



**APPLICATION FOR CERTIFICATE OF SELF-INSURANCE**

**A. Applicant Information**

Full Name of Applicant (as will appear on insurance ID cards and registration)			Check One: <input type="checkbox"/> ORIGINAL APPLICATION <input type="checkbox"/> RENEWAL
Mailing Address (No. & Street)			
City	State	ZIP Code	Federal Employer Number
Phone	Fax	E-Mail	

1. Are you currently self-insured in New York State?  Yes  No

If yes, give certificate number \_\_\_\_\_

2. If approved, please indicate the number of vehicles you expect to register in New York State under your self-insurance certification. In addition, attach a list of vehicles including vehicle identification number (VIN), license plate number, vehicle class, year and make.

Number of vehicles to be registered: \_\_\_\_\_

3. Are any of the vehicles in item 2 above Tow Trucks?  Yes  No

If yes, specify the number of tow trucks to be registered \_\_\_\_\_

**Note:** Tow trucks require a different minimum level of insurance coverage under the NYS Vehicle and Traffic Law. Therefore, the financial requirements are different for tow trucks. If appropriate, please make the necessary calculations in **Section E**.

4. Are any of the vehicles in item 2 above used for transporting passengers?  Yes  No

a) If yes, are these vehicles operated privately or as not-for-profit?  Yes  No

b) If no, are these vehicles operated for hire?  Yes  No

If you answered yes to 4(b), enter the information and make the appropriate calculations in **Section F**.

**Note:** For-hire vehicles used to transport passengers require a different minimum level of insurance coverage under the NYS Vehicle and Traffic Law. Therefore, the financial requirements are different for these vehicles. If appropriate, please make the necessary calculations in **Section E** based upon the schedule in **Section F**.

## B. Application Fees

An application fee of five dollars (\$5) per vehicle is required for vehicles being registered under this Application for Certificate of Self-Insurance. A certified check for the total amount payable to the "Commissioner of Motor Vehicles" must accompany the application.

## C. Contact Administrator Information

Name of Applicant's Contact Person		
Mailing Address (No. & Street)		
PO Box/Apt./Suite		
City	State	ZIP Code
Phone	Fax	E-Mail

## D. Claims Liaison Information

Name of Applicant's Claims Liaison		
Mailing Address (No. & Street)		
PO Box/Apt./Suite		
City	State	ZIP Code
Phone	Fax	E-Mail

### Special Note for Section E and Section F calculations:

1. If you are required to complete Section F (Insurance Liability Requirements for Vehicles Transporting Passengers For Hire), complete that section BEFORE you complete Section E (Asset and Equity Calculations for All Vehicles).
2. For calculations involving the square root of the number of vehicles, ROUND the square root result to the nearest WHOLE number.

Example: 112 vehicles. . . . square root of 112 = 10.583, so round up to 11

Example: 102 vehicles. . . . square root of 102 = 10.099, so round down to 10

**E. Asset and Equity Calculations for All Vehicles**

**1. Liquidity**

- A) \_\_\_\_\_  
Number of tow trucks
- \_\_\_\_\_ X \$300,000 = \_\_\_\_\_  
Square root of the number of tow trucks
- B) For-Hire Liquidity Total - from **Section F(1)** = \_\_\_\_\_
- C) \_\_\_\_\_  
Number of other vehicles
- \_\_\_\_\_ X \$160,000 = \_\_\_\_\_  
Square root of the number of other vehicles
- D) Total of **A + B + C** = \_\_\_\_\_
- E) Average dollar amount of claims over the past 4 years - from **Section H(2A)** = \_\_\_\_\_
- F) Larger of **D** or **E** above = \_\_\_\_\_

**Current Assets as shown in financial statements** = \_\_\_\_\_

**Current Assets are > F above**

**2. Equity**

- A) \_\_\_\_\_ X \$150,000 = \_\_\_\_\_  
Number of tow trucks
- B) For-Hire Equity Total - from **Section F(2)** = \_\_\_\_\_
- C) \_\_\_\_\_ X \$85,000 = \_\_\_\_\_  
Number of other vehicles
- D) Total of **A + B + C** = \_\_\_\_\_

