



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 no later than September 30.

The Annual Claims Information Report must be completed by the Employer. Employers who were authorized to accept new self-insured claims as of 6/30 of this reporting year should submit the Active Employer form. Please see instructions below. A response must be given for each section of the form.

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 the Certification form.

The Division will review the Annual Claims Information Report filing and will send a deposit notification. Deposits should not be changed until notice is received from the Division.

SECTION A – EMPLOYER INFORMATION

1. Employer Name and Certificate Number – Enter the name and certificate number of the Employer as they appear on the certificate of authority.
2. Certification Date – Enter the effective date of certification as it appears on the certificate of authority and the number of uninterrupted years since your date of certification. See NAC 616B.463(4) regarding determination of uninterrupted years.
3. Employer Regulatory Contact – All fields must be completed.
4. Employer Complaints Contact – All fields must be completed, even if the information is the same as the Employer Regulatory Contact.
5. Indicate by YES or NO whether your business has had a change in operations, control, business structure or ownership in the last year. Attach an explanation for any YES answers.
6. Indicate by YES or NO if you anticipate a change in your operations, control, business structure or ownership in the coming year. Attach an explanation for any YES answers.
7. Indicate by YES or NO whether there has been a change in your business name or the name(s) of any of your subsidiaries. Visit [Employer List Lookup](#) to view your subsidiary names as shown on the addendum. Attach an explanation advising the Division if any of the names shown have changed.
8. Indicate the number of business locations that you had in Nevada as of June 30. Attach a list of locations with addresses. A location for each subsidiary name on the addendum should be included.
9. Indicate the number of employees you had in Nevada as of June 30.

10. 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. If additional lines are needed, attach a separate page.
11. Provide information regarding your excess insurance policy as of 6/30 of this year, including the insurer, the policy number and the self-insured retention.

SECTION B – ADMINISTRATOR INFORMATION

12. A separate Certification of Claims Administration, signed by the Administrator pursuant to NAC 616B.460, must be completed by each Administrator responsible for handling your claims and 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 dates of loss for claims handled and reported on the Certification.

All years that the employer has been self-insured, including periods of assumed claims, must be represented in the fields provided. If the employer self-administers and reports a period of claims, the employer and corresponding loss dates should be listed.

Do not list prior Administrators who do not have your claims records and who no longer administer your claims.

SECTION C – LOCATIONS OF CLAIMS RECORDS

13. Complete all fields regarding the location(s) of all open and closed claims records, identifying records as paper and/or electronic format. The responsible party may be the employer, the current Administrator, or a prior Administrator who is able to provide claims records. If additional lines are needed, attach a separate page.

All years that the employer has been self-insured, including periods of assumed claims, must be represented in the fields provided. It is understood there may be some overlap of formats of records. An explanation must be attached for any periods of claims for which records cannot be provided. If all supporting documents are not available in the electronic record for the period of claims, provide an explanation.

Do not list prior Administrators who cannot provide your claims records and who no longer administer your claims.

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. Electronic or scanned handwritten signatures are acceptable; typed names are not signatures. Notarization is not required.

REMIT YOUR REPORT

Your complete report, which includes the Annual Claims Information Report with supporting attachments, Certifications of Claims Administration, and loss runs, should be sent via email to the Division of Insurance to

SIEmail@doi.nv.gov.