TENNESSEE DEPARTMENT OF REVENUE

VS-012026

Application for Self-Insurance

CORPORATION APPLICATION FOR SELF INSURANCE

Tenn. Code Ann. § 55-12-111

The undersigned, herein referred to as the applicant, hereby makes application for the privilege of becoming a self-insurer. In connection with such application, the applicant makes the following declaration, for the purpose of enabling the Department of Revenue to make finding of facts as to whether the applicant possesses sufficient security and has financial ability to render certain the payments of automobile liability judgments, as provided in the Tennessee Financial Responsibility Law. The applicant is applying for self-insurance for property damage and personal injury in the limits outlined in the Tennessee Financial Responsibility Law of 1977.

It is further agreed and understood that the Department may, upon due notice and hearing, cancel at any time the applicant's self-insured certificate.

A. APPLICANT INFORMATION:

Name (Business): _____

Email Address:_____ Phone: _____

Street Address_____ City: _____ State:_____ Zip _____

Name of agent of applicant upon whom legal process should be served (Contact Person for Organization): _____

Address for agent (if different from business):_____

B. QUALIFYING QUESTIONS

1. Indicate coverage for which you wish to self-insure:

_____ Public Liability Damage Only

_____ Public Liability and Property Damage

_____ Property Damage Only

2. Are you now operating as a self-insurer? _____

If so, how long have you been self-insured? _____

3. Do you have a claims department for investigating and adjusting claims?_____

If not, how are claims investigated and adjusted?_____

4. Have you set up a reserve fund for accident claims? _____

If so, please provide the amount available in the reserve fund. _____

If so, under what caption does it appear on your financial statement? _____

_____

What basis is used for determining reserve requirements?_____

_____

If not, how do you determine your outstanding liability? _____

_____

5. Give the following information concerning accidents in which your vehicles were involved during the past three (3) years:

A. Number of Accidents:	**2025**	**2024**	**2023**
Personal Injury	_____	_____	_____
Property Damage	_____	_____	_____
Total Accidents	_____	_____	_____

B. Number of Claims:	**2025**	**2024**	**2023**
Personal Injury Settled by Payment	_____	_____	_____
Personal Injury Settled without Payment	_____	_____	_____
Personal Injury Open and Pending	_____	_____	_____
Property Damage Settled by Payment	_____	_____	_____
Property Damage Settled without Payment	_____	_____	_____
Property Damage Open and Pending	_____	_____	_____
Total Claims	_____	_____	_____

C. Payment on Claims:	**2025**	**2024**	**2023**
Personal Injury	_____	_____	_____
Property Damage	_____	_____	_____
Total	_____	_____	_____

D. Reserves for Pending Claims: 2025 2024 2023

Personal Injury	_____	_____	_____
Property Damage	_____	_____	_____
Total	_____	_____	_____

6. Are there any automobile liability judgements open and unsatisfied? _____

   If so, how many? _____ Total amount involved? $_____

   Are any other judgements open and unsatisfied? _____

   If so, how many? _____ Total amount involved? $_____

7. Is your company a self-insurer under any other phase of your business? _____

   If yes, please give particulars _____

   _____

Please enclose a list of motor vehicles owned by applicant (in Tennessee) with the following information, year, make, model, vehicle indentification number (VIN) and license plate number.

C. APPLICANT CERTIFICATION STATEMENT:

I, undersigned applicant, hereby certify under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

_____

Signature Date