**Unrestricted Equity as shown in financial statements** = \_\_\_\_\_

**Unrestricted Equity is > D above**

**F. Insurance Liability Requirements for Vehicles Transporting Passengers For Hire**

**1. Liquidity**

<p><b>A)</b> _____                  Number of vehicles with capacity of not more than 7 passengers</p> <p>_____</p> <p>Square root of the number of vehicles with capacity of not more than 7 passengers</p>	<p><b>X</b> \$160,000 = _____</p>
<p><b>B)</b> _____                  Number of vehicles with capacity of at least 8 but not more than 12 passengers</p> <p>_____</p> <p>Square root of the number of vehicles with capacity of at least 8 but not more than 12 passengers</p>	<p><b>X</b> \$210,000 = _____</p>
<p><b>C)</b> _____                  Number of vehicles with capacity of at least 13 but not more than 20 passengers</p> <p>_____</p> <p>Square root of the number of vehicles with capacity of at least 13 but not more than 20 passengers</p>	<p><b>X</b> \$210,000 = _____</p>
<p><b>D)</b> _____                  Number of vehicles with capacity of at least 21 but not more than 30 passengers</p> <p>_____</p> <p>Square root of the number of vehicles with capacity of at least 21 but not more than 30 passengers</p>	<p><b>X</b> \$260,000 = _____</p>
<p><b>E)</b> _____                  Number of vehicles with capacity of more than 30 passengers</p> <p>_____</p> <p>Square root of the number of vehicles with capacity of more than 30 passengers</p>	<p><b>X</b> \$310,000 = _____</p>
<p><b>For-Hire Liquidity Total</b></p> <p>_____</p> <p><b>A+B+C+D+E</b> from this block</p>	

**2. Equity**

<p><b>A)</b> _____                  Number of vehicles with capacity of not more than 7 passengers</p>	<p><b>X</b> \$ 85,000 = _____</p>
<p><b>B)</b> _____                  Number of vehicles with capacity of at least 8 but not more than 12 passengers</p>	<p><b>X</b> \$115,000 = _____</p>
<p><b>C)</b> _____                  Number of vehicles with capacity of at least 13 but not more than 20 passengers</p>	<p><b>X</b> \$155,000 = _____</p>
<p><b>D)</b> _____                  Number of vehicles with capacity of at least 21 but not more than 30 passengers</p>	<p><b>X</b> \$195,000 = _____</p>
<p><b>E)</b> _____                  Number of vehicles with capacity of more than 30 passengers</p>	<p><b>X</b> \$235,000 = _____</p>
<p><b>For-Hire Equity Total</b></p> <p>_____</p> <p><b>A+B+C+D+E</b> from this block</p>	

**G. Affirmation by Independent Certified Public Accountant**

Name of Certified Public Accounting Firm		
Mailing Address (No. & Street)		
PO Box/Apt./Suite		
City	State	ZIP Code
Phone	Fax	E-Mail

In our opinion, the amounts of Current Assets and Unrestricted Equity used in the calculations contained in **Section E** of this application, and noted directly below, are supported by the audited financial statements of this entity.

Current Assets as shown in Financial Statements: \_\_\_\_\_

Unrestricted Equity as shown in Financial Statements: \_\_\_\_\_

State of \_\_\_\_\_)

County of \_\_\_\_\_) ss

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_,

before me, personally came

\_\_\_\_\_ to me known to be the same

person who executed the foregoing affirmation, and s/he \_\_\_\_\_

acknowledged to me that s/he executed the same.

