



Mail Drop 535M  
 Insurance Unit  
 Motor Vehicle Division  
 PO Box 2100  
 Phoenix AZ 85001-2100

# CERTIFICATE OF SELF-INSURANCE APPLICATION

26-0501 R02/15 azdot.gov

Applicant Name			
Doing Business As (DBA) or Subsidiaries (that you wish to include for coverage)			
Mailing Address		City	State   Zip
Coverage Type <input type="checkbox"/> Public Liability Only <input type="checkbox"/> Public Liability and Property Damage			Number of Vehicles in Fleet
Nature of Your Business (check all that apply) <input type="checkbox"/> Transport non-hazardous waste <input type="checkbox"/> Transport hazardous materials (enter type, class and weight below) <input type="checkbox"/> Transport 16 or more passengers per vehicle <input type="checkbox"/> Transport less than 16 passengers per vehicle <input type="checkbox"/> Transport less than seven passengers per vehicle, on a non-fixed route (taxi service) <input type="checkbox"/> None of the above			
Hazardous Materials (type/class/weight)			

Accidents – List accident in which your vehicles were involved during the three calendar years prior to this year.	Calendar Year	Calendar Year	Calendar Year
Total Number of Accidents .....			
Total Number of Accident Claims Filed Against You .....			
Personal Injury – Settled by Payment .....			
Personal Injury – Settled Without Payment .....			
Personal Injury – Still Pending .....			
Personal Injury Total .....			
Property Damage – Settled by Payment .....			
Property Damage – Settled Without Payment .....			
Property Damage – Still Pending .....			
Property Damage Total...			

Yes    No   Do you have reserve funds for accident claims? If Yes, where is this located on your attached balance sheet?

Location On Balance Sheet

I certify that the information above and on all attachments is true and correct to the best of my knowledge. I agree to submit a revised balance sheet and application in the event of any major development that will adversely affect the ability of the company to satisfy judgments.

Applicant Signature	Official Title
---------------------	----------------

Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires

MVD Use	Date Received	Results <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reviewer	Date Reviewed
---------	---------------	--	----------	---------------

## **Self-Insurance Application Information**

### **Minimum Number of Registered Vehicles**

10 All vehicles must be currently registered in Arizona, in the name of the applicant.

### **Types of Coverage Authorized by Self-Insurance**

Public liability and/or property damage.

### **Deadline for Filing Application**

The application may be submitted anytime beginning May 1st of each year, but must be received no later than June 1st, to avoid delay in the issuance of the Certificate.

### **Certification Period**

Once a Certificate has been issued, it is valid until canceled. A Certificate may be canceled for reasonable grounds. A self-insurer will be given five days notice and a hearing prior to cancellation.

### **Filing Requirements**

The application must be notarized and must contain:

- Three-year accident/loss history (last three calendar years)
- Reserve funding amounts
- List of all pending claims
- One of the following:
  1. Current profit and loss statement, and a balance sheet certified by a Certified Public Accountant (CPA). Instead of a balance sheet, the last annual report issued within 12 months of the date of application, and certified by a CPA, may be submitted.
  2. A one million dollar bond with a surety company authorized to transact business in Arizona.

A new application does not need to be submitted annually, unless requested. Only a current vehicle listing and a balance sheet certification by a CPA must be submitted before July 1st each year.

### **General Requirements**

Evidence of financial responsibility must be carried in the vehicle at all times. A copy of a Certificate must be carried in each vehicle for which issued. A self-insurer must notify the MVD in writing of any vehicle to be added or removed from the insurance coverage. If self-insurance is no longer desired, new evidence of financial responsibility for all vehicles previously covered by self-insurance must be submitted.

### **For More Information**

For more information, please write to the address on the front of this application, or call 602-712-4300.