



Good Life. Great Future.

DEPARTMENT OF MOTOR VEHICLES

**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. _____

1. Indicate the coverage for which you wish to self insure:

Property Damage Public Liability Public Liability and Property Damage

2. Are you now operating as a Self-Insurer? _____ If so, for how long? _____

3. Have you set up a reserve fund for accident claims? _____ If so, (a) under what caption does it appear on your financial statement? _____ and (b) what basis is used for determining reserve requirements? _____

4. Do you have a claim department for investigating and adjusting claims? _____
If not, how are claims investigated and adjusted? _____

5. Are any automobile liability judgments open and unsatisfied? _____
If so, how many? _____ Total amount _____ Are any other judgments open and unsatisfied? _____ If so, how many _____ total amount involved _____

6. Is your company a self-insurer under any other phase of your business? _____ If so, give particulars _____

7. On a separate sheet, list all the motor vehicles registered in Nebraska, by the applicant and describe them under the following headings:

Year	Make	Model	Vehicle Identification Number	License Plate Number
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The Undersigned hereby certifies that the above-named firm is the registered owner(s) of more than twenty-five motor vehicles and may qualify as a self-insurer under the Motor Vehicle Safety Responsibility Act.

_____)
Signature of Authorized Firm Representative

Title

State of _____)
)SS

County of _____)

Before me, _____ a Notary Public in and for said County and State, personally appeared _____ to me well known to be the _____ of the above-named corporation, and severally acknowledged the execution of the foregoing and swore to the contents thereof this _____ day of _____, 20____.

My Commission expires _____ .

Notary Public