



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO BUREAU OF MOTOR VEHICLES

APPLICATION FOR SELF-INSURANCE GENERAL

July 12, 2022

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.

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 (enclosed)

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 must include a listing of the vehicles to be self-insured. An audited financial statement must accompany the application.

AVERAGE TIME FOR APPLICATION APPROVAL: Applications and any accompanying documentation received will be processed within 7-10 business days.

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 day notice of any hearing to suspend its certificate.

Registrar,
Ohio Bureau of Motor Vehicles

OHIO BUREAU OF MOTOR VEHICLES
COMPLIANCE UNIT
P.O. BOX 16520
COLUMBUS, OH 43216-6520
(614) 752-7019



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

APPLICATION FOR SELF-INSURANCE GENERAL

The following information is submitted in application for a certificate of self-insurance under section 4509.72 of the Ohio Revised Code and rule 4501:1-2-05(C) of the Ohio Administrative Code.

APPLICANT'S NAME				
APPLICANT'S ADDRESS		CITY	STATE	ZIP CODE
CONTACT PHONE NUMBER	BUSINESS FORM (Corporation, Proprietor, Partnership, etc.)	SOCIAL SECURITY# OR FEDERAL EMPLOYER#		
IF INCORPORATED, STATE OF INCORPORATION				

		YES	NO
1.	Are you registered to conduct business in Ohio?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are you applying for self-insurance for: <ul style="list-style-type: none"> Property Damage only Personal Injury only Both 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3.	Do you own or lease more than twenty-five motor vehicles in Ohio? MUST ATTACH LIST OF VEHICLES	<input type="checkbox"/>	<input type="checkbox"/>
4.	Approximate number of vehicles:		
5.	Are you financially solvent?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are you subject to any actions in bankruptcy, trusteeship, receivership, or any other court proceeding in which your financial solvency is challenged? If "Yes", attach an explanation.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have a net worth of at least one hundred thousand dollars (\$100,000.00)?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you attached an audited financial statement?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you maintain sufficient reserves to pay any judgment likely to be taken against you arising out of the operation, maintenance, or use of any motor vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Amount of reserves on deposit: \$ HAVE TELLER STAMP HERE: _____	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are there any judgments against you which have remained unsatisfied more than thirty days after becoming final? If "Yes", attach an explanation.	<input type="checkbox"/>	<input type="checkbox"/>
12.	Do you have any knowledge of any other factor which may be a challenge to your financial solvency? If "Yes", attach an explanation.	<input type="checkbox"/>	<input type="checkbox"/>

AFFIDAVIT

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

SIGNATURE OF APPLICANT OR APPLICANT'S AGENT X
PRINTED NAME OF APPLICANT
PRINTED NAME OF APPLICANT'S AGENT IF APPLICABLE

Notary:

Sworn to and subscribed in my presence this _____ day of _____, 20 ____ in _____ County,
State of _____.

(Notary Seal)

Signature of Notary Public **X** _____ My commission expires _____

INSTRUCTIONS

Send the enclosed application along with a copy of your current financial statement to the address listed below or submit by email to: Insuranceproof@dps.ohio.gov.

Submit to: OHIO BUREAU OF MOTOR VEHICLES
COMPLIANCE UNIT
P.O. BOX 16520
COLUMBUS, OH 43216-6520
(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.