



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, 2020

DUE SEPTEMBER 30, 2020

### SECTION A - EMPLOYER INFORMATION

1. Employer Name \_\_\_\_\_ Certificate No. \_\_\_\_\_

2. Certification Dates \_\_\_\_\_ to \_\_\_\_\_

3. Employer Contact

Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

4. Has there been a change in control or ownership?

YES\*       NO      *\*If YES, please attach an explanation.*

5. Do you anticipate a change in control or ownership?

YES\*       NO      *\*If YES, please attach an explanation.*

6. Have there been any changes to your business or subsidiary name(s) in the past year?

YES\*       NO      *\*If YES, please attach an explanation.*

7. What is the amount of your current security deposit?

	Financial Institution	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 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 and the dates of injury assigned to that Administrator. A **Certification form** for each listed Administrator listed must be submitted with your report.
- ALL YEARS THAT THE EMPLOYER HAS BEEN CERTIFIED MUST BE REPRESENTED BELOW.***

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

**SECTION C - SIGNATURE & 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.

Signature of Representative of Self-Insured Employer ( <b>Required</b> )	Title
Printed Name of Representative	Date

**PLEASE SUBMIT REPORTS VIA EMAIL TO:**

Employers A-L  
Shirley Choma  
[schoma@doi.nv.gov](mailto:schoma@doi.nv.gov)

Employers M-Z  
Michael Marsala  
[marsalam@doi.nv.gov](mailto:marsalam@doi.nv.gov)