



**APPLICATION  
FOR  
SELF INSURANCE**

The undersigned hereby makes application for the privilege of becoming a self-insurer, as described in Neb.Rev.Stat. §60-562. In connection with such application the following declarations are made as to whether the insurer possesses sufficient financial ability to render certain the payments of automobile liability judgments.

The insurer hereby agrees that if this application were approved, such approval shall be subject to providing and maintaining proof of ability to pay judgments obtained against the insurer.

Name of Firm:

Business Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name of President/Owner

\_\_\_\_\_

List below all subsidiaries covered under this application. Please include the full name and address. If additional lines are required, continue on a separate sheet.

- 1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

