**State of Nevada**

**Department of Business & Industry**

##### Division of Industrial Relations

**WORKERS’ COMPENSATION SECTION**

FY16 INSURER INFORMATION FORM

(July 1, 2015 through June 30, 2016)

**Workers’ Compensation Insurers (Active and Inactive)**

## ANNUAL DUE DATE: FEBRUARY 28, 2017

(ALSO within 30 days of any changes/updates during the year)

Email: wcsra@business.nv.gov

Mail: State of Nevada

Division of Industrial Relations

# Workers’ Compensation Section

# 1301 North Green Valley Parkway, Suite 200

##### Henderson, NV 89074

#### Attention: Research and Analysis

**Fax:** (702) 990-0364

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| INSURER INFORMATION: |
| Check One: [ ]  Private Carrier [ ]  Self-Insured Employer [ ]  Association of Self-Insured Employers |
| Insurer Name (As listed on NV Certificate of Authority):       |
| Address:        |
| City:       | State:    | Zip:       |
| NV Certificate of Authority No.:       | FEIN:       |
| Date Certified:       | Date Decertified (if applicable):       |
| NCCI Carrier Code (Private Carriers):        | NCCI Group Code (Private Carriers):      |
| Did this carrier write WC business in NV in FY16? | YES [ ]  NO [ ]   |

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| **CURRENT IN-STATE NEVADA CLAIMS OFFICE(S)/TPAs: Attach additional page for multiple TPAs. This information will be used on our online Coverage Verification Service.** |
| Name of Administrator:       | Effective Date:       |
| Address:       |
| City:       | State:    | Zip:       |
| Contact Person:       |
| Telephone #:       | C-4/Claims Fax #:       |
| Email Address:       |

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| PREVIOUS NEVADA CLAIMS OFFICE(S)/TPAs DURING FY16: |
| Previous Administrator(s) | Effective Date(s) | Date(s) Through |
|       |       |       |

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| **LOCATION OF RECORDS OTHER THAN CLAIMS OFFICE(S)/TPAs:**  |
| Location of Records:       |
| Address:        |
| City:       | State:    | Zip:       |
| Contact Person:       | Title:       |
| Telephone:       |
| Email Address:       | Contract Expiration Date:       |

**State of Nevada**

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Division of Industrial Relations

**WORKERS’ COMPENSATION SECTION**

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| **\*CORPORATE/WORKERS’ COMPENSATION REGULATORY CONTACT** **(For issues relating to home office, legal, audit findings and reports, complaints, etc.):** |
| Contact Name:       |
| Title:       | Email Address:       |
| Company Name:       |
| Address:       |
| City:       | State:    | Zip:       |
| Telephone:       | Fax:       |

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| **COVERAGE VERIFICATION/CLAIM REPORTING CONTACT** **(For issues relating to routing claims, employer policy/coverage status, etc.):** |
| Contact Name:       |
| Title:       | Email Address:       |
| Company Name:       |
| Address:       |
| City:       | State:    | Zip:       |
| Telephone      | Fax:       |

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| **PROOF OF COVERAGE/POLICY REPORTING CONTACT (Private Carriers Only)****(For issues relating to policy reporting to NCCI, proof of coverage reporting violations, etc.):** |
| Contact Name:       |
| Title:       | Email Address:       |
| Company Name:       |
| Address:       |
| City:       | State:    | Zip:       |
| Telephone:       | Fax:       |

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| **\*STATE STATUTORY REPORTING CONTACT** **(For issues relating to the FY Activity Report, statistical reporting, data calls, etc.):** |
| Contact Name:       |
| Title:       | Email Address:       |
| Company Name:       |
| Address:       |
| City:       | State:    | Zip:       |
| Telephone:       | Fax:       |

**\*These contacts will be placed on our data call email list.**

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| Name of Individual Completing Form:       |
| Company:       | Title:       |
| Address:       |
| City:       | State:    | Zip:       |
| Telephone:       | Fax:       |
| Email Address:       |
| Signature: | Date:       |