



Division of Insurance

INSTRUCTIONS FOR OBTAINING MOTOR VEHICLE CERTIFICATE OF SELF INSURANCE

Fee: \$500.00

Decisions with regard to the issuance of a Certificate of Self Insurance and renewals of an existing Certificate will be governed by Regulation 2-1-10.

All items required under Section 4(C.) must be submitted a minimum of 60 days prior to expiration of the current certificate. Requests for waivers of any required items must be submitted at least 90 days prior to expiration of the current certificate. Failure to file within the time limit allowed will result in a fine up to \$500.00 as allowed under § 10-3-109, C.R.S. along with a lapse in authorization.

In accordance with § 10-3-207(1.5), C.R.S. a fee of \$500.00 must be included with the filing. All items, including the application form and declarations, should be directed to the attention of:

Corporate Affairs
Colorado Division of Insurance
1560 Broadway, Suite 850
Denver, Colorado 80202

Please note that the application should be signed by an officer, partner or owner authorized to bind the applicant as a self-insurer to all obligations of a motor vehicle insurer. The filing for a Certificate of Self Insurance should identify the legal name(s) of the person under which the motor vehicles are registered. After approval of the applicant as a self insurer, a Certificate shall be issued to the applicant for duplication. A copy of the Certificate should then be placed in each self-insured vehicle as evidence that the vehicle has the mandatory insurance coverage.

FAILURE TO FILE AT LEAST 60 DAYS PRIOR TO EXPIRATION OF CURRENT CERTIFICATE WILL RESULT IN A FINE UP TO \$500.00 AND A POSSIBLE LAPSE IN AUTHORIZATION.

WAIVER REQUESTS SUBMITTED LESS THAN 90 DAYS PRIOR TO EXPIRATION OF CURRENT CERTIFICATE MAY BE DENIED.

For inquiries, email: DOI.corporateaffairs@dora.state.co.us

1560 Broadway, Suite 850 Denver, Colorado 80202 Phone 303.894.7499
Fax 303.894.7455 Toll Free 800.930.3745 www.dora.state.co.us V/TDD 711





**APPLICATION
MOTOR VEHICLE SELF-INSURANCE**

Date: _____

Please note: in order to become self-insured, the applicant must have twenty-five (25) or more motor vehicles registered in the State of Colorado. When there is more than one person applying, each person must have twenty-five (25) or more vehicles registered.

List full name and address of applicant for use on the
CERTIFICATE OF SELF-INSURANCE

NAME:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: (____) _____

How many motor vehicles are registered in the name of applicant? _____

Please list the name, address and phone number of the person in charge of claims:

NAME:

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: (____) _____

Do you carry other automobile insurance in addition to the self-insured limit?

_____ **YES** _____ **NO**

(If yes, submit a copy of the policy, if not already on file.)





DECLARATION SHEET
FOR SELF-INSURANCE

The undersigned, a corporate officer of the applicant,

(Applicant Name)

hereby applies for a CERTIFICATE OF SELF-INSURANCE to be issued by the Commissioner of Insurance, Division of Insurance, Colorado Department of Regulatory Agencies, under the provisions of the Colorado Financial Responsibility Law and the Colorado Auto Accident Reparations Act. For the purpose of obtaining such CERTIFICATE OF SELF-INSURANCE, the applicant declares that:

- a. The applicant will abide by all of the terms and conditions of §§ 10-4-620, 10-4-624 and 10-3-1104(1)(h), C.R.S.;
- b. The total assets and liabilities of the applicant are accurate as shown on the enclosed financial statements; and
- c. The applicant possesses and will continue to possess the ability to pay promptly:
 1. Direct benefits as required by §§ 10-4-620 C.R.S.; and
 2. Any and all judgments which may be obtained against the applicant.

Authorized Signature

(Print name)

(Title)

(Date)