

**2020 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. Where are all of the claim files located for the dates reported in this certification?

5. 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.

REPORTING OF ANNUAL CLAIMS EXPENDITURES

6. Please provide the total amount of claim expenditures for each of the following periods:
7/1/2019 to 6/30/2020 _____
7/1/2018 to 6/30/2019 _____
7/1/2017 to 6/30/2018 _____ 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 6/30/2020? _____

REPORTING OF OPEN CLAIM COSTS

11. How many claims were open as of 6/30/2020? _____
12. Please provide the cost of these open claims as follows:

	<u>Medical</u>	<u>Indemnity</u>	<u>Other</u>	<u>Total</u>
Total incurred losses	_____	_____	_____	_____
Less Paid Losses	_____	_____	_____	_____
Reserve	_____	_____	_____	_____

ADMINISTRATOR SIGNATURE AND CERTIFICATION

13. This certification was prepared and verified by:

_____	_____
Print Name	Title
_____	_____
Signature	Date
_____	_____
Email Address	