



South Carolina Department of Motor Vehicles
Application for South Carolina Self-Insurer

FR-003B
(Rev. 4/16)

PURSUANT TO THE PROVISIONS OF SECTION 56-9-60 OF THE 1976 SOUTH CAROLINA CODE OF LAWS, AS AMENDED, EVERY PERSON, FIRM OR CORPORATION DESIRING TO OPERATE AS A SELF-INSURER, MUST OWN MORE THAN TWENTY-FIVE (25) VEHICLES REGISTERED IN THEIR NAME IN SOUTH CAROLINA. THEY MUST HAVE SUFFICIENT SECURITIES AND FINANCIAL ABILITY TO RENDER PAYMENTS OF LIABILITY JUDGEMENTS.

1. Trade name of business and DBA making application: _____
2. Nature of business: _____
3. Street address of principal office: _____
City or Town: _____ State: _____ Zip Code: _____
4. Street Address of local office : _____
City or Town: _____ State: _____ Zip Code: _____
5. Self-Insured coverage will include bodily injury, property damage and uninsured motorist coverage. All of the aforementioned coverage is mandatory in South Carolina.
 - a) Name of South Carolina licensed insurer and type coverage:

 - b) Policy number: _____ c) Effective Date: _____
6. Are you now operating as a self-insurer in any other state(s)? Yes No
 - a) Which state(s)? : _____
 - b) Effective dates: _____
7. Is your company a self-insurer in any other phase of your business? Yes No
 - a) If yes, give particulars: _____
 - b) Is business interruption insurance in effect? Yes No
 - c) If yes, give particulars: _____
8. Financial requirements:
 - a) Your company **must** have a positive net worth.
 - b) Must have net worth of at least twenty million (\$20,000,000.00) dollars or deposit in a **segregated** account (claims account) three thousand (\$3,000.00) dollars for each vehicle registered in South Carolina. This must be on deposit at the beginning of each certificate year and cannot decrease except for payment of claims or actual reduction in fleet size, and in any event not below 70% of required amount at any time. Additional deposits of three thousand (\$3,000.00) per vehicle shall be required if the number of vehicles registered in the company's name increases during the certification period, and in any event, no vehicles will be self-insured that are not registered with the Department.
 - c) If you wish to apply by letter of credit, it must be in favor of SC Department of Motor Vehicles and not a predecessor agency.
 - d) An excess insurance policy for each vehicle is recommended, but optional, to cover all claims.
 - e) If applying under the \$3,000.00 rule, you must send your most recent statement to the Department upon request.
 - f) The establishment of a claims account must be a South Carolina bank (\$3,000 rule).
9. Do you have a claim department for investigating and processing claims? Yes No
 - a) If no, how are your claims processed? _____
 - b) Attach procedural guide for processing claims. If a third party or other company processes claims, request the guide from the third party before submitting the application.
 - c) Does your financial statement exceed twenty pages? Yes No
 - d) Are you using a 10K filing? Yes No
 - e) If you answered yes to questions c) or d) above, provide the specific page and line items that contain the reference to the claims account or other financial responsibility for self-insured claims. _____



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10. Are any assets pledged to secured notes, loans or mortgages payable? Yes No
 a) If yes, give particulars: _____
11. Under what caption does your claims account appear on your financial statement? _____
12. Are any motor vehicle judgments open and unsatisfied? Yes No
 a) If yes, how many? _____ b) Property damage? _____
 c) Bodily injury? _____ d) Total amount of money involved? _____
13. Are any other judgments open and unsatisfied? Yes No
 a) If yes, how many? _____ b) Total amount of money involved? _____
14. Give the following information concerning motor vehicle accidents in which your vehicles were involved during the past three years.

				Number of accidents within a 3 year period			Payment of Claims (dollar amount)		
Accident Years	20	20	20	20	20	20	20	20	
Total number of accidents									
Total number of personal injury claims									
Total number of property damage claims									
Total number of economic loss claims, if applicable									
Total number of uninsured motorist claims									
Accident Years	20	20	20	Accident Years	20	20	20		
Number of personal injury claims				Number of economic loss claims, if applicable					
Settled by payment				Settled by payment					
Settled without payment				Settled without payment					
Open and pending				Open and pending					
Total				Total					
Accident Years	20	20	20	Accident Years	20	20	20		
Number of property damage claims				Number of uninsured motorist claims					
Settled by payment				Settled by payment					
Settled without payment				Settled without payment					
Open and pending				Open and pending					
Total				Total					
Number of accidents for which no claims were filed:									



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15. Total number of vehicles to be covered under the self-insured certificate: _____
16. Attach listing of all motor vehicles, including vehicle year, make, vehicle identification number, vehicle license number and state of issuance.
17. Attach a copy of your last financial statement, completed by a certified public accountant including consolidated profit and loss statement. Your financial statement must be within 12 months of completing this application. The financial statements are subject to audit by the Department. If your financial statement exceeds 20 pages provide the page number that shows financial requirements.
18. If your company has a re-insurance or excess automobile liability insurance policy, complete the following:
- a) Name of Insurance company: _____
- b) Policy Number: _____
- c) Policy effective date : _____ d) Policy Termination date: _____
- e) Amount of coverage: _____

19. List all owners, partners or corporate officers below:

Name	Official Capacity	Business Address	Phone Number

20. List below person(s) to contact regarding application and attachments:

Name	Official Capacity	Business Address	Phone Number

21. List below person(s) to contact regarding unsettled claims:

Name	Official Capacity	Business Address	Phone Number



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WITNESS OUR HANDS AND SEALS THIS _____ DAY OF _____, 20____ AT _____

WITNESSES:

_____	_____	_____
Witness	Chief Executive Officer (CEO) or Responsible Individual	Title

_____	_____
Witness' Printed Name	CEO's or Responsible Individual's Printed Name

Witness

Witness' Printed Name

PERSONALLY APPEARED BEFORE ME, _____, WHO BEING
 (WITNESS)

DULY SWORN, SAYS THAT (S)HE ALONG WITH, _____, SAW
 (WITNESS)

THE WITHIN NAMED CHIEF EXECUTIVE OFFICER OR RESPONSIBLE INDIVIDUAL SIGN, SEAL AND DECLARE AS THEIR ACT AND DEED, AND THEREBY WITNESSED THE EXECUTION THEREOF.

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

_____	_____
SIGNATURE OF NOTARY PUBLIC	NOTARY PUBLIC FOR (STATE)

_____	_____
PRINT NAME OF NOTARY PUBLIC	MY COMMISSION EXPIRES

Mail application and attachments to: SC Department of Motor Vehicles
 Financial Responsibility Office **Attention: Self-Insured Unit**
 Post Office Box 1498,
 Blythewood, South Carolina 29016-0040
 (803) 896-8079

DEPARTMENTAL USE ONLY

APPROVED DISAPPROVED

SELF INSURANCE CERTIFICATE NO. _____

_____	_____	_____	_____
SCDMV DIRECTOR	DATE	EFFECTIVE DATE	EXPIRATION DATE