - If you are an insurance company please complete this section.

To comply with this requirement, please provide iiX with your NAIC number. If your company holds more than one NAIC number, please provide the NAIC number for the carrier that you most utilize for Nevada business.

| | |
|------------------------------|------------------------|
| _____ | _____ |
| Name of Insurance Company | NAIC Number |
| _____ | _____ |
| Authorized Insurer Signature | Printed Name and Title |
| _____ | |
| Telephone Number | |

INSURANCE AGENT/BROKER - If you are an insurance agent/broker please complete this section.

To comply with this requirement, please provide iiX with the NAIC number of the insurance company for which you will be primarily ordering MVRs. If you represent multiple insurance companies, provide the NAIC number for the company that you most utilize for Nevada business.

This NAIC number will be stored for you at iiX and provided to the Nevada DMV when you order driver records. Should you need to provide the NAIC number of another insurance company, you will have the ability to submit a different NAIC number at the time of your order.

| | |
|----------------------------|------------------------|
| _____ | _____ |
| Your Agency/Brokerage Name | Telephone Number |
| _____ | _____ |
| Name of Insurance Company | NAIC Number |
| _____ | _____ |
| Authorized Signature | Printed Name and Title |

Please return the completed form: By Fax:
Attn: MVR Compliance 216-450-5249

By Mail: **IntelliCorp; 3000 Auburn Drive, Suite 410
Beachwood, OH 44122**