

APPLICATION FOR SELF-INSURANCE CERTIFICATE

Name of Applicant:			
Address:			
City, State, Zip:			
(Name and Address as it is to appear on Certificate)			
Telephone No.:		Fax No.:	
E-Mail Address:			

List the names and addresses of the three principal officers of the company:

1.	Name:			
	Title:			
	Address:			
	City, State, Zip:			
	Telephone No.:		Fax No.:	
	E-Mail Address:			
2.	Name:			
	Title:			
	Address:			
	City, State, Zip:			
	Telephone No.:		Fax No.:	
	E-Mail Address:			
3.	Name:			
	Title:			
	Address:			
	City, State, Zip:			
	Telephone No.:		Fax No.:	
	E-Mail Address:			

Name and address of representative authorized to receive and process claims:

Name:			
Title:			
Address:			
City, State, Zip:			
Telephone No.:		Fax No.:	
E-Mail Address:			

Name and address of person authorized to accept the invoice regarding the annual assessment for the Michigan Automobile Insurance Placement Facility, which maintains the Michigan Assigned Claims Plan:

Name:			
Title:			
Address:			
City, State, Zip:			
Telephone No.:		Fax No.:	
E-Mail Address:			

(A) The number of motor vehicles, excluding trailers, motorcycles, and mopeds registered in Michigan in the applicant's name as of the date of this application: A =

(B) The number of motor vehicles, not included in (A) including trailers with more than 2 wheels, but excluding motorcycles and mopeds owned by or registered to the Applicant, that are to be self-insured under this application, including motor vehicles or trailers having more than 2 wheels, rented or leased by the Applicant for more than 30 days. All motor vehicles, including trailers having more than 2 wheels must be accounted for in (A) or (B), in order to be self-insured under a Certificate of Self-Insurance issued for this application: B =

Total =

Total Number of Vehicles (A + B):

Fill in Net Worth and Loss Reserve and cite reference (page number) as applicable to your Statement of Financial Status.

Net Worth: \$ As documented in our audited Statement of Financial Status on page #

Loss Reserve \$ As documented in our audited Statement of Financial Status on page #

Name and address of financial institution in which Loss Reserve is maintained:

Name:			
Address:			
Address:			
City, State, Zip:			

The Applicant hereby applies for the privilege of being a self-insurer under the No-Fault Insurance Act¹ and the Michigan Vehicle Code.² In consideration of the privilege of being certified as a self-insurer for the purposes of the No-Fault Insurance Act and the Michigan Vehicle Code, the Applicant hereby agrees to the following:

(a) To comply with all the provisions of the Michigan No-Fault Insurance Act, the Financial Responsibility Act,³ and the Administrative Rules for no-fault self-insurers.⁴ Compliance with the No-Fault Act includes, but is not limited to, the requirement to offer unlimited personal protection insurance (PIP) and bodily injury coverage of \$250,000 per person and up to \$500,000 per accident.⁵

(b) To notify the Director, promptly of any change in the Applicant's financial condition that may affect its ability to maintain the required loss reserve or of a reduction of the Applicant's net worth below that required by Rule 2 of the No-Fault Self-Insurance Rules⁶ for the issuance of a Certificate of No-Fault Self-Insurance.

For renewal applicants

The self-insurer has paid the most recent assessment fee pursuant to section 3171 of the no-fault law and R 11.115, within 30 days after billing and any associated late fees (if applicable) calculated under MCL 500.3175.

Yes

No

Note: any self-insurance renewal application received more than 45 days prior to the expiration of the in-force Certificate may be rejected.

The Applicant hereby certifies that the statements set forth in this application are true and correct.

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Authorized Officer (Print Name)

Title of Authorized Officer

Signature of Authorized Officer

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

- ¹ Chapter 31 of 1956 PA 218, as amended; MCL 500.3101 et seq.
- ² 1949 PA 300, as amended; MCL 257.1 et seq.
- ³ Chapter V of the Michigan Vehicle Code; MCL 257.501 to 257.532
- ⁴ 2000 AC R 257.531 to R 257.540
- ⁵ MCL 500.3009; MCL 500.3107c
- ⁶ 2000 AC R 257.532

When complete, please mail to:

Office of Insurance Evaluation
PO Box 30220
Lansing MI 48909-7720

Our delivery address is:
Office of Insurance Evaluation
530 W Allegan Street, 7th Floor
Lansing MI 48933



Michigan Department of Insurance and Financial Services

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