

MV-219 (01-07)

Commonwealth of Pennsylvania
Department of Transportation
Bureau of Motor Vehicles
Harrisburg, PA 17104

**APPLICATION FOR
RENEWAL OF CERTIFICATE
OF SELF INSURANCE**

FOR DEPARTMENT USE ONLY

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, he makes the following declarations for the purpose of enabling the Secretary of Transportation to make a finding of facts as to whether he 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 his 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. WHAT IS THE CERTIFICATE NUMBER 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. 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? _____

IF NOT, HOW DO YOU DETERMINE YOUR OUTSTANDING LIABILITY? _____

5. GIVE THE FOLLOWING INFORMATION CONCERNING ACCIDENTS IN WHICH YOUR VEHICLES WERE INVOLVED DURING THE PAST TWO YEARS.

A. NUMBER OF ACCIDENTS:

YEAR	PERSONAL INJURY	PROPERTY DAMAGE	TOTAL ACCIDENTS
20__			
20__			
TOTALS			

B. NUMBER OF CLAIMS:

PERSONAL INJURY

YEAR	SETTLED BY PAYMENT	SETTLED WITHOUT PAYMENT	OPEN AND PENDING	TOTAL CLAIMS
20__				
20__				
TOTAL				

PROPERTY DAMAGE

YEAR	SETTLED BY PAYMENT	SETTLED WITHOUT PAYMENT	OPEN AND PENDING	TOTAL CLAIMS
20__				
20__				
TOTAL				

NUMBER OF ACCIDENTS FOR WHICH NO CLAIMS WERE MADE

YEAR	20__	20__	TOTAL
ACCIDENTS			

C. PAYMENTS ON CLAIMS:

	20__	20__	TOTAL
PERSONAL INJURY			
PROPERTY DAMAGE			
TOTAL			

D. RESERVES FOR PENDING CLAIMS:

	20__	20__	TOTAL
PERSONAL INJURY			
PROPERTY DAMAGE			
TOTAL			

6. FOR ACCIDENTS WHICH OCCURRED IN TWO YEARS IMMEDIATELY PRECEDING THOSE SHOWN IN ANSWER TO QUESTION FIVE:

A. NUMBER OF CLAIMS PRESENTLY OPEN AND PENDING:

	20__	20__	TOTAL
PERSONAL INJURY			
PROPERTY DAMAGE			
TOTAL			

B. AMOUNT OF RESERVE SET UP FOR CLAIMS IN "A" ABOVE:

	20__	20__	TOTAL
PERSONAL INJURY			
PROPERTY DAMAGE			
TOTAL			

7. ARE ANY AUTOMOBILE LIABILITY JUDGEMENTS OPEN AND UNSATISFIED? _____ IF SO, HOW MANY? _____
 TOTAL AMOUNT INVOLVED? _____ ARE ANY OTHER JUDGMENTS OPEN AND UNSATISFIED? _____
 IF SO, HOW MANY? _____ TOTAL AMOUNT INVOLVED? _____

8. PROVIDE NUMBER OF MOTOR VEHICLES OWNED BY APPLICANT (IN PENNSYLVANIA). _____

9. "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.

THIS APPLICATION CANNOT BE PROCESSED WITHOUT A NOTARY SEAL OR A CORPORATE SEAL.

SUBSCRIBED AND SWORN TO BEFORE ME:			
MONTH	DAY	YEAR	
SIGNATURE OF PERSON ADMINISTERING OATH			
S T A M P	SIGN IN PRESENCE OF NOTARY		

NOTARY STAMP

CORPORATE SEAL

GIVE FOLLOWING ADDITIONAL INFORMATION:

A. NAME AND ADDRESS OF BANKS IN WHICH COMPANY HAS ACCOUNTS.

B. INSURANCE ON:

INVENTORIES _____

PLANTS _____

C. ATTACH STATEMENT OF PROFIT AND LOSS TO DATE OF BALANCE SHEET (NOT REQUIRED WITH FIRST APPLICATION).

D. WHEN INCORPORATED OR ESTABLISHED _____

E. LIST ALL CONTINGENT LIABILITIES

F. ARE ANY ASSETS PLEDGED TO SECURE NOTES, LOANS OR MORTGAGES PAYABLE? _____ IF SO, 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 COMPANY

NOTE: ATTACH AN INDIVIDUAL OR CORPORATE ACKNOWLEDGEMENT, IF A CORPORATION, AFFIX SEAL.

BALANCE SHEET

CONFIDENTIAL REPORT MADE TO SECRETARY OF TRANSPORTATION FOR THE PURPOSE OF SHOWING OUR FINANCIAL ABILITY TO PAY MOTOR VEHICLE LIABILITY JUDGMENTS.

ON _____ DAY OF _____, 20____

NAME _____ **ADDRESS** _____

ASSETS

CASH ON HAND AND ON DEPOSIT _____
 NOTES RECEIVABLE (NET) _____
 (NOTES RECEIVABLE DISCOUNTED \$) _____
 ACCOUNTS RECEIVABLE _____
 LESS: DOUBTFUL ACCTS _____
 INVENTORIES _____

 OTHER CURRENT ASSETS (DESCRIBE) _____

 INVESTMENTS (DESCRIBE FULLY) _____

 SINKING AND OTHER FUNDS (DESCRIBE) _____

 FIXED ASSETS (GROSS) _____

 DEFERRED CHARGES _____

LIABILITIES

NOTES PAYABLE (DUE WITHIN 1 YEAR)
 FOR MERCHANDISE _____
 FOR MONEY BORROWED _____
 OTHER (DESCRIBE) _____

 ACCOUNTS PAYABLE _____
 OTHER CURRENT LIABILITIES _____

FIXED LIABILITIES
 NOTES PAYABLE (DUE AFTER 1 YEAR) _____
 MORTGAGES PAYABLE _____
 OTHER (DESCRIBE) _____

RESERVE FOR
 DEPRECIATION ON BUILDING _____
 DEPRECIATION ON DELIVERY EQUIPMENT _____
 DEPRECIATION ON OTHER EQUIPMENT _____
 ACCIDENT CLAIMS _____

NET WORTH

IF A CORPORATION
 CAPITAL STOCK ISSUED & OUTSTANDING _____
 SURPLUS:
 EARNED _____
 CAPITAL _____
 PAID-IN _____
 SURPLUS RESERVES _____

IF AN INDIVIDUAL OR PARTNERSHIP
 CAPITAL _____
 UNDIVIDED PROFITS _____

TOTAL ASSETS _____

TOTAL LIABILITIES AND CAPITOL _____

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