



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**APPLICATION FOR SELF-INSURANCE
RELIGIOUS ORGANIZATION**

The Ohio Revised Code provides that any person or business who owns twenty-six (26) or more motor vehicles that are registered in the State of Ohio and maintains a net worth of at least \$100,000.00 may qualify to register as self-insured.

To apply, send the enclosed application, along with a copy of your current financial statement to the address listed below.

If your application is approved, a certificate of self-insurance will be issued and sent to you.

SELF-INSURANCE

SPECIAL TAXES AND FEES: None.

MINIMUM NUMBER OF REGISTERED (IN OHIO) VEHICLES: Twenty-Six (26).

TYPES OF COVERAGE THAT CAN BE SELF-INSURED: Property damage and / or bodily injury.

REQUIRED APPLICATION AND / OR RELATED FORMS: Application.

INITIAL FILING AND FINANCIAL REQUIREMENTS: An applicant must file a list of all property damage and personal injury claims incurred within the last three years, showing those that were settled and those that are still open. The financial information requested includes a listing of the vehicles to be self-insured. An audited financial statement must accompany the application.

AVERAGE TIME FOR APPLICATION APPROVAL: Applications and the accompanying data receive immediate attention once they are received.

RENEWAL FILING REQUIREMENTS: A certificate is valid for five (5) years from the date of issuance. Renewal packets are mailed out sixty (60) days in advance of the expiration date. An audited financial statement must be filed with the renewal application.

GROUND FOR CANCELLATION OF SELF-INSURANCE CERTIFICATE: A certificate of self-insurance can be cancelled for reasonable grounds. If any final judgment is not paid within 30 days, such failure constitutes reasonable grounds. A self-insurer must be given five days' notice of any hearing to suspend its certificate.

REGISTRAR
OHIO BUREAU OF MOTOR VEHICLES

OHIO BUREAU OF MOTOR VEHICLES
COMPLIANCE UNIT
P.O. BOX 16583
COLUMBUS, OH 43216-6583
(614) 752-7019

APPLICATION FOR SELF-INSURANCE (RELIGIOUS ORGANIZATION)

State of _____

County of _____ CERTIFICATION

AFFIDAVIT

I certify that I am the duly authorized agent of the applicant religious organization and that the information contained in the foregoing application is true and complete to the best of my knowledge and belief:

SIGNATURE OF AGENT X
PRINTED NAME OF AGENT

Sworn to and subscribed in my presence by said Applicant

on the _____ day of _____, 20_____.

X

NOTARY PUBLIC

(Seal)

My Commission expires: _____

INSTRUCTIONS

Please attach a list of individuals covered under the self-insurance for this organization with each person's driver license number.

Submit to: OHIO BUREAU OF MOTOR VEHICLES
COMPLIANCE UNIT
P.O. BOX 16583
COLUMBUS, OH 43216-6583
(614) 752-7019

NOTE: Failure to supply any requested information or to submit the application to the proper office will substantially delay the processing of this application.