

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.

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 **workers' compensation earned premiums which is before the deductible premium is subtracted for the period requested** 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 **workers' compensation earned premiums which is before the deductible premium is subtracted for the period requested** 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 **workers' compensation claims expenditures for the period requested** 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 **workers' compensation claims expenditures for the period requested** 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: YES The report includes all of the entities on the Certificate of Insurance.
 NO 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.