

Application Checklist for Self-Insurance

- Completed Application – Generate a separate PDF for **each** application checklist item.
- Statement of Financial Condition
Prepared in accordance with generally accepted accounting principles, covering a one-year period ending not more than twelve (12) months before the date of application, and audited by a certified public accountant.
- Excess Insurance
A copy of the declaration sheet of the excess insurance policy.
- Written Estimate of Loss Reserve
Prepared by a qualified actuary or a casualty insurance company.
- Claim Contact
Copy of written authorization designating a specific person to receive and process claims.
- Sample Claim Form
A copy of a claim form to be used to submit a claim for benefits. The claim form shall include all the following information:
 - A statement of claimant's right to personal protection insurance benefits, property protection insurance benefits, and residual liability insurance benefits under the no-fault law.
 - A statement of a self-insurer's responsibility to pay claims in a timely manner.
 - An instruction that directs claimants to contact the Department of Insurance and Financial Services concerning a self-insurer's failure to fulfill its responsibilities under the no-fault law.
- Claims Processing Narrative
Detailed description of how claims will be processed.
- Motor Vehicles Registered in Michigan
A **sequentially numbered listing** of all motor vehicles that are registered in Michigan in the name of the applicant at the time of application or that are to be self-insured under a certificate of self-insurance issued to the applicant. The vehicles shall be identified by all of the following:
 - Year
 - Make
 - Model
 - Vehicle Identification Number (VIN)
 - License Plate Number
- Assessment Payment (Renewal application only)
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.

Please do not mail hardcopy documents.

When complete, e-mail this checklist and the complete application package to:

DIFS-Selfinsurancefilings@michigan.gov