

**MV-220 (2-07)**

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

**APPLICATION FOR  
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. 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

2. ARE YOU NOW OPERATING AS A SELF-INSURER? \_\_\_\_\_ IF SO, HOW LONG: \_\_\_\_\_

3. HAVE YOU A CLAIM DEPARTMENT FOR INVESTIGATING AND ADJUSTING CLAIMS? \_\_\_\_\_ IF NOT, HOW ARE CLAIMS INVESTIGATED AND ADJUSTED? \_\_\_\_\_

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 FOUR YEARS.

A. NUMBER OF INCIDENTS:

| YEAR          | PERSONAL INJURY | PROPERTY DAMAGE | TOTAL ACCIDENTS |
|---------------|-----------------|-----------------|-----------------|
| 20____        |                 |                 |                 |
| 20____        |                 |                 |                 |
| 20____        |                 |                 |                 |
| 20____        |                 |                 |                 |
| <b>TOTALS</b> |                 |                 |                 |

B. NUMBER OF CLAIMS:

**PERSONAL INJURY**

| YEAR         | SETTLED BY PAYMENT | SETTLED WITHOUT PAYMENT | OPEN AND PENDING | TOTAL CLAIMS |
|--------------|--------------------|-------------------------|------------------|--------------|
| 20__         |                    |                         |                  |              |
| 20__         |                    |                         |                  |              |
| 20__         |                    |                         |                  |              |
| 20__         |                    |                         |                  |              |
| <b>TOTAL</b> |                    |                         |                  |              |

**PROPERTY DAMAGE**

| YEAR         | SETTLED BY PAYMENT | SETTLED WITHOUT PAYMENT | OPEN AND PENDING | TOTAL CLAIMS |
|--------------|--------------------|-------------------------|------------------|--------------|
| 20__         |                    |                         |                  |              |
| 20__         |                    |                         |                  |              |
| 20__         |                    |                         |                  |              |
| 20__         |                    |                         |                  |              |
| <b>TOTAL</b> |                    |                         |                  |              |

**NUMBER OF ACCIDENTS FOR WHICH NO CLAIMS WERE MADE**

| YEAR             | 20__ | 20__ | 20__ | 20__ | TOTAL |
|------------------|------|------|------|------|-------|
| <b>ACCIDENTS</b> |      |      |      |      |       |

C. PAYMENTS ON CLAIMS:

|                 | 20__ | 20__ | 20__ | 20__ | TOTAL |
|-----------------|------|------|------|------|-------|
| PERSONAL INJURY |      |      |      |      |       |
| PROPERTY DAMAGE |      |      |      |      |       |
| <b>TOTAL</b>    |      |      |      |      |       |

D. RESERVES FOR PENDING CLAIMS:

|                 | 20__ | 20__ | 20__ | 20__ | TOTAL |
|-----------------|------|------|------|------|-------|
| PERSONAL INJURY |      |      |      |      |       |
| PROPERTY DAMAGE |      |      |      |      |       |
| <b>TOTAL</b>    |      |      |      |      |       |

6. 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? \_\_\_\_\_
7. IS YOUR COMPANY A SELF-INSURER UNDER ANY OTHER PHASE OF YOUR BUSINESS? \_\_\_\_\_ IF SO, GIVE  
 PARTICULARS \_\_\_\_\_
8. PROVIDE NUMBER OF MOTOR VEHICLES OWNED BY APPLICANT (IN PENNSYLVANIA). \_\_\_\_\_
9. INDICATE AMOUNT OF SELF-INSURANCE (BEFORE EXCESS INSURANCE APPLIES) \_\_\_\_\_
10. "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 STAMP OR A CORPORATE SEAL.**

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

**NOTARY STAMP**

**CORPORATE SEAL**

GIVE FOLLOWING ADDITIONAL INFORMATION:

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

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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

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F. ARE ANY ASSETS PLEDGED TO SECURE NOTES, LOANS OR MORTGAGES PAYABLE? \_\_\_\_\_ IF SO, GIVE DETAILS

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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.

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H. LIST NAMES OF OFFICERS OR PARTNERS OF COMPANY

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**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)