



NEVADA STATE CONTRACTORS BOARD

9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89521 (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.state.nv.us

SINGLE RAISE IN LICENSE LIMIT INDEMNIFICATION INSTRUCTIONS AND REQUIREMENTS

An indemnification agreement for a single raise in license limit allows the board to consider the financial strength of an individual or entity in addition to the licensee when deciding whether or not to grant a limit increase for a single project. Indemnification is not required, however, it provides an option to an applicant who may not otherwise qualify for a one-time raise in limit for a single project. 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 for a single raise in limit 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:** You must submit a current financial statement (statement) that meets the following criteria.
 - Financial statements must be for the applying entity. Sole proprietorships and each general partner of a general partnership must submit their personal statement.
 - All statements must be in U.S. dollars.
 - All statements must include full disclosures.
 - Business statements must include a classified balance sheet.
 - Personal statements that have been prepared by a Certified Public Accountant must include a supplemental schedule disclosing working capital and net worth.

For License Monetary Limits of **\$10,000 or less** you 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, 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** you 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 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** you 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 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: you 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 you and your bank and submitted with the application.



NEVADA STATE CONTRACTORS BOARD

9670 GATEWAY DRIVE, SUITE 100, RENO, NEVADA, 89521 (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.state.nv.us

BANK VERIFICATION FORM

Name of Licensee/Applicant: _____

Date: _____

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. If the answer to any item is "none," please indicate same in the appropriate space. 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	Approved Amount	Current Balance	Available Amount	Payments Required	Secured by
					\$ Per	
					\$ Per	
					\$ Per	

7. Additional information that may be of assistance in determination of credit worthiness: (Please include information on loans paid in full.)

8. Affix Bank Stamp or Business Card of Bank Representative

9. Name and Title: _____

10. Date: _____