

**WORKERS COMPENSATION EXPERIENCE RATING FOR CLIENT COMPANIES OF
EMPLOYEE LEASING ARRANGEMENTS**

**NV-361 Form
(Nevada Only)**

(Ed. 2018)

Provide the date of submission in Item 1 along with indication if this form is an Original (O) or Replacement (R) of a previously submitted form. Provide the name and Risk ID of the Employee Leasing Company in Item 2. Provide the name, address, and FEIN Number of the client company in Item 3.

Item 1—Submission Date: _____ Original/Replacement: _____

Item 2—Employee Leasing Company Risk Name: _____

Employee Leasing Company Risk ID: _____

Item 3—Client Risk Name: _____ Client Risk ID: _____

Client Address: _____

Client City/State: _____ Client FEIN #: _____

Item 4—Policy Information:

FOR THE PERIOD DURING WHICH THE CLIENT COMPANY'S REPORTED DATA WAS DEVELOPED:

Information for the policy written for the Employee Leasing Company named in Item 2.

1. Client Company Effective Date: _____

2. Client Company Expiration Date: _____

3. Policy Number: _____

4. Carrier Code: _____

5. Carrier Name: _____

6. Exposure State: _____

7. Master Policy Effective Date: _____

| Exposure | | | |
|-------------------|----------------|-------------|----------------|
| (1) Class Code | (2) Payroll | (3) Rate | (4) Premium |
| | | | |
| | | | |
| | | | |

| Loss | | |
|---------------------|----------------------|-------------------------|
| (5) Claim Number | (6) Accident Date | (7) Claim Class Code |
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