

STATE OF NEVADA
Department of Business and Industry
Division of Industrial Relations
Summary of Claims Expenditures
Workers' Compensation Claims
Expenditures January 01, 2024 through June
30, 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)
January 01, 2024 through June 30, 2024 (For injuries on or after 7/1/99)	\$ _____	\$ _____	\$ _____

(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 **August 30th, 2024** to:

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

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)