



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

## AFFIDAVIT

### SELF-INSURER'S USE OF ADJUSTING COMPANY TO SETTLE CLAIMS

Self-Insurance Applicant or Certificate Holder \_\_\_\_\_

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

In accordance with NAC 485.110, "A self-insurer may settle its own claims or use the services of an adjusting company licensed in accordance with chapter 684A of NRS to settle claims on its behalf. If the self-insurer uses an adjusting company to settle claims, an affidavit must be included with the reports submitted pursuant to subsection 1 which lists all companies that settled claims during the reporting period."

I, the undersigned, being duly sworn, depose and state that the following adjusting company/companies settled claims on behalf of the above-listed self-insurance applicant or self-insurance certificate holder during the reporting period beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.\*

**\*NOTE:**  
 If more than one adjusting company settled claims within the 3-year reporting period, a separate and complete affidavit must be submitted for each year.

ADJUSTING COMPANY/COMPANIES USED TO SETTLE CLAIMS DURING THE REPORTING PERIOD			DATES CLAIMS SETTLED DURING REPORTING PERIOD	
Adjusting Company's Name	Adjusting Company's Address	Adjusting Company's Telephone Number	Beginning Date	Ending Date

**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 affidavit 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 \_\_\_\_\_

**NOTARIZATION:**

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: \_\_\_\_\_