**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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| --- | --- | --- | --- | --- |
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| Address: | | | | |
| City: | | State: | | Zip: |
| Contact Person: | | | | |
| Telephone #: | C-4/Claims Fax #: | | | |
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| Address: | | | | |
| City: | | State: | | Zip: |
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| Telephone #: | C-4/Claims Fax #: | | | |
| Email Address: | | | | |

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