Central Services
Vehicle Programs
555 Wright Way
Carson City, NV 89711
Reno/Carson City (775) 684-4DMV (4368)
Las Vegas (702) 486-4DMV (4368)
Email: DMVSelfInsurance@dmv.nv.gov

SELF-INSURANCE LOSS EXPERIENCE RECORD
NRS 485.110 & NAC 485.060

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 sheet 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:

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 _____, 20_____

Notary Public Signature: _____

My Commission Expires: _____ Notary Seal