

SELF-INSURANCE CERTIFICATE APPLICATION

MV3069 2/2009

Wisconsin Department of Transportation
 Uninsured Motorist Unit
 PO Box 7983
 Madison, WI 53707-7983

Date Application Received

The undersigned applicant, owner of more than 25 motor vehicles registered in the State of Wisconsin, makes application for a certificate of self insurance under s.344.16 Wis. Stats. The purpose of this application is to enable the Wisconsin Department of Transportation to determine whether the applicant has and will continue to have the financial ability to pay judgments arising out of motor vehicle accidents as provided in the Wisconsin Safety Responsibility Act, Ch. 344 Wis. Stats. and the Wisconsin Administrative Code, Ch. Trans. 100. Any self-insurance certificate issued will be valid for a one-year period and is valid only as specified in s.344.14(2) and s.344.30(4) Wis. Stats. It is specifically not valid for the requirements of s.344.51 and s.344.52 Wis. Stats.

Applicant Name	Nature of Business
Address - Principal Office	

YES NO

1. Are you now operating as a self-insurer? If so, how long?
2. Do you have a claims department for investigating and adjusting claims? If not, how are claims investigated and adjusted?
3. Have you set up a reserve fund for accident claims? If so:
a) Under what caption does it appear on your financial statement?
b) What basis is used for determining reserve requirements?
If not, how do you determine your outstanding liability?

4. Give the following information concerning all motor vehicle accidents in which your vehicles were involved during the past three years.

	Accident Year	Accident Year	Accident Year
A. Number of Accidents			
Personal Injury			
Property Damage			
Total Number of Accidents			
B. Number of Claims			
Personal Injury			
Settled by Payment			
Settled Without Payment			
Open and Pending			
Total			
Property Damage			
Settled by Payment			
Settled Without Payment			
Open and Pending			
Total			
Number of accidents for which no claims were made			

	Accident Year	Accident Year	Accident Year
C. Payments on Claims			
Personal Injury			
Property Damage			
Total			
D. Reserves for Pending Claims			
Personal Injury			
Property Damage			
Total			

YES NO

5. Are any automobile liability judgments open and unsatisfied? If so, how many? What is the total amount involved?
Are any other judgments open and unsatisfied? If so, how many? What is the total amount involved?
6. Is your company a self-insurer under any other phase of your business? If so, give specifics.

Self-Insurance Verification

All motor vehicles registered to self-insured certificate holders are covered under the self-insurance certificate when the vehicle is involved in an accident. When a report of an accident involving a self-insured vehicle is received, the Wisconsin Department of Transportation may mail an insurance verification notice to the self-insured owner. The Department will assume that the operator of the vehicle is also covered under the certificate unless the self-insured notifies the Department otherwise within 30 days of the mailing of the insurance notice to the self-insured.

Address to which the self-insurance verification notice should be mailed

ATTACH CURRENT FINANCIAL STATEMENT

Submitted By	Individual Partnership Corporation
Principal Office(s) Location(s)	
Business Area Code - Telephone Number	

This application for self-insurance covers the vehicles listed below and/or on attached riders and such additional new or used vehicles purchased or traded in the interim.

Year of Manufacture	Vehicle Make	Vehicle Type	Vehicle Model	Vehicle Identification Number	Vehicle License Number

Give the following additional information:

A. Financial Institutions in which company has accounts

Name	Address
Name	Address
Name	Address

B. Amount of Insurance on the following

Inventories	Plants
-------------	--------

C. Attach statement of Profit and Loss to date of Balance Sheet.

D. Date incorporated or established _____

E. Are any assets pledged to secure notes, loans, or mortgages payable? Yes No If yes, list below.

F. If you have any Notes or Accounts Receivable or Payable from or to officers or stockholders, give details concerning method and terms of payment.

G. List names of officers or partners of company.

(Officer/Partner Signature)

(Print Name)

(Print Title)

(Officer/Partner Signature)

(Print Name)

(Print Title)

State of _____)
_____ County) ss.

Subscribed and sworn to before me this date: _____

(Signature, Notary Public, State Named Above)

(Print or Type Name, Notary Public, State Named Above)

(Date Commission Expires)

FOR DIVISION USE ONLY

Financial ability approved and Certificate SI no. _____ issued this date: _____

(Division of Motor Vehicles Administrator Representative)