

Application for Self-Insurance Checklist

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| <input type="checkbox"/> | Completed Application |
| <input type="checkbox"/> | Statement of Financial Status 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. |
| <input type="checkbox"/> | Excess Insurance A copy of the declaration sheet of any excess insurance policy intended as partial security. |
| <input type="checkbox"/> | Written Estimate of Loss Reserve Any of the following: <ul style="list-style-type: none">• Prepared by a qualified actuary.• Prepared in conformity with the loss reserve methodology approved for utilization by a qualified actuary within the two-year period immediately preceding the date of original application and certified by an owner, officer or director.• Prepared by a casualty insurance company. |
| <input type="checkbox"/> | Claim Contact Copy of written authorization designating a specific person to receive and process claims. |
| <input type="checkbox"/> | 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: <ul style="list-style-type: none">• 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. |
| <input type="checkbox"/> | Motor Vehicles Registered in Michigan A list 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: <ul style="list-style-type: none">• Year• Make• Model• Vehicle Identification Number (VIN)• License Plate Number |
| <input type="checkbox"/> | 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. |

Send completed application package to:

Michigan Department of Insurance and Financial Services
Office of Insurance Evaluation
530 West Allegan Street, 7th Floor
Lansing, MI 48933
517-284-8762