



DEPARTMENT OF TRANSPORTATION
DRIVER AND MOTOR VEHICLE SERVICES
1905 LANA AVE NE, SALEM OREGON 97314

APPLICATION FOR SELF-INSURANCE CERTIFICATE

To qualify as a self-insurer under ORS 806.130 and OAR 735-050-0020 you must:

1. Qualify as a public body defined in [ORS 30.260](#) and [OAR 735-050-0020](#); **or**
2. Be a federal agency of the United States; **or**
3. Provide a certified copy of the Federal Motor Carrier Safety Administration written decision, order or letter authorizing the applicant's self-insured status; **or**
4. Provide documentation that meets the requirements established under OAR 735-050-0020; **and**
Have more than 25 motor vehicles registered in the applicant's name.

If qualifying under #4 above, along with the application, you must submit all of the following documents:

1. A copy of your audited or reviewed financial report completed within the last 12 months that clearly identifies retained earnings; **and**
2. A list of each vehicle that will be covered by the self-insurance certificate, including type of vehicle, plate number or Vehicle Identification Number (VIN); **and**
3. A three-year motor vehicle crash history statement including the total number of motor vehicle crashes, motor vehicle crash claims against the applicant, claims satisfied, and judgments settled.

APPLICANT NAME (Business, Public Body, or Federal Agency)	CONTACT NAME
APPLICANT ADDRESS	CONTACT PHONE NUMBER ()
CITY, STATE, ZIP CODE	CONTACT FAX NUMBER ()
Have you previously been issued a self-insured certificate in Oregon? <input type="checkbox"/> YES* <input type="checkbox"/> NO	*IF YES, PROVIDE SELF-INSURANCE CERTIFICATE NUMBER

Are you qualifying as a public body defined in ORS 30.260 and OAR 735-050-0020 or a federal agency of the United States? YES NO

Are you providing a certified copy of the Federal Motor Carrier Safety Administration written decision, order or letter authorizing the applicant's self-insurance status? YES NO

Contact Name For Claims:	Claims Contact Phone number: ()
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Check all applicable vehicle types and enter the number of vehicles in each type. Use digits only (e.g. 1, 2, 3):

<input type="checkbox"/> Private Passenger, Non Rental Fleets: _____	<input type="checkbox"/> Van Pools and Towing: _____
<input type="checkbox"/> Private Passenger, Rental Fleets: _____	<input type="checkbox"/> Taxis and Limousines: _____
<input type="checkbox"/> Trucks, Tractors and Trailers: _____	

I certify that the information given on this application and the information given in the attached financial statements are true and accurate to the best of my knowledge. If this application is approved, we agree to pay the same amounts with respect to a crash occurring while the self-insurance certificate is valid that an insurer would be obligated to pay under a motor vehicle liability policy, including uninsured motorist coverage and liability coverage to at least the limits specified in [ORS 806.070](#). We acknowledge that the administrator of the Driver and Motor Vehicle Services Division may cancel our self-insurance certificate at any time that I am not in compliance with the laws and rules covering self-insurance.

I certify that there are no unsettled judgments of the type described in [ORS 806.040](#). A judgment is settled as described in [ORS 809.470](#).

AUTHORIZED REPRESENTATIVE NAME (Please print)	TITLE	PHONE NUMBER ()
SIGNATURE OF APPLICANT (Authorized Representative) X		DATE

<p>Submit your application and supporting documents to:</p> <p>Driver Transactions Unit Oregon Driver and Motor Vehicle Services 1905 Lana Avenue NE Salem, OR 97314</p> <p>Email: DMVInsurance@odot.oregon.gov</p> <p>Fax: 503-945-7981</p> <p>For more information, call (503) 945-5033.</p>	DMV APPROVAL	DATE RECEIVED
	REVIEWED BY	DATE
	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED	
	REASONS FOR DISAPPROVAL	