

SELF INSURANCE APPLICATION – STATEMENT OF NET WORTH

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____

Email: _____

The department will require proof of assets in the form of a financial report per section 324.171, Florida Statutes.

TOTAL ASSETS \$ _____

- Assets include:
- Cash in Bank
- Securities
- Loans Receivable
- Machinery and Equipment (Appraisals Needed)
- Buildings and Land (Appraisals Needed)
- Other (Appraisals Needed)

TOTAL LIABILITIES \$ _____

TOTAL UNENCUMBERED NET WORTH OF AT LEAST \$40,000.00 (ASSETS MINUS LIABILITIES)

\$ _____

Applicant Identification:

Driver License Number: _____

Driver License Number: _____

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LIST OF VEHICLES TO BE COVERED BY CERTIFICATE:

Note: For additional vehicles please include a separate sheet with the information indicated below.

Make	Year	Tag Number	Identification Number

The vehicles requested to be self-insured will be used for **personal use only**, not for-hire or commercial purposes. Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Signature

Date

Signature

Date

Notary Name: _____

State of: _____ County of: _____

The forgoing document was acknowledged before me this ____ day of _____, 20____, who is personally known to me or who produced a/an _____ as identification and who did (did not) take an oath.

Affix Seal Here

Notary Public Signature:

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Instructions for Completing Statement of Net Worth

Pursuant to section 324.171, Florida Statute.

The department will only accept the Self Insurance Application (Statement of Net Worth) provided by the department. If any other application is provided it will not be accepted. If approved by the department the Self Insurance Certificate is only valid for one year from the date of issuance, this is an annual certificate.

Assets:	Including the total amount of your assets, the department will require proof of all assets including proof of cash in the bank along with appraisals for other assets. We do not accept letters from financial institutions, it must be a financial report.
Liabilities:	Include the total amount of your liabilities.
List of Vehicles:	Include all vehicles that are currently registered in the applicant's name that are requested to be self-insured.
Applicant Identification:	Include your complete driver license number.
Signatures:	If spouses are applying together both signatures are required.

Should you have any questions regarding the application for Self-Insurance please contact us using one of the methods below:

Phone Number: 850-617-2666

Mailing Address: Department of Highway Safety and Motor Vehicles Bureau of
Motorist Compliance
2900 Apalachee Parkway, MS-97
Tallahassee, Florida 32399-0585
Attention: Self Insurance

Email Address: selfinsurance@flhsmv.gov