



BEFORE THE DIVISION OF TRANSPORTATION STATE OF MISSOURI

This form should be used to apply for self-insurer status under 4 CSR 265-2.068.

In the matter of the application _____ for self-insurer status.

Case No. _____ (DO NOT ENTER)

File No. _____ (DO NOT ENTER)

APPLICATION

Comes now, _____ (FULL LEGAL NAME)

herein called the Applicant, and submits this application for self-insurer status and in support thereof states the following:

1. The Applicant is [] an individual, [] a partnership, [] a limited liability company or [] a corporation organized under the laws of the State of _____ and maintains its principal place of business at (street, city, county, state and zip) _____ Mailing address (if different): _____

Applicant presently holds [] Certificate of Public Convenience and Necessity No. _____, [] Contract Carrier Permit No. _____, and/or [] Interstate Commerce Commission Certificate or Permit No. MC - _____ and sub-numbers, or [] No motor carrier operating authority from either the Missouri Division of Transportation or the Interstate Commerce Commission.

[] 2. The following exhibits are attached: a. Attached hereto as Exhibit A is a balance sheet prepared within the last six (6) months prior to the filing of the application, giving detailed information concerning the financial condition of the Applicant. b. Attached hereto as Exhibit B is an income statement of Applicant showing in detail its operating results for the twelve (12)-month period immediately prior to the date of the filing of the application. c. Attached hereto as Exhibit C is a record of all accidents, losses and claims filed in the five (5)-year period immediately prior to the date of the filing of the application and a complete explanation of the disposition of the claims.



- d. Attached hereto as **Exhibit D** is information concerning the cancellation of any insurance policies issued to Applicant by insurance companies authorized to do business in this state, if such coverage related to Applicant's operation as an authorized motor carrier.
- e. If the Division grants authority to Applicant to be a self-insurer, Applicant agrees to place in a separate account a minimum reserve amount of \$ _____ based upon the carrier's size, operations and claims history.
- f. If the Division grants authority to Applicant to be a self-insurer, Applicant agrees to file annually, within sixty (60) days after the close of the calendar year, a balance sheet and income statement and a statement listing any claims filed against the Applicant which arose out of any accidents the Applicant was involved in during its operations in the previous calendar year, and any unresolved claims which arose out of such accidents during previous years. For each claim listed, the Applicant will state the amount, nature and status of the claim, including whether it is disputed or undisputed, and how much of it remains unpaid.
3. Applicant's self-insurance plan has been approved by the Interstate Commerce Commission.
- a. Attached hereto as **Exhibit E** is a certified copy of the Interstate Commerce Commission Order now in effect approving the carrier's self-insurance plan.
- b. Applicant will provide the Division immediate notice of any proceeding or action by the Interstate Commerce Commission which could result or has resulted in the suspension, revocation or termination of its self-insurance plan by the Interstate Commerce Commission.



WHEREFORE, in view of the above, the Applicant requests approval of the application.

Respectfully submitted,

Applicant: _____

Applicant: _____

Title or Position: _____

Title or Position: _____

Phone Number: _____

Phone Number: _____

Address: _____

Address: _____

Applicant: _____

Attorney for Applicant: _____

Title or Position _____

Phone Number: _____

*Attorney: _____

(PLEASE PRINT)

Address: _____

Phone Number: _____

Address: _____

MISSOURI BAR NUMBER

*If application is filed for a limited liability company or corporation, the filing must be signed by a Missouri-licensed attorney representing the Applicant, in accordance with Division rules at 4 CSR 265-2.040(2) and -2.080(5). If filed for an individual, it must be signed by that individual or his attorney, or both.

VERIFICATION

I declare under penalty of perjury under the laws of the State of Missouri and the United States of America that the above information and all information in the exhibits filed herewith, is true and correct and that I am authorized to execute and file this document on behalf of the above Applicant.

Signature _____

Title (if applicable) _____



(1) LIST OF SPECIFIC COMMODITIES is as follows:
(Need not complete this paragraph (1) if applying for general commodities authority.)

(2) DESCRIPTION OF ROUTES TO BE TAKEN: (In addition to verbal description, also attach copy of a map or chart designating the routes to be operated for regular route authority.)

(3) Applicant desires to transport hazardous materials as designated in 49 CFR § 172.101 (check only one box).

Yes, Exhibit H attached, or

No, Exhibit H not attached.

Exhibit: C