



Central Services and Records Division
Processing Center
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Carson City, NV 89711
(775) 684-4491
Email: DMVSelfInsurance@dmv.nv.gov

SELF-INSURANCE LOSS EXPERIENCE RECORD
(NAC 485.060 and NAC 485.110)

Self-Insurance Applicant _____

Assigned Certificate Number _____
(If new applicant, please leave this space blank.)

In accordance with NAC 485.110, "the self-insurer shall annually submit a report on a form provided by the Department indicating the number of accidents, the number of claims submitted to be paid by the self-insurer, the amount of each claim, the amount paid to a claimant if the claim has been adjudicated and the adjusting companies which have settled claims on behalf of the self-insurer."

The self-insurer must provide records of annual costs of claims during the immediately preceding 3-year period; complete a SEPARATE FORM FOR EACH YEAR. Additionally, complete records, including detailed information for each claim, must be attached for each year.

REPORTING YEAR: Beginning Date: Ending Date:
What was the TOTAL NUMBER OF ACCIDENTS for this reporting year?
What was the TOTAL NUMBER OF CLAIMS submitted to be paid by the self-insurer for this reporting year?
What was the TOTAL DOLLAR AMOUNT OF ALL CLAIMS for this reporting year? \$
What was the TOTAL DOLLAR AMOUNT PAID TO CLAIMANT(S) for this reporting year? \$
Table with 5 columns: Claims Submitted to be Paid, Amount of Each Claim, Has This Claim Been Adjudicated?, Amount Paid to Claimant, Name of Adjusting Company

(Use an additional sheets if needed.)

Yes No* Were all claims settled by the above-named self-insurer?
*If the above-named self-insurer did not settle all claims, complete the Adjusting Company Affidavit (Form SI-04).

NOTE: TO BE SIGNED ONLY BY INDIVIDUAL, SOLE PROPRIETOR, PARTNER, OR OFFICER OF THE CORPORATION.

I hereby certify all statements made in this report are true and correct. I fully understand false statements are cause for cancellation of the Certificate of Self-Insurance. I understand that this report must be filed annually no earlier than 60 days before and no later than 15 days before the date of expiration of the Certificate of Self-Insurance.

Printed Name _____ Title _____

Signature _____ Date Signed _____

NOTARIZATION: Date Notarized _____

State of _____, County of _____

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this individual. The statements on this document are subscribed and sworn to before me by the endorsee on this

[Seal]

_____ day of _____, _____.

Notary Public Signature: _____

My Commission Expires: _____