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 = 0

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 Act[1] 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 Rules[6] 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.

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

Please do not mail hardcopy documents. When complete, e-mail the checklist and this complete application package to:

DIFS-Selfinsurancefilings@michigan.gov

Delivery address:
DIFS - Office of Insurance Evaluation
530 W. Allegan Street, 7th Floor
Lansing, MI 48933