

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

**Summary of Claims Expenditures**  
**Workers' Compensation Claims**  
**Expenditures**  
**July 01, 2024 through December 31, 2024**

- (1) \*Employer: \_\_\_\_\_
- (2) Has this employer been decertified?  
 YES                       NO

**Claims Expenditure Information:**

(Please round all amounts to the nearest dollar)	Non-Mining:	Mining:	Total:
	(3)	(4)	(5)
July 01, 2024 through December 31, 2024 <b>(For injuries on or after 7/1/99)</b>	\$ _____	\$ _____	\$ _____

- (6) Does this report include all entities covered under the Certificate of Authority for the employer listed above?  
 YES                       NO
- (7) Employer's Federal Tax I.D. Number: \_\_\_\_\_
- (8) Nevada Certificate of Authority Number: \_\_\_\_\_

Please complete and return this form  
No later than February 28, 2025:

**Division of Industrial Relations**  
**1830 College Pkwy, Suite 100**  
**Carson City, NV 89706**  
**Attn: WCS Safety Assessment**

Or at e-mail address  
[WCAssessment@business.nv.gov](mailto:WCAssessment@business.nv.gov)

Compiled and approved on behalf of the above  
Employer by:

\_\_\_\_\_  
Insurer or Third-Party Administrator

\_\_\_\_\_  
Signature                      Date

\_\_\_\_\_  
Name (Please type or print)      Phone #

\_\_\_\_\_  
Address (For questions regarding this summary)

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Email (For questions regarding this summary)