

**2023 ANNUAL CERTIFICATION OF CLAIMS ADMINISTRATION  
FOR NEVADA SELF-INSURED EMPLOYERS (NAC 616B.460)**

1. **Employer Name** \_\_\_\_\_
2. **Administrator Name** \_\_\_\_\_  
 Administrator Address \_\_\_\_\_  
 Administrator Email \_\_\_\_\_
3. This certification is for claims administered with dates of injury between \_\_\_\_\_ and \_\_\_\_\_
4. Attach a loss run compliant with NAC 616B.442 or other form of documentation which lists each of the claims that occurred during the dates reported in this certification.

**CLAIMS ACTIVITY**

5. a. How many claims were filed during the reporting period? \_\_\_\_\_
- b. How many claims were accepted during the reporting period? \_\_\_\_\_  
*\* If a claims status other than open or closed claims is used, please attach a detailed explanation.*
- c. How many accidents during the current reporting period involved five or more employees? \_\_\_\_\_
- d. Did you incur any fatalities during the reporting year? Yes \_\_\_\_\_ No \_\_\_\_\_  
*\* Please attach a copy of the OSHA report for each fatality.*

**REPORTING OF ANNUAL CLAIMS EXPENDITURES**

6. Please provide the total amount of claim expenditures for each of the following periods:  
 7/1/2022 to 6/30/2023 \_\_\_\_\_  
 7/1/2021 to 6/30/2022 \_\_\_\_\_  
 7/1/2020 to 6/30/2021 \_\_\_\_\_ Total \_\_\_\_\_
7. What is the three-year average of expenditures (total divided by three)? \_\_\_\_\_

**REPORTING OF CLOSED CLAIM COSTS**

8. What is the total number of closed claims for the dates reported in this certification? \_\_\_\_\_
9. Please provide total costs for all closed claims for the dates reported in this certification:  
 Medical \_\_\_\_\_  
 Indemnity \_\_\_\_\_  
 Other \_\_\_\_\_ Total \_\_\_\_\_
10. What was the cost of claims administration for the reporting year ending 6/30/2023? \_\_\_\_\_

**REPORTING OF OPEN CLAIM COSTS**

11. How many claims were open as of 6/30/2023? \_\_\_\_\_
12. Please provide the cost of these open claims as follows:  

	Medical	Indemnity	Other	Total
Total incurred losses	_____	_____	_____	_____
Less Paid Losses	_____	_____	_____	_____
Reserve	_____	_____	_____	_____
13. What is the total number of claims expected to be paid from other sources?  
*\*Please attach a list and supporting documentation - see Certification instructions.* \_\_\_\_\_

**ADMINISTRATOR SIGNATURE AND CERTIFICATION**

14. This certification was prepared and verified by:  

Print Name	Title
Signature	Date
Email Address	