

NCCI WCIP STATE INSTRUCTIONS

Use the state chart below along with the ACORD® Forms Instruction Guide for completing the ACORD® 133 Workers Compensation Insurance Plan Assigned Risk section and ACORD® 130 Workers Compensation Application. For questions relating to the Plan, please refer to Rule 4 of NCCI's **Basic Manual for Workers Compensation and Employers Liability Insurance**, NCCI's **Basic Manual User's Guide** (National pages), and NCCI's **Assigned Risk Supplement**, or contact NCCI's Customer Service Center at 800-NCCI-123 (800-622-4123).

NEVADA				
Estimated Annual Premium	Premium Installment Basis	Minimum Deposit %	Additional Payments During Year	Number of Refusers: Two—one must be the current carrier, if applicable.
Under \$1,000	Annual	100%	None	Effective Date: The later of the following options: <ul style="list-style-type: none"> 12:01 a.m. on the date following receipt by the Plan Administrator of a complete and eligible application The date of expiration of existing coverage A date the applicant requests If an eligible application and check are sent via US mail, coverage will be bound at 12:01 a.m. on the day following the postmark on the envelope or the expiration of existing coverage. For effective date determination, a private postage meter mark will not be accepted, and only a US Postal Service postmark affixed to the envelope will be accepted by the Plan Administrator as a valid postmark.
At least \$1,000	Semiannual	65%	One	
At least \$5,000	Quarterly	40%	Three	
At least \$10,000	Monthly	20%	Nine	
Additional premium installments must be made in equal amounts, the sum of which, when added to the deposit premium, must equal 100% of the estimated annual premium. Estimated annual premium and the premium installment schedule are subject to adjustment at preliminary, interim, and/or final audit(s) or when an endorsement is issued. At policy inception, the employer may request a higher minimum deposit percentage, but may not select a deposit percentage lower than the otherwise applicable minimum in the deposit premium and premium installment table.				
The deposit and premium installment table is followed by all assigned carriers. However, the assigned carrier, based on sound underwriting practices, may make appropriate changes to the governing state's premium installment basis that the employer selected. The assigned carrier must provide the reason(s) for such change(s) to the employer and will appropriately document the file.				
Minimum Premium Policies The deposit premium for a minimum premium policy is 100% of the estimated annual premium. Minimum premium policies must be paid in full and are not eligible for premium installments.				
Short-Term Policies The deposit premium for short-term policies with a duration of six months or less is 100% of the estimated premium. The estimated premium is based on the estimated payroll for the policy period, unless otherwise approved by the Plan Administrator.				
For any dispute concerning the change of an employer's payment basis, refer to Basic Manual Rule 4-A-10.				
Application Submission Options: <ul style="list-style-type: none"> Online—Applications may be submitted via NCCI's website at ncci.com. To enroll for access to this free service, contact NCCI's Customer Service Center at 800-NCCI-123 or at customer_service@ncci.com. Telephone—Applications may be submitted by contacting NCCI's Customer Service Center at 800-NCCI-123. Mail—Applications may be submitted via the US Postal Service or private overnight delivery service to the address provided below. Note: Under Nevada law, an out-of-state agent/producer is required to have a Nevada resident or nonresident license. Additionally, a producer acting on behalf of an agency must have a Nevada license, and the agency must have a Nevada license. A servicing carrier may only write a policy through a licensed producer. An employer may not submit an application to NCCI for primary coverage.				
Voluntary Coverage Assistance Program (VCAP® Service): NCCI's VCAP® Service applies to all employers seeking coverage through the residual market in which NCCI is the Plan Administrator, and is offered through NCCI's Residual Market Application Processing System (RMAPS® Online Application Service). Through this free, Internet-based application, voluntary coverage providers have the opportunity to evaluate potential employers that submit applications through the residual market. All assigned risk applications (electronic, phone-in, or mail-in) submitted to NCCI as Plan Administrator are processed through VCAP® Service to determine if they match the preselected criteria specified by a participating voluntary coverage provider. Refer to NCCI's Basic Manual Rule 4-D—Voluntary Coverage Assistance Program (VCAP® Service) for the applicable rules.				
Loss Sensitive Rating Plan: The Loss Sensitive Rating Plan (LSRP) is a mandatory assigned risk retrospective rating plan for those employers that have a workers compensation and employers liability insurance policy(ies) with an LSRP standard premium that equals or exceeds \$250,000 (effective 1/1/12). In addition to the WCIP initial or deposit premium, employers qualifying for the LSRP are required to submit an LSRP contingency deposit to the assigned carrier. The LSRP contingency deposit premium is calculated by multiplying the LSRP standard premium by 20%. Subject to certain conditions, the LSRP contingency deposit may be paid by Automated Clearing House/Electronic Funds Transfer (ACH/EFT), credit card, personal or business check, or an Irrevocable Letter of Credit (ILOC). Refer to NCCI's Basic Manual Rule 4-C—Loss Sensitive Rating Plan (LSRP) for the applicable rules.				
Guide to Premium Calculation (for detailed information, refer to Nevada State Special Rules in NCCI's Basic Manual): <ul style="list-style-type: none"> Experience modification, if applicable Deductible insurance, if applicable Assigned Risk Adjustment Program (ARAP) factor, if applicable, applies to modified premium with a maximum surcharge of 1.25 (effective 1/1/04) 				

Election/Rejection Under State Law:

Sole proprietors and partners are not automatically covered under the Act, but may elect coverage by filing the applicable form with the carrier and the Administrator of the Division of Industrial Relations—Workers Compensation Section. The form is available from the Division of Industrial Relations. Attach to the application a copy of the form. Payroll must be included for any sole proprietor or partners electing coverage.

