

**SELF-INSURANCE APPLICATION**

PLEASE BE SURE TO COMPLETE THE FORM IN ITS ENTIRETY

*To be completed by applicant and returned to the appropriate PennDOT District.***1. APPLICANT INFORMATION**

Name:		
Address:		
City:	State:	Zip Code:
Federal ID Number:	Date of formation and/or incorporation:	
Contact for Self-Insurance Application:	Phone:	
Contact for Highway Work Permits:	Phone:	

**2. SELF-INSURANCE ADMINISTRATOR**

Name:		
Address:		
City:	State:	Zip Code:
Phone:	Mobile Phone:	Email:
3. List the type of insurance coverage to be provided (public liability and property damage)		
4. Are you currently operating as a self-insurer? _____ If so, for how long? _____		
5. Do you have a claims department for investigating and adjusting claims? _____ If not, how are claims investigated and adjusted?		
6. Do you have a reserve fund set up for accident claims? _____ If not, how do you determine your outstanding liability?		
6a. If so, under what caption does it appear on your financial statement?		
6b. What basis is used for determining reserve requirements?		
7. Provide the following information concerning claims against you that arose from or took place in areas you occupied pursuant to a highway occupancy permit, including, but not limited to personal injury and property damage (to your property, the Department's property, or a third party's property):		
7a. Number of accidents in the last five years? _____ Please provide the year, whether the injury involved was personal injury or property damage.		

<p>7b. Number of claims in the last five years relative to personal injury. _____                  Please indicate the year, the amount of the initial claim, whether the claim was settled by payment, the amount of the settlement, whether the claim was settled without payment, and whether any claims are open and pending.</p>
<p>7c. Number of claims in the last five years relative to property damage. _____                  Please indicate the year, the amount of the initial claim, whether the claim was settled by payment, the amount of the settlement, whether the claim was settled without payment, and whether any claims are open and pending.</p>
<p>7d. Number of accidents for which no claims were made. _____</p>
<p>7e. Total payments on claims in the last five years broken down into payments for personal injury and payments for property damage.</p>
<p>7f. Reserves for pending claims for the last five years broken down by reserves for personal injury and reserves for property damage.</p>
<p>8. Are there any other judgments open and unsatisfied? _____                  If so, how many and what is the total amount involved?</p>
<p>9. Is your company self-insured under any other phase of its business? _____</p>
<p>10. Indicate the total amount of self-insurance before excess insurance applies.</p>
<p>11. Provide the following information:</p>
<p>11a. Names and addresses of banks in which company has accounts.</p>
<p>11b. Insurance on inventories, industrial buildings, property, etc.</p>
<p>11c. Financial statements, including balance sheet, income statement, profit and loss statement, cash flow statement for the past five years. All statements must be Generally Accepted Accounting Principles (GAAP) compliant and audited. Include the current and immediate prior years' notes to financial statements to include at a minimum the following (if applicable): on-going concern issues, related party transactions, debt structure, lines of credit and lease agreements. Also include any current internal accounting control reports if available.</p>
<p>11d. List the names and titles of officers or partners of the company.</p>
<p>12. If you will be self-insuring subsidiaries, are they under the same Federal ID#? _____                  Please list the subsidiaries.</p>

13. About Business (describe your business activities)

**SIGNATURES**

Applicant: \_\_\_\_\_ , \_\_\_\_\_

Contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Self-Insurance Administrator (if applicable): \_\_\_\_\_ , \_\_\_\_\_

Contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_