

**2024 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:

7/1/2023 to 6/30/2024	_____		
7/1/2022 to 6/30/2023	_____		
7/1/2021 to 6/30/2022	_____	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 6/30/2024? _____

REPORTING OF OPEN CLAIM COSTS

11. How many claims were open as of 6/30/2024? _____
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	_____	_____	_____	_____
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 _____	