\_\_\_\_\_  
Signature of Certified Public Accountant

\_\_\_\_\_  
Signature of Notary Public

**SEAL**

H. Accident and Claims Experience

**ACCIDENT CLAIMS EXPERIENCE TABLE FOR PAST FOUR CALENDAR YEARS**

<b>1. Number of Accidents for Past 4 Completed Calendar Years</b>	20_____	20_____	20_____	20_____
Bodily Injury Only				
Property Damage Only				
Both Bodily Injury and Property Damage				
<b>TOTAL</b>				

<b>2. Number and Dollar Amounts of Payments Made on Claims for Past 4 Completed Calendar Years</b>	20_____		20_____		20_____		20_____	
	Number	\$ Amount						
Bodily Injury Only								
Property Damage Only								
Both Bodily Injury and Property Damage								
<b>TOTAL</b>								

**2A.** Average dollar amount of claims over the past 4 completed calendar years. Report this amount here **AND** in Section E(1E) \_\_\_\_\_

<b>3. Number and Dollar Amounts of Pending Claims (Reserves) for Past 4 Completed Calendar Years</b>	20_____		20_____		20_____		20_____	
	Number	\$ Amount						
Bodily Injury Only								
Property Damage Only								
Both Bodily Injury and Property Damage								
<b>TOTAL</b>								

**I. Excess Insurance Policy**

An excess insurance policy in the amount of at least \$5 million is required, and a copy of the policy must be submitted along with this completed application. The policy's self-insurance retention fee must not be greater than the amount of the Current Assets of the company, as affirmed by a CPA in **Section G** above.

**J. Declaration by Self-Insurance Applicant**

I/we do hereby apply jointly and severally for self-insurance certification under Section 316 of Article 6 and/or Section 370(3) of Article 8 of the New York State Vehicle and Traffic Law.

I/we agree that in accordance with the New York State Vehicle and Traffic Law, upon due notice and hearing, the commissioner may, at her/his discretion and upon reasonable grounds, cancel a certificate of self-insurance.

I/we agree to have, and continue to maintain, financial ability to respond to all payment of motor vehicle claims and judgments arising from the ownership, maintenance, use or operation of the applicant's motor vehicles.

I/we affirm that the levels of Assets and Equity required by the self-insurance program of the New York State Department of Motor Vehicles, and contained within this agreement and verified by a Certified Public Accountant as provided in this application, shall be maintained during the period of self-insurance certification. In addition, the applicant agrees to provide audited financial statements to the NYS Department of Motor Vehicles upon request.

I/we understand and agree that this entity's self-insurance program will be structured for the settlement of claims compatible with the mandatory liability limits of Articles 6 and 8 of the New York State Vehicle and Traffic Law, and with Section 3420 and Article 51 (no-fault insurance law) of the New York State Insurance Law.

I/we agree that the applicant's self-insurance program will provide the primary motor vehicle coverage at all times and that the appropriate level of excess liability insurance be maintained and to notify NYS DMV within 10 days if such insurance is cancelled by any party.

I/we agree to maintain strict compliance for the settling of claims, and therefore agree to promptly open communication (within 15 calendar days of being notified of motor vehicle damages by any person or firm) with any person or firm regarding motor vehicle damages claimed.

I/we agree to promptly investigate any and all motor vehicle damage claims and to settle all motor vehicle claims promptly, fairly and equitably.

I/we affirm that, to the best of this applicant's knowledge, all information contained in and included with this application is true and correct, and I/we further understand that any false statements made in this document or under this agreement are punishable under Section 210.45 of the New York State Penal Law and any other applicable provision of law.

State of \_\_\_\_\_ )

County of \_\_\_\_\_ ) ss

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_,

before me, personally came \_\_\_\_\_ to

me known who, being duly sworn, did depose and say that s/he resides in \_\_\_\_\_

and is an employee of \_\_\_\_\_, the company described herein

and which executed the above instrument; that s/he knows the seal affixed hereto; that it was so affixed by order of the Board of

Directors of said company; and that s/he signs her/his name hereto by like order.

\_\_\_\_\_  
Signature of company representative deposited above

\_\_\_\_\_  
Title of company representative deposited above

\_\_\_\_\_  
Signature of Notary Public

