



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. 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 the Certification form.

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 date that you received your certification as it appears on the certificate of authority and 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, control, business structure or ownership in the last year. Attach an explanation for any YES answers.
5. 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.
6. 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 <https://di.nv.gov/sdc/EmployerList.pdf> to view your subsidiary names as shown on the addendum. Attach an explanation advising the Division if any of the names shown have changed, if necessary.
7. Indicate the number of business locations that you had in Nevada as of June 30. Attach a list of locations. A location for each subsidiary name on the addendum should be included.
8. Indicate the number of employees you had in Nevada as of June 30.
9. 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. If additional lines are needed, attach 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 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 has been self-insured must be represented in the fields provided. Do not include prior Administrators who do not have your claims records.

SECTION C – CLAIMS ACTIVITY

12. Complete all fields regarding claims reported in the reporting year ending June 30. If a claims status other than open or closed, such as pending, is used, please attach a detailed explanation, identifying any claims that do not have the status of open or closed.

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, 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
Michael Marsala
marsalam@doi.nv.gov