



OHIO DEPARTMENT OF PUBLIC SAFETY
OHIO BUREAU OF MOTOR VEHICLES

APPLICATION FOR SELF-INSURANCE RELIGIOUS ORGANIZATION

July 12, 2022

The Ohio Revised Code (R.C.) 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.

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.

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 RELIGIOUS ORGANIZATION

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

APPLICANT'S NAME			
APPLICANT'S ADDRESS	CITY	STATE	ZIP CODE
CONTACT PHONE NUMBER			

		YES	NO									
1.	Is the applicant a religious organization?	<input type="checkbox"/>	<input type="checkbox"/>									
2.	Date this religious organization was organized:											
3.	Is the applicant an affiliate of a denomination, synod, sect or other community or religious congregation? If "Yes", name of denomination, etc.:	<input type="checkbox"/>	<input type="checkbox"/>									
4.	Are you applying for self-insurance for: <table style="margin-left: 20px; border: none;"> <tr> <td style="padding-right: 10px;">Property Damage only</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Personal Injury only</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Both</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Property Damage only	<input type="checkbox"/>	<input type="checkbox"/>	Personal Injury only	<input type="checkbox"/>	<input type="checkbox"/>	Both	<input type="checkbox"/>	<input type="checkbox"/>		
Property Damage only	<input type="checkbox"/>	<input type="checkbox"/>										
Personal Injury only	<input type="checkbox"/>	<input type="checkbox"/>										
Both	<input type="checkbox"/>	<input type="checkbox"/>										
5.	Do the members of the religious organization operate more than twenty-five motor vehicles that are registered in Ohio and either owned or leased by them?	<input type="checkbox"/>	<input type="checkbox"/>									
6.	Approximate number of vehicles:											
7.	Do the members of the religious organization hold a common belief in mutual financial assistance in time of need to the extent that they share in financial obligations of other members who would otherwise be unable to meet their obligations?	<input type="checkbox"/>	<input type="checkbox"/>									
8.	Is the religious organization financially solvent?	<input type="checkbox"/>	<input type="checkbox"/>									
9.	Is it 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"/>									
10.	Are there any judgments taken against the religious organization or any of its covered members which have remained unsatisfied more than thirty days after becoming final? If "Yes", attach an explanation.	<input type="checkbox"/>	<input type="checkbox"/>									
11.	Do you have any knowledge of any other factor, which may be a challenge to the religious organization's financial solvency? If "Yes", attach an explanation.	<input type="checkbox"/>	<input type="checkbox"/>									
12.	Are there any judgments taken against you, which have remained unsatisfied more than thirty days after becoming final? If "Yes", attach explanation.	<input type="checkbox"/>	<input type="checkbox"/>									
13.	Do you have any knowledge of any other factor, which may be a challenge to your financial solvency? If "Yes", attach explanation.	<input type="checkbox"/>	<input type="checkbox"/>									

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	DATE
X	
PRINTED NAME OF AGENT	

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