



Department of Business and Industry

# Nevada Division of Insurance

1818 E. College Pkwy, Suite 103, Carson City, Nevada 89706 **Phone:** (775) 687-0700 **Fax:** (775) 687-0787 **Web:** doi.nv.gov

## INSTRUCTIONS - ANNUAL CLAIMS INFORMATION REPORT – Active Employers

The Annual Claims Information Report is comprised of two sections. The primary form is the Annual Claims Information Report. The second required form is the Annual Certification of Claims Administration. Both parts of the report must be submitted to the Division of Insurance by the self-insured employer by no later than September 30.

The Annual Claims Information Report must be completed by the Employer. Please see instructions below.

The Annual Certification of Claims Administration is completed by the person or company responsible for claims administration. This can be a third-party administrator or it can be the Employer if the program of self-insurance is self-administered. Please see separate instructions for completion of this form.

### SECTION A – EMPLOYER INFORMATION

1. Employer Name – Enter the name of the Employer as it appears on the certificate of authority.
2. Certification Date – Enter the date that you received your certification as a self-insured employer. Enter the number of uninterrupted years since your date of certification.
3. Employer Contact – All fields must be completed.
4. Indicate by YES or NO whether your business has had a change in operations, business structure or ownership in the last year. Explain any YES answers.
5. Indicate by YES or NO if you anticipate a change in your operations, business structure or ownership in the coming year. Explain any YES answers.
6. Indicate in this field whether there has been a change in your business name or the name(s) of any of your subsidiaries. Please review your certificate of authority and addendum and advise the Division if any of the names shown have changed.
7. Indicate the number of business locations that you had in Nevada as of June 30, 2017.
8. Indicate the number of employees you had in Nevada as of June 30, 2017.
9. Please review your security deposit on file with the Division and indicate the type of deposit, the account number and the amount. If additional lines are needed, add a separate sheet.
10. Please provide information regarding your current excess insurance policy, including the insurer, the policy number and the self-insured retention.

**SECTION B – ADMINISTRATOR INFORMATION**

11. A separate Certification of Claims Administration must be completed by each Administrator responsible for handling your claims. A signed report (scanned copy or original) must be submitted to the Division with this report.

List each of the Certifications of Claims Administration that are submitted with this Annual Claims Information Report. All years that the employer has been self-insured must be represented in the fields provided.

**SECTION C – CLAIMS ACTIVITY**

12. Complete all fields regarding claims reported in the reporting year ending June 30, 2017.

**SECTION D – 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.

**REMIT YOUR REPORT**

Your complete report, which includes the Annual Claims Information Report and all Certifications of Claims Administration, should be sent via email to the Division of Insurance as follows:

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

Employers M-Z  
Sherri Abeyta  
[slabeyta@doi.nv.gov](mailto:slabeyta@doi.nv.gov)