**State of Nevada**

**Department of Business and Industry**

**Division of Industrial Relations**

WORKERS’ COMPENSATION SECTION

FY25 STATEMENT OF INACTIVITY

Submit in lieu of the *FY25 WCS Workers’ Compensation Claims Activity Report*

(JULY 1, 2024 THROUGH JUNE 30, 2025)

### 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 1, 2025

DO NOT SUBMIT TO WCS

***I certify that there was no claims activity during Fiscal Year 2025***

***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 | TPA | | OTHER | |
| **Company:** | | | | |
| **Address:** | | | | |
| **City:** | | **State:** | | **Zip:** |
| **Telephone:** | | **Fax:** | | |
| **Email Address:** | | | | |

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