



**All of the following questions must be answered thoroughly.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously held a Certificate of Self-Insurance either with DMV or another agency? Explain.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had a Self-Insurance Certificate cancelled within the last year either with DMV or another agency? Explain.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you provided to the Department security in the amount established in NAC 485.080?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you included with this application the CPA Affidavit of Audit and Current Financial Ratio? <b>Note:</b> The Department's minimum requirement for current financial ratio is 91%.
<input type="checkbox"/> Yes <input type="checkbox"/> No	For entities making a joint application, have you included the indemnity agreement (original or notarized copy)? If you are not making a joint application, please write in "N/A" under "No."
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you provided the required motor vehicle information for your business? <input type="checkbox"/> Vehicle Identification Number <input type="checkbox"/> Nevada License Plate Number <input type="checkbox"/> Make of Vehicle <input type="checkbox"/> Model of Vehicle <input type="checkbox"/> Year of Vehicle
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you included a Self-Insurance Loss Experience Record form?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any open and unsatisfied judgments against your business? Explain.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a taxicab company?

**NOTE: THIS APPLICATION FOR SELF-INSURANCE IS TO BE SIGNED ONLY  
BY INDIVIDUAL, SOLE PROPRIETOR, PARTNER, OR OFFICER OF THE CORPORATION.**

I am performing an insurance function and I expressly agree, as a condition to the granting of a Certificate of Self-Insurance, to abide by and follow the provisions of NRS 485.380 and NAC 485.010 to 485.120 inclusive and NRS 686A.310 and NAC 686A.600 to 686A.680, concerning unfair practices in settling claims and any regulations adopted by the Commission of Insurance.

I also consent to the jurisdiction of the Commission of Insurance to interpret the aforementioned Statutes and Regulations in any informal administrative or court proceeding.

The undersigned, herein referred to as the applicant, being the owner of more than ten motor vehicles actively registered in the State of Nevada, hereby makes application for a Certificate of Self-Insurance. In so doing, I hereby certify that all statements in this application are true and correct. I agree and understand any misstatements of material facts are cause for cancellation and/or denial of the Certificate of Self-Insurance.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTARIZATION:**

State of \_\_\_\_\_, County of \_\_\_\_\_

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this individual. The statements on this document are subscribed and sworn to before me by the endorsee on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

[Seal]

Notary Public Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_