**State of Nevada**

**Department of Business and Industry**

**Division of Industrial Relations**

WORKERS’ COMPENSATION SECTION

FY17 STATEMENT OF INACTIVITY

(JULY 1, 2016 THROUGH JUNE 30, 2017)

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

Submit in lieu of the *FY17 WCS Workers’ Compensation Claims Activity Report*

## DUE DATE: MARCH 30, 2018

Email: [wcsra@business.nv.gov](mailto:wcsra@business.nv.gov)

(Word or .pdf file)

***I certify that there has been no claims activity during Fiscal Year 2017 for the workers' compensation insurer named below.***

|  |
| --- |
| **Insurer Name:** |
| **Nevada Certificate of Authority Number:** |
| **NCCI Carrier Code (Private Carriers):** |
| NCCI Group Code (Private Carriers if applicable): |
| Federal Employer Identification Number (FEIN): |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Completed by:** | | | | |
| **Title:** | | | | |
| INSURER | TPA | | OTHER | |
| **Company:** | | | | |
| **Address:** | | | | |
| **City:** | | **State:** | | **Zip:** |
| **Telephone:** | | **Fax:** | | |
| **Email Address:** | | | | |

|  |  |
| --- | --- |
|  |  |
| **Signature** | Date |