



DEPARTMENT OF TRANSPORTATION  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVENUE, SALEM OREGON 97314

# APPLICATION FOR SELF-INSURANCE CERTIFICATE

**To qualify as a self-insurer under ORS 806.130 and OAR 735-050-0020 you must:**

1. Qualify as a public body defined in ORS 30.260 and OAR 735-050-0020; **or**
2. Be a federal agency of the United States; **or**
3. Provide a certified copy of the Federal Motor Carrier Safety Administration written decision, order or letter authorizing the applicant's self-insured status; **or**
4. Provide documentation that meets the requirements established under OAR 735-050-0020; **and**  
Have more than 25 motor vehicles registered in the applicant's name.

**To apply as a self-insurer you must:** Complete this Application For Self-Insurance Certificate.

**If qualifying under #4 above you must submit with the Application:**

1. A copy of your audited or reviewed financial report completed within the last 12 months that clearly identifies retained earnings; **and**
2. A list of each vehicle to be covered by the self-insured certificate; **and**
3. A three-year accident history statement including the total number of motor vehicle accidents, accident claims against the applicant, claims satisfied, and judgments settled.

**To maintain self-insurance status you must comply with the provisions of OAR 735-050-0020.**

APPLICANT NAME (Business, Public Body, or Federal Agency)	CONTACT NAME
APPLICANT ADDRESS	CONTACT PHONE NUMBER (      )
CITY, STATE, ZIP CODE	CONTACT FAX NUMBER (      )

Have you previously been issued a self-insured certificate in Oregon?     YES\*     NO    \*IF YES, PROVIDE SELF-INSURANCE CERTIFICATE NUMBER

Are you qualifying as a public body defined in ORS 30.260 and OAR 735-050-0020 or a federal agency of the United States?     YES     NO

Are you providing a certified copy of the Federal Motor Carrier Safety Administration written decision, order or letter authorizing the applicant's self-insurance status?     YES     NO

Contact Name For Claims:	Claims Contact Phone number: (      )
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Check all applicable vehicle types and write the number of vehicles in each type:

<input type="checkbox"/> Private Passenger, Non Rental Fleets: _____	<input type="checkbox"/> Van Pools and Towing: _____
<input type="checkbox"/> Private Passenger, Rental Fleets: _____	<input type="checkbox"/> Taxis and Limousines: _____
<input type="checkbox"/> Trucks, Tractors and Trailers: _____	

I certify that the information given on this application and the information given in the attached financial statements are true and accurate to the best of my knowledge. If this application is approved, we agree to pay the same amounts with respect to an accident occurring while the self-insurance certificate is valid that an insurer would be obligated to pay under a motor vehicle liability policy, including uninsured motorist coverage and liability coverage to at least the limits specified in ORS 806.070. We understand that the administrator of the Driver and Motor Vehicle Services Division may cancel our self-insurance certificate at any time I am not in compliance with the laws and rules covering self-insurance.

I certify that there are no unsettled judgments of the type described in ORS 806.040. A judgment is settled as described in ORS 809.470.

AUTHORIZED REPRESENTATIVE NAME (Please print)	TITLE	PHONE NUMBER (      )
SIGNATURE OF APPLICANT (Authorized Representative) <b>X</b>		DATE

<p><b>Submit your application and supporting documents to:</b> Accidents and Insurance Verification Unit Oregon Driver and Motor Vehicle Services 1905 Lana Avenue NE Salem, OR 97314</p> <p><b>For more information, call (503) 945-5098.</b></p>	<b>DMV APPROVAL</b>	DATE RECEIVED
	REVIEWED BY	DATE
	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
	REASONS FOR DISAPPROVAL	