Uncompensated corporate officers/members of limited liability companies are automatically covered, but may elect to reject coverage for themselves by filing written notice thereof with the corporation/limited liability company and the carrier. Attach to the application a copy of the written notice to reject coverage. Payroll must be excluded for any uncompensated corporate officers or members of limited liability companies rejecting coverage.

Uncompensated officers of nonprofit corporations are automatically covered, but the nonprofit corporation may elect to reject coverage for its current and all future uncompensated officers by filing written notice thereof with the corporation and the insurer. Attach to the application a copy of the written notice to reject coverage. Payroll must be excluded for any uncompensated corporate officers rejecting coverage.

Compensated corporate officers/members of limited liability companies who are owners are automatically covered, but may elect to reject coverage for themselves by filing written notice thereof with the carrier. Attach to the application a copy of the written notice to reject coverage. Payroll must be excluded for any compensated corporate officers or members of limited liability companies who are owners rejecting coverage.

Compensated corporate officers/members of limited liability companies who are not owners are automatically covered under the Act and may not be excluded from coverage. Payroll must be included for any compensated corporate officers or members of limited liability companies who are not owners.

Note: Members of limited liability companies are treated as corporate officers for premium determination purposes in Nevada.

Failure to file the appropriate notices/forms for election or rejection of coverage in accordance with state laws may result in additional premium being charged and collected by the Plan Administrator or the assigned carrier.

Volunteers

The following volunteers are automatically covered under the Act:

- Firefighters
- Paid firefighter performing voluntary off-duty services as firefighter
- Nevada Highway Patrol officers
- Police
- Sheriff
- Volunteers to enforce certain laws concerning parking for persons who are handicapped
- “Volunteer category 1 peace officer”—peace officers for detection and investigation of and response to cases of sexual abuse or sexual exploitation of children
- A member of a nonprofit service organization or club, while engaged in rendering volunteer ambulance service
- Persons who, under a written agreement between a public agency and a private organization, perform volunteer work for a private organization as part of a public program and who are not specifically covered by any other provisions of the Act
- Volunteer workers at facilities for inpatients of Division of Mental Health and Developmental Services of Department of Health and Human Services
- Junior traffic patrols (i.e., child volunteering as a school crossing guard)
- Voluntary members of county advisory boards to manage wildlife
- Voluntary members of state, county and local departments, boards, commissions, agencies or bureaus, whether elected or appointed

The following volunteers are not automatically covered under the Act, but the employer may elect coverage:

- Voluntary ski patrolman (elect coverage by filing the applicable form with the Administrator of the Division of Industrial Relations—Workers Compensation Section and the carrier)
- Volunteer work in any formal program that is being conducted:
 1. Within a state or local public organization; or
 2. By a federally assisted organization; or
 3. By a private, incorporated, nonprofit organization that provides services to the general community—and when the volunteers are not specifically covered by any other provisions of the Act.

Note: The above-listed volunteers (1–3) are covered when the organization approves coverage and complies with the provisions of those chapters and regulations adopted pursuant to them. An Election of Coverage Form is not required.

Refer to the Division of Industrial Relations at <http://dir.nv.gov/WCS/home/> for the most current rules, regulations, and forms.

Note: This information applies only to Nevada law. If additional states are to be covered, additional action may be necessary under applicable state law.

Employee Leasing:

IMPORTANT: Before completing Professional Employer Organization (PEO)/Employee Leasing Arrangement applications, refer to the Nevada state rule exceptions in NCCI’s *Basic Manual* Rule 3-D—Employee Leasing Arrangements for the applicable rules. Obtain forms from NCCI.

In accordance with Nevada Revised Statutes (NRS), a client company may obtain its own policy which covers all employees of the client company, including leased employees. The policy may name the employee leasing company as an additional insured.

Assigned Risk Submissions:

Coverage obtained by a PEO for its leased workers under the state’s WCIP must be written on an MCP basis with the following requirements:

- The client’s policy covering its leased workers will be issued in the name and FEIN of the client in accordance with this rule and all other rules governing the issuance of a standard policy for assigned risk business
 - Direct workers of a client will not be included on the client’s policy for its leased workers
- The PEO’s policy covering its direct workers will be issued in the name and FEIN of the PEO in accordance with NCCI’s *Basic Manual* Rule 3-D and all other rules governing the issuance of a standard policy for assigned risk business under the WCIP
- If the PEO has direct employees covered under a voluntary market policy, or if the PEO has no direct workers in the state where its clients’ coverage is being obtained, the PEO’s policy will be issued with premium based on the use of Code 8810—Clerical Office Employees NOC on an “if any” basis

**Submit Application via
Regular Mail to:**

NCCI
Attn: Treasury Department
PO Box 3045
Boca Raton, FL 33431

Send Correspondence to:

NCCI Customer Service Center
901 Peninsula Corporate Circle
Boca Raton, FL 33487-1362
Phone: 800-622-4123
Fax: 561-893-1191

**Submit Application via
Overnight Delivery to:**

NCCI
Attn: Treasury Department
901 Peninsula Corporate Circle
Boca Raton, FL 33487-1362