



Department of Business and Industry

Nevada Division of Insurance

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SELF-INSURED EMPLOYER'S INACTIVE ANNUAL CLAIMS INFORMATION REPORT FOR FISCAL YEAR ENDING: JUNE 30, 2017

DUE SEPTEMBER 30, 2017

SECTION A - EMPLOYER INFORMATION

1. Employer Name _____
2. Certification Dates _____ to _____
3. Employer Contact
Name: _____
Title: _____
Address: _____
Telephone: _____ Email Address: _____
4. Has there been a change in ownership? YES* _____ NO _____
5. Do you anticipate a change in ownership? YES* _____ NO _____
*If YES, please provide details: _____
6. Have there been any changes to your business or subsidiary name(s) in the past year? YES* _____ No _____
*If YES, please provide details: _____
7. What is the amount of your current security deposit?

	Number	Amount
Surety Bond	_____	_____
Time Certificate/CD	_____	_____
Letter of Credit	_____	_____
Other	_____	_____

SECTION B - ADMINISTRATOR INFORMATION

A **Certification of Claims Administration** must be completed by each Administrator with whom the Employer has contracted for claims handling. Each signed original certification must be submitted with this report. The employer must complete a **Certification of Claims Administration** for any portion of the period of self-insurance that is self-administered.

8. List below each of the Administrators currently responsible for the handling of claims. Also list the dates of the injury assigned to that Administrator.

ALL YEARS THAT THE EMPLOYER HAS BEEN CERTIFIED MUST BE REPRESENTED BELOW.

A **Certification of Claims Activity** for each Administrator listed must be submitted with your report.

Administrator	Dates Handled by Administrator
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

SECTION C - SIGNATURES & EMPLOYER CERTIFICATION

Pursuant to NAC 616B.460, each report must be signed by an officer or authorized employee of the self-insured employer. Notarization is not required.

Signed _____
Self-Insured Employer
(Signature Required)

Title Date

PLEASE SUBMIT REPORTS VIA EMAIL TO:

Employers A-L
Shirley Choma
schoma@doi.nv.gov

Employers M-Z
Sherri Abeyta
slabeyta@doi.nv.gov