

STATE OF NEVADA
Department of Business and Industry
Division of Industrial Relations

Instructions for Summary of Insurer Earned Premiums and Claims Expenditure Form

(*) Numbers relate to the instruction number on the Summary of Insurer Earned Premiums Form.

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|-----------------------------------|---|-----------|---|
| 1. INSURER: | This is the name of the Private Insurer the report is being filed for. A report for each entity listed on the Certificate of Insurance is not required. If a report is submitted for each subsidiary, clearly indicate the name of each subsidiary and submit a combined report, which includes all entities on the certificate. | | |
| 2. NON-MINING: | These are <u>workers' compensation earned premiums which is before the deductible premium is subtracted for the period requested</u> as allowed by NAC 616B.707 for industries which do not have mining activities, such as gaming, retail sales, manufacturing, etc. | | |
| 3. MINING: | These are <u>workers' compensation earned premiums which is before the deductible premium is subtracted for the period requested</u> as allowed by NAC 616B.707 which are related to the mining industry, such as surface or underground mining activity. | | |
| 4. TOTAL: | Item 2 + Item 3. | | |
| 5. NON-MINING: | These are <u>workers' compensation claims expenditures for the period requested</u> as allowed by NAC 616B.707 for industries which do not have mining activities, such as gaming, retail sales, manufacturing, etc. | | |
| 6. MINING: | These are <u>workers' compensation claims expenditures for the period requested</u> as allowed by NAC 616B.707 which are related to the mining industry, such as surface or underground mining activity. | | |
| 7. TOTAL: | Item 5 + Item 6. | | |
| 8. ENTITIES: | <table border="0" style="width: 100%;"><tr><td style="width: 150px; vertical-align: top;">YES
NO</td><td>The report includes all of the entities on the Certificate of Insurance.
The report does not include all entities on the Certificate of Insurance.</td></tr></table> | YES
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The report does not include all entities on the Certificate of Insurance. | | |
| 9. INSURER FEDERAL TAX ID NUMBER: | This is used to issue refunds (where applicable) to the Self Insured Employer, Association, Private Insurer or Ex-Med. Do not include tax identification numbers for subsidiary accounts. | | |