

**APPLICATION FOR SELF-INSURANCE**

(NRS 485.380)

Assigned Self-Insurance Certificate Number: \_\_\_\_\_  
*If new applicant, please leave blank.*

**Application must be completed in its entirety.**

Self-Insurance Applicant: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Physical Address: \_\_\_\_\_  
Street City State Zip

Business Telephone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Corporation      Individual      LLC      LLP      Partnership      Proprietorship      Sole

Incorporated in State of: \_\_\_\_\_

**Note:** If filing a joint application, please submit a copy of the indemnity agreement (either an original or a copy notarized by a licensed notary public) with your application. According to NAC 485.075, "Entities making a joint application for a certificate of self-insurance pursuant to NAC 485.060 must enter into an indemnity agreement jointly and severally binding each entity for all liability arising from the operation of each motor vehicle that is self-insured pursuant to the certificate."

**OWNERSHIP: List name and title of each officer of the business. Use separate page if necessary.**

LAST	NAME		TITLE
	FIRST	MIDDLE	

**NOTE:** Ownership changes require notification to the Department. A self-insurer shall notify the Department not less than 60 days **BEFORE** any change in ownership or control (NAC 485.115).

REASON FOR SUBMITTAL		
<b>ORIGINAL Application</b>		
<b>RENEWAL Application</b>		
<b>CHANGES*:</b>	<b><u>OLD INFORMATION</u></b>	<b><u>NEW INFORMATION</u></b>
Business Ownership/Control	_____	_____
Business Name	_____	_____
Address	_____	_____
Officer(s)	_____	_____
<p><b>*If changing the entity names for a joint application, please submit a new indemnity agreement.</b>  <b>See form SI-01, Self-Insurance Requirements, and NAC 485.075.</b></p>		

You must answer ALL questions.		
Yes	No	Have you previously held a Certificate of Self-Insurance either with DMV or another agency? Explain.
Yes	No	Have you had a Self-Insurance Certificate cancelled within the last year either with DMV or another agency? Explain.
Yes	No	Have you provided to the Department security in the amount established in NAC 485.080?
Yes	No	Have you included with this application the CPA Affidavit of Audit and Current Financial Ratio? <b>Note:</b> The Department's minimum requirement for current financial ratio is 91%.
Yes	No	For entities making a joint application, have you included the indemnity agreement (original or notarized copy)? If you are not making a joint application, please write in "N/A" under "No."
Yes	No	Have you provided the required motor vehicle information for your business? <div style="display: flex; justify-content: space-between;"> <div>Vehicle Identification Number</div> <div>Make of Vehicle</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Nevada License Plate Number</div> <div>Model of Vehicle</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Year of Vehicle</div> <div></div> </div>
Yes	No	Have you included a Self-Insurance Loss Experience Record form?
Yes	No	Are there any open and unsatisfied judgments against your business? Explain.
Yes	No	Is this a taxicab company?

**NOTE: THIS APPLICATION FOR SELF-INSURANCE IS TO BE SIGNED ONLY BY INDIVIDUAL, SOLE PROPRIETOR, PARTNER, OR OFFICER OF THE CORPORATION.**

I am performing an insurance function and I expressly agree, as a condition to the granting of a Certificate of Self-Insurance, to abide by and follow the provisions of NRS 485.380 and NAC 485.010 to 485.120 inclusive and NRS 686A.310 and NAC 686A.600 to 686A.680, concerning unfair practices in settling claims and any regulations adopted by the Commission of Insurance.

I also consent to the jurisdiction of the Commission of Insurance to interpret the aforementioned Statutes and Regulations in any informal administrative or court proceeding.

The undersigned, herein referred to as the applicant, being the owner of more than ten motor vehicles actively registered in the State of Nevada, hereby makes application for a Certificate of Self-Insurance. In so doing, I hereby certify that all statements in this application are true and correct. I agree and understand any misstatements of material facts are cause for cancellation and/or denial of the Certificate of Self-Insurance.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARIZATION:**

State of \_\_\_\_\_, County of \_\_\_\_\_

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this individual. The statements on this document are subscribed and sworn to before me by the endorsee on this

[Seal]

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_