

State of Nevada
Department of Business and Industry
Division of Industrial Relations
WORKERS' COMPENSATION SECTION

FY24 STATEMENT OF INACTIVITY

Submit in lieu of the *FY24 WCS Workers' Compensation Claims Activity Report*
(JULY 1, 2023 THROUGH JUNE 30, 2024)

Workers' Compensation Insurers (Active and Inactive)

- Private Carriers Licensed for Workers' Compensation in Nevada (writing and non-writing)
- Self-Insured Employer (current and inactive Certificates of Authority)
- Associations of Self-Insured Employers (current and inactive Certificates of Authority)

DUE DATE: SEPTEMBER 2, 2024

Email: wcsra@dir.nv.gov
(Word or .pdf file)

*I certify that there was no claims activity during Fiscal Year 2024
for the workers' compensation insurer named below.*

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

Completed by:
Title:
INSURER <input type="checkbox"/> TPA <input type="checkbox"/> OTHER <input type="checkbox"/>
Company:
Address:
City: State: Zip:
Telephone: Fax:
Email Address:

Signature

Date