



**STATE OF VERMONT  
 AGENCY OF TRANSPORTATION  
 DEPARTMENT OF MOTOR VEHICLES  
 120 State Street  
 Montpelier, VT 05603-0001**

**APPLICATION FOR SELF-INSURANCE**

The undersigned (herein referred to as the applicant) hereby makes application for the privilege of becoming a self-insurer as described in 23 V.S.A. §801(c).

The declarations made in this application are for the purpose of enabling the Commissioner of Motor Vehicles to make a finding of fact as to whether such applicant possesses sufficient financial ability, in an amount of not less than \$115,000.00 unencumbered net worth, to render certain the payments of automobile liability judgments, by reason of personal injury to or the death of any person and for damage to property in any one accident in the amount required by 23 V.S.A. §800(a).

The applicant hereby agrees that if this application is approved, such approval shall be subject to revocation whenever the Commissioner finds that said applicant does not possess at least \$115,000.00 of unencumbered net worth, or that said applicant has failed to pay any judgment, within statutory limits, within 30 days after such judgment becomes final.

It is agreed and made part of the application that the coverage afforded as a self-insurer by the applicant shall insure every person operating a motor vehicle owned by said self-insurer, with his express or implied permission, against loss within statutory limits from liability imposed by law upon such person arising out of the operation of said motor vehicle and shall be for the benefit of any person suffering personal injuries or property damage arising out of the use of such motor vehicle with such express or implied permission.

**Note:** Renewal of this application may be required annually (expiring on January 1 of each year) or upon demand by the Commissioner of the Vermont Department of Motor Vehicles.

<b>NAME:</b>			
<b>ADDRESS:</b>	<b>STREET/RD/BOX #</b>		
	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>IF A CORPORATION, STATE IN WHICH INCORPORATED:</b>			
<b>NATURE OF BUSINESS:</b>			
<b>NUMBER OF EMPLOYEES:</b>		<b>ARE YOU NOW OPERATING AS A SELF-INSURED?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HAVE YOU A CLAIM DEPARTMENT FOR INVESTIGATION AND ADJUSTING CLAIMS?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HAVE YOU A RESERVE FUND FOR ACCIDENT CLAIMS?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>AMOUNT:</b> <input style="width: 100px;" type="text"/>
<b>UNDER WHAT CAPTION DOES IT APPEAR ON YOUR FINANCIAL STATEMENT:</b>		<input style="width: 100%; height: 20px;" type="text"/>	

**YOU MUST COMPLETE THE FINANCIAL STATEMENT ON THE NEXT PAGE/BACK OF THIS PAGE.**

## FINANCIAL STATEMENT

**Confidential report made to the Commissioner of Motor Vehicles for the purpose of showing financial ability to pay motor vehicle liability judgments.**

ASSETS		LIABILITIES	
CASH ON HAND AND ON DEPOSIT:	\$	NOTES PAYABLE:	\$
NOTES RECEIVABLE:	\$	ACCOUNTS PAYABLE:	\$
ACCOUNTS RECEIVABLE:	\$	OTHER CURRENT LIABILITIES:	\$
INVENTORIES:	\$	FIXED LIABILITIES:	\$
OTHER CURRENT ASSETS:	\$	RESERVES:	\$
INVESTMENTS:	\$	IF A CORPORATION, CAPITAL STOCK ISSUED AND OUTSTANDING:	\$
SINKING OR OTHER FUNDS:	\$	SURPLUS:	\$
FIXED ASSETS (GROSS):	\$	IF AN INDIVIDUAL OR PARTNERSHIP CAPITAL:	\$
DEFERRED CHARGES:	\$	UNDIVIDED PROFITS:	\$
<b>TOTAL ASSETS:</b>	<b>\$</b>	<b>TOTAL LIABILITIES &amp; CAPITAL:</b>	<b>\$</b>

***Financial statement may be submitted on any other form that gives substantially similar information as in above.***

Please Note: Supporting documentation may be requested by the Commissioner.

I declare under the penalties of perjury that this application (including any accompanying schedules) has been examined by me and to the best of my knowledge and belief the information contained herein is true and correct.

Dated at: \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
(Title)