Central Services and Records Division
Processing Center
555 Wright Way
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?	**$**
What was the TOTAL DOLLAR AMOUNT PAID TO CLAIMANT(S) for this reporting year?	**$**

Claims Submitted to be Paid	Amount of Each Claim	Has This Claim Been Adjudicated?	Amount Paid to Claimant	Name of Adjusting Company
1.	$		$	
2.	$		$	
3.	$		$	
4.	$		$	
5.	$		$	
6.	$		$	

(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

________ day of ______________, __________.

[Seal]

Notary Public Signature: ______________________

My Commission Expires: ______________________

SI03 (Revised 08/2007)