**CURRENT IN-STATE NEVADA CLAIMS OFFICE(S)/TPAs**

This information will be used on our online Coverage Verification Service

Insurer Name:       Certificate of Authority #       Date:

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| Name of Administrator:       | Effective Date:       |
| Address:       |
| City:       | State:    | Zip:       |
| Contact Person:       |
| Telephone #:       | C-4/Claims Fax #:       |
| Email Address:       |

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| Name of Administrator:       | Effective Date:       |
| Address:       |
| City:       | State:    | Zip:       |
| Contact Person:       |
| Telephone #:       | C-4/Claims Fax #:       |
| Email Address:       |

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| Email Address:       |

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