



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 – Inactive 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.
2. Certification Dates – Enter the date of certification and the date of de-certification.
3. Employer Contact – All fields must be completed.
4. Indicate by YES or NO if you have experienced a change of ownership or control in the past year. Attach an explanation for any YES answers.
5. Indicate by YES or NO if you anticipate a change in your ownership in the coming year. Attach an explanation for any YES answers.
6. Indicate by YES or NO if there has been a change in your business name or the name(s) of any of your subsidiaries. Attach an explanation for any YES answers.
7. Please review your security deposit on file with the Division and indicate the name of the financial institution, type of deposit, the account number and the amount. Attach additional pages if needed.

SECTION B – ADMINISTRATOR INFORMATION

8. A separate Certification of Claims Administration must be completed by each Administrator responsible for handling your claims. A signed Certification of Claims Administration, signed by the Administrator pursuant to NAC 616B.460, 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 and the corresponding period of claims handled. All years that the employer had been self-insured must be represented in the fields provided.

SECTION C – SIGNATURES & EMPLOYER CERTIFICATION

Pursuant to NAC 616B.460, each Claims Information Report Form 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, all Certifications of Claims Administration, and loss runs, should be sent via email to the Division of Insurance as follows:

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

Employers M-Z
Terri Chambers
tchambers@doi.nv.gov