



# NEVADA STATE CONTRACTORS BOARD

5390 KIETZKE LANE, SUITE 102, RENO, NEVADA, 89511 (775) 688-1141 FAX (775) 688-1271, INVESTIGATIONS (775) 688-1150  
2310 CORPORATE CIRCLE, SUITE 200, HENDERSON, NEVADA, 89074 (702) 486-1100 FAX (702) 486-1190, INVESTIGATIONS (702) 486-1110  
[www.nscb.nv.gov](http://www.nscb.nv.gov)

## INDEMNIFICATION INSTRUCTIONS AND REQUIREMENTS

An indemnification agreement allows the board to consider the financial strength of an individual or entity in addition to the applicant. Indemnification is not required, however, it provides an option to an applicant who may not otherwise qualify for a state contractor's license, or increase in monetary limit for an existing license. The agreement must be on a form prescribed by the board, and accompanied by financial documents as set forth below.

**1. Indemnification Agreement:** Provide a completed indemnification agreement specific to the entity indemnifying the license. Corporations and Limited Liability Companies must also provide a resolution executed by the indemnifying Corporation or Limited Liability Company authorizing the execution of this agreement.

**2. Financial Statement Requirements:** The indemnitor must submit a current financial statement (statement) that meets the following criteria.

**For License Monetary Limits of \$10,000 or less the indemnitor must provide one of the following:**

- A current financial statement prepared by an independent certified public accountant; or
- A current financial statement submitted on a form prescribed by the Board (available on the Board's website [www.nscb.state.nv.us](http://www.nscb.state.nv.us), click on contractor forms); or
- A current financial statement (Balance Sheet) prepared using accounting software in accordance with generally accepted accounting principles and accompanied by an affidavit that verifies the accuracy of the financial statement.

\*To prevent a delay in the processing of your application, if you are unfamiliar with preparing your own financial statement, you are encouraged to seek the advice of an Accountant.

Note: Self-prepared or compiled statements must be current to within six months from the date the application is received.

**For License Monetary Limits more than \$10,000 but less than \$50,000 the indemnitor must provide one of the following:**

- A compiled financial statement prepared by an independent certified public accountant, current within 6 months from the date the application is received; or
- A reviewed or audited financial statement, prepared by an independent certified public accountant, current within one (1) year from the date the application is received.

**For License Monetary Limits of \$50,000 or more but less than \$250,000 the indemnitor must provide one of the following:**

- A compiled financial statement with full disclosures, prepared by an independent certified public accountant, current within 6 months from the date the application is received; or
- A reviewed or audited financial statement, prepared by an independent certified public accountant, current within one (1) year from the date the application is received.

**For License Monetary Limits of \$250,000 or more:** the indemnitor must provide a financial statement that is prepared and **reviewed or audited** by an independent certified public accountant, current within one (1) year from the date the application is received.

**3. Bank Verification Form:** A bank verification form must be completed by the indemnitor and its bank and submitted with the application.





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## BANK VERIFICATION FORM

Name of Licensee/Applicant: \_\_\_\_\_

Items 1 through 3 of the following report are to be completed by the applicant. Items 4 through 10 are to be completed by the verifying bank. After completion by you and your bank, submit this form with your application.

1. Name and address of bank: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Signatures of account holder(s):

\_\_\_\_\_  
Signature Print Name  
\_\_\_\_\_  
Signature Print Name

3. Information to be verified:

Type of Account	Account Name	Account Number

**TO VERIFYING BANK: Please furnish the information requested below.**

4. Classification of Account:  Individual  Corporation  Partnership  
 Limited Partnership  Limited Liability Company

5. Deposit accounts of applicants:

*Account Name	Type	*Account Number	*Current Balance	*Six (6) Month Average	*Date Opened

\*Required Information

6. Verification of Lines of Credit:

Line of Credit Account #	Type of Credit Line	Date Opened	Approved Amount	Current Balance	Payments Required	Secured by
					\$ Per	
					\$ Per	

7. Additional information that may be of assistance in determination of credit worthiness:

\_\_\_\_\_  
\_\_\_\_\_

8. Affix Bank Stamp or Business Card of Bank Representative here

9. Name and Title of Bank Representative

\_\_\_\_\_  
\_\_\_\_\_

10: Date: \_\_\_\_\_