TENNESSEE DEPARTMENT OF REVENUE

VS-122025

Application for Self-Insurance

RELIGIOUS ORGANIZATION 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 (Religious Organization): _____

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 organization):_____

B. QUALIFYING QUESTIONS

1. Is the applicant a religious organization? _____

2. Has the religious organization been in existence at all times since December 31, 1950? _____

3. Is the applicant an affiliate of a denomination, synod, sect or other community of religious congregation?

   If yes, name of denomination, etc.: _____

4. Do the members of the religious organization operate more than twenty-five motor vehicles , which are registered in Tennessee and are either owned or leased by them? _____

5. Do the member of the religious organization hold a common belief in mutual financial assistance in time of need to the extent that they share in financial obligations of other members who would otherwise be unable to meet their obligations? _____

6. Is the religious organization financially solvent? _____

7. Is the religious organization subject to any actions in bankruptcy, trusteeship, receivership or any other court proceeding in which its financial solvency is challenged? _____ If yes, please attach explanation.

8. Do you have any knowledge of any other factor which may be a challenge to the religious organization's financial solvency? If yes, please attached explanation. _____

9. How are claims investigated and adjusted? _____

_____

10. Have you set up a reserve fund for accident claims? If so, what is the current amount of revenue and what basis is used for determining reserve requirements? _____

11. Provide the following information concerning accidents in which your vehicles were involved during the last 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	_____	_____	_____

12. 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? $_____

13. On a separate sheet. list names, addresses and Vehicle Identification Numbers (VINs) for each member covered under your application.

14. Attach a copy of a resolution signed by each of the members listed herein stating they join in this application for the purpose of the applicant becoming self-insured and hereby bind themselves to the provisions of TENN. CODE ANN. §55-12-111.

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

RESOLUTION

The *applicant* is a recognized religious sect or division having established tenets or teachings and which had been in existence at all times since December 31, 1950 and may remain as a self-insurer by obtaining a certificate of self-insurance from the commissioner as provided in TENN. CODE ANN. §55-12-111(c) department determines that all of the following are met:

(1) Members of the *applicant* operate more than twenty-five (25) motor vehicles which are registered in the State of Tennessee and are either owned or leased by them;

(2) The members of the *applicant* hold a common belief in mutual financial assistance in time of need to the extent that they share in financial obligations of the other members who would otherwise be unable to meet their obligations;

(3) The *applicant* and such named members are financially solvent and not subject to any actions in bankruptcy, trusteeship, receivership or any other court proceeding in which the sect or division's financial solvency is in question;

(4) Neither the *applicant* nor any of it participating members has any judgements arising out of the operation, maintenance, or use of a motor vehicle taken against them which have remained unsatisfied for more than thirty (30) days after becoming final; and

(5) Upon the application of the *applicant* to the Tennessee Department of Revenue to issue initial application or renewal of certificate of self-insurance the applicant and such named members are possessed and will continue to be possessed of an ability to pay any judgements that might be rendered against such persons or religious sect or division.

The members, whose names appear heron, hereby certify that the foregoing resolution was made and approved on the _____ day of _____, 20_____.

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

LIST OF MEMBERS JOINING ATTACHED RESOLUTION:

FULL NAME	SIGNATURE