



**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER • COMPTROLLER GENERAL

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 604, West Tower, Atlanta, GA 30334



www.oci.ga.gov

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REGULATORY SERVICES

GID-255-RS NOV2016

Automobile Application For Self-Insurance

The undersigned, herein referred to as the applicant, being the owner of a motor vehicle or motor vehicles required to be registered in the State of Georgia, 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 Commissioner of Insurance to determine whether the applicant is possessed of the ability to pay valid claims and judgments, as provided in O.C.G.A. § 33-34.

The applicant hereby further agrees that, if this application is approved, such approval shall be subject to applicant's continued compliance with Chapter 120-2-46 of the Rules and Regulations of the Georgia Insurance Department and related rules and directives of the Department.

***Certificate expires one year from the date of issuance and a new application must be received 30 days prior to expiration in order to be approved for a new certificate.***

The applicant hereby further agrees that, if this application is approved and the applicant becomes a self-insurer as a result of the approval, the applicant will provide reparations on the terms and conditions of O.C.G.A. § 33-34 for all accidents occurring during the period that applicant continues to hold the status of self-insurer with the Georgia Insurance Department.

The applicant hereby further agrees, that if this application is approved and the applicant becomes a self-insurer as a result of the approval, the applicant will submit to and follow the claims and arbitration procedures promulgated by the Commissioner of Insurance, in so far as such claims and arbitration procedures apply to carriers of insurance under O.C.G.A. § 33-34 for all accidents occurring during the period that applicant continues to hold the status of self-insurer with the Georgia Insurance Department.

If this application is a renewal, in addition to the information requested on these forms, you must also provide a certificate documenting the continuation of your self-insurer bond or verification of the security deposit.

If this is a first time application, in accordance with Georgia Regulations § 120-2-46-.04(1), you must provide a self-insurer bond\* or approved securities in an amount determined by the number of vehicles you are insuring. Please consult Georgia Regulations § 120-2-46-.04(2) for appropriate levels.

\* If you are a taxicab self-insurer, you are precluded from submitting a bond in lieu of a cash deposit in accordance with O.C.G.A. § 40-9-101(3)(c).

Additionally, please provide a copy of the Georgia Self Insurance Card carried in the vehicles you insure. If an applicant, provide a copy of the intended card you will be using.

Effective 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this application for processing.



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GID-255-RS JAN2012

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\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Nature of Business)

\_\_\_\_\_  
Address (Principal Office)

- Are you now operating as a self-insurer? \_\_\_\_\_ If so, how long? \_\_\_\_\_
- Have you a claim department for investigating and adjusting claims consistent with O.C.G.A 33-34? \_\_\_\_\_ If so, attach procedures used in investigating and adjusting claims. Include coverages, benefits, and payment procedures. If not, applicant must provide a proposed plan outlining how it expects to provide coverages, benefits and efficient claim handling procedures substantially equivalent to those afforded by a policy of automobile insurance that complies with all the requirements of O.C.G.A. § 33-34.
- Indicate the limits of liability: \_\_\_\_\_

4 Is your company a self-insurer under any other phase of your business? \_\_\_\_\_ If so, give particulars.

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

Accident Years

20 \_\_\_\_\_ 20 \_\_\_\_\_ 20 \_\_\_\_\_

**A. Number of Accidents:**

Personal Injury	_____	_____	_____
Property Damage	_____	_____	_____
Total Number of Accidents	_____	_____	_____

**B. Number of Claims:**

Personal Injury	_____	_____	_____
Settled by Payment	_____	_____	_____
Settled Without Payment	_____	_____	_____
Open and Pending	_____	_____	_____
Total	_____	_____	_____

**Property Damage Settled**

by Payment Settled	_____	_____	_____
Without Payment Open	_____	_____	_____
and Pending	_____	_____	_____
Total	_____	_____	_____

Number of Accidents for which no Claims were made	_____	_____	_____
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**A. Names and addresses of banks in which company has accounts:**

[Empty box for bank names and addresses]

**B. Insurance on: Inventories -** \_\_\_\_\_

**Plants -** \_\_\_\_\_

**C. Attach statement of profit and loss to date of balance sheet.**

**D. When incorporated or established?** \_\_\_\_\_ **State in which incorporated:** \_\_\_\_\_

**E. List all contingent liabilities:**

[Empty box for contingent liabilities]

**F. Are any assets pledged to secure notes, loans or mortgages payable?**

[Empty box for pledged assets]

**G. If you have any notes or accounts receivable or payable from or to officers or stockholders, give details concerning method and terms of payments.**

[Empty box for notes and accounts]

**H. List name of officers or partners of company:**

[Empty box for officers and partners]

Effective 1-1-2012, the Citizenship Affidavit Form GID-276-EN must be submitted with this application for processing.

**AFFIDAVIT**

**COUNTY** \_\_\_\_\_ **STATE** \_\_\_\_\_

Witness our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
(Name of Official)

\_\_\_\_\_  
(Title of Official)

\_\_\_\_\_  
(Signature Of Official)

\_\_\_\_\_  
(Name of Official)

\_\_\_\_\_  
(Title of Official)

\_\_\_\_\_  
(Signature Of Official)

<b>NOTARY</b>	State of _____ County of _____
	Sworn to and Subscribed before Me this _____ day of _____, _____
	Signature _____ My Commission Expires _____

( Seal )



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**STATEMENT OF NET WORTH**

The following report is made to the Commissioner of Insurance for the purpose of showing financial ability to pay motor vehicle liability judgments and valid claims. Applicants shall attach a copy of their last annual financial statement as certified to by a certified public accountant or CPA firm. Said statement is a part of this application.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street Address, City, State, Zip Code)

<b>ASSETS</b>	<b>CURRENT ASSETS:</b>	Cash in Bank.....	\$ _____
		Cash on Hand.....	_____
		Accounts Receivable.....	_____
		Loans Receivable.....	_____
		Merchandise Inventory (Cost).....	\$ _____
		<b>TOTAL CURRENT ASSETS.....</b>	<b>\$ _____</b>
	<b>FIXED ASSETS:</b>	Machinery and Equipment (Cost).....	\$ _____
		Autos and Trucks (Cost).....	_____
		Office Equipment (Cost).....	_____
		Buildings (Cost).....	_____
	Total.....	\$ _____	
	Less: Reserves for Depreciation..	_____	
	Net Total:.....	\$ _____	
	Add: Land (Appraisal Value).....	_____ <b>TOTAL</b>	
	<b>FIXED ASSETS.....</b>	<b>\$ _____</b>	
<b>OTHER ASSETS:</b>	Prepaid Insurance .....	\$ _____	
	Supplies on Hand .....	\$ _____	
	Deposits .....	\$ _____	
	<b>TOTAL ASSETS</b>	<b>\$ _____</b>	
<b>LIABILITIES</b>	<b>CURRENT LIABILITIES:</b>	Accounts Payable.....	\$ _____
		Payroll Taxes Accrued.....	\$ _____
		Notes Payable.....	\$ _____
		Loans Payable.....	\$ _____
		Claim Reserves.....	\$ _____
	<b>TOTAL CURRENT LIABILITIES</b>	<b>\$ _____</b>	
	<b>FIXED LIABILITIES:</b>	Mortgage Payable.....	\$ _____
<b>NET WORTH</b>		Net Worth Last Month:.....	\$ _____
		<b>TOTAL NET WORTH</b>	<b>\$ _____</b>