



Central Services
Vehicle Programs
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SELF-INSURER'S USE OF ADJUSTING COMPANY TO SETTLE CLAIMS AFFIDAVIT NAC 485.110 & NRS 684A

Self-Insurance Applicant _____

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 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