



APPLICATION FOR CERTIFICATE OF SELF-INSURANCE

For Department Use Only
Bureau of Motor Vehicles • 1101 South Front Street • Harrisburg, PA 17104

- Initial Application for Certificate of Self-Insurance
 Renewal of Certificate of Self-Insurance

_____ Date Application is Received

The undersigned (herein referred to as the applicant) hereby makes application for privilege of becoming a self-insurer, as described in the Motor Vehicle Financial Responsibility Law. In connection with such application, the applicant makes the following declarations for the purpose of enabling the Secretary of Transportation to make a finding of facts as to whether the applicant possesses sufficient financial ability to render certain the payments of Automobile Liability Judgments.

Applicant hereby agrees that if this application be approved, such approval shall be subject to the applicant making and maintaining with the Secretary of Transportation such deposits as the Secretary may require.

Self-Insurance Administrator	Business Telephone Number
Name of Applicant	Nature of Business
Address (Principal Office)	

1. Are you now operating as a self-insurer? Yes No If yes, how long? _____
 What is the certificate number under which you now operate as a self-insurer? _____

2. Indicate coverage for which you wish to self-insure:

- Property damage only
- Public liability and property damage
- Public liability only
- 1st party medical & funeral benefits

3. If you desire to change the coverage for which you now self-insure, indicate change desired. _____

4. Do you have a claim department for investigating and adjusting claims? Yes No If no, how are claims investigated and adjusted?

5. Have you set up a reserve fund for accident claims? Yes No If yes, (A) under what caption does it appear on your financial statement? _____

And (B) what basis is used for determining reserve requirements? _____

If no, how do you determine your outstanding liability? _____

6. Give the following information concerning accidents in which your vehicles were involved during the past four years.

A. Number of Accidents:

Year	Personal Injury	Property Damage	Total Accidents
20__			
20__			
20__			
20__			
Totals			

B. Number of Claims:

Personal Injury

Year	Settled by Payment	Settled Without Payment	Open and Pending	Total Claims
20__				
20__				
20__				
20__				
Total				

Property Damage

Year	Settled by Payment	Settled Without Payment	Open and Pending	Total Claims
20__				
20__				
20__				
20__				
Total				

Number of Accidents For Which No Claims Were Made

Year	20__	20__	20__	20__	Total
Accidents					

C. Payments on Claims:

	20__	20__	20__	20__	Total
Personal Injury					
Property Damage					
Total					

D. Reserves For Pending Claims:

	20__	20__	20__	20__	Total
Personal Injury					
Property Damage					
Total					

7. Are any automobile liability judgements open and unsatisfied? Yes No If yes, how many? _____

Total amount involved? _____ Are any other judgments open and unsatisfied? Yes No If yes, how many? _____

Total amount involved? _____

8. Is your company a self-insurer under any other phase of your business? Yes No If yes, give details.

9. Provide the number of motor vehicles owned by the applicant (in Pennsylvania). _____

10. Indicate the amount of self-insurance (before excess insurance applies). _____

11. Give the Following Additional Information:

A. Name and addresses of banks in which company has accounts:

B. Insurance on: Inventories: _____
Plants: _____

C. Attach statement of profit and loss to date of balance sheet.

D. When incorporated or established: _____

E. List all contingent liabilities.

F. Are any assets pledged to secure notes, loans or mortgages payable? Yes No If yes, give details.

G. If you have any notes or accounts receivable or payable from or to officers or stockholders, give details concerning method and terms of payment.

H. List names of officers or partners of the company:

12. Complete the Balance Sheet providing profit and loss to date.

Confidential report made to the Secretary of Transportation for the purpose of showing our financial ability to pay motor vehicle liability judgments.

On _____ Day of _____, 20____

Name _____ Address _____

Assets	Liabilities
Cash on hand and on deposit _____	Notes payable (Due within 1 year)
Notes receivable (Net) (Notes receivable discounted \$) _____	For merchandise _____
Accounts receivable _____	For money borrowed _____
Less doubtful accts _____	Other (Describe) _____
Inventories _____	_____
_____	Accounts payable _____
_____	Other current liabilities _____
_____	_____
Other current assets (Describe) _____	_____
_____	Fixed Liabilities
_____	Notes payable (Due after 1 year) _____
Investments (Describe fully) _____	Mortgages payable _____
_____	Other (Describe) _____
_____	_____
_____	_____
Sinking and other funds (Describe) _____	Reserve for
_____	Depreciation on building _____
_____	Depreciation on delivery equipment _____
_____	Depreciation on other equipment _____
Fixed assets (Gross) _____	Accident claims _____
_____	Net Worth
_____	If a Corporation
_____	Capital stock issued & outstanding _____
Deferred charges _____	Surplus:
_____	Earned _____
_____	Capital _____
_____	Paid-in _____
_____	Surplus reserves _____
_____	_____
_____	_____
_____	If an individual or partnership
_____	Capital _____
_____	Undivided profits _____
_____	_____
Total Assets _____	Total Liabilities and Capital _____

(Balance sheet may be submitted on any other form that gives substantially similar information as above)

13. "We shall discharge all duties in accordance with the motor vehicle financial responsibility law."

Signature of Self-Insurance Administrator

Name Title

Name Title

Proper corporate execution requires the signature of the Self-Insurance Administrator, a President or Vice-President, and the Secretary or Treasurer.

14. NOTARIZATION. THIS APPLICATION CANNOT BE PROCESSED WITHOUT A NOTARY STAMP

SUBSCRIBED AND SWORN
TO BEFORE ME: MONTH DAY YEAR

 SIGNATURE OF PERSON ADMINISTERING OATH

**S
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P**

SIGN IN PRESENCE OF NOTARY

I state that I have read and signed this application after its completion, and I swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this application is subject to the penalties of 18 Pa.C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.

Applicant Signature Date