



**State of Rhode Island and Providence Plantations
DEPARTMENT OF BUSINESS REGULATION
1511 Pontiac Avenue, Bldg. 69-2
Cranston, Rhode Island 02920**

Insurance Division

**APPLICATION FOR CERTIFICATE OF SELF INSURANCE
R.I. Gen. Law § 31-33-9**

Instructions

1. Applicants for permission to self-insure the compulsory automobile insurance requirements should complete this application in full.
2. In addition to the application, please provide a copy of the most recent audited annual statement and an actuarial opinion speaking to the adequacy of the company's reserves.
3. The Department is relying upon the information provided in this application in order to determine whether or not the entity possesses sufficient financial ability to render certain the payments of automobile liability judgments, as defined R.I. Gen. Laws § 31-33-9. Therefore any change to the information must be reported to the Department as soon as possible but in no even more than thirty (30) days after the change.
4. This application, and all inquiries regarding self-insured status, should be submitted to dbr.companylicensing@dbr.ri.gov
5. The vehicles utilized by the entity must be reported to the Department of Motor Vehicles. All changes to vehicles during the self insured period must also be reported to Department of Motor Vehicles.

Date: _____

Applicant: _____

Address: _____

Contact Person: _____

E-mail address: _____

Telephone number: _____

GENERAL INFORMATION

1. Are you now operating as a self-insurer for compulsory automobile liability?

YES If yes - length of time: _____

NO

2. Please describe the manner in which you self insure including whether you participate in the Rhode Island Interlocal Trust; utilize a Captive Insurer and/or utilize an excess line policy. If a combination of methods are involved, please describe in detail including self insured retention and deductibles.

3. Indicate the primary location where the vehicles are garaged and where employees work:

Rhode Island only

Rhode Island and other states

4. Are any automobile liability judgments, as defined by R.I. Gen. Laws 31-33-9, open and unsatisfied?

YES If yes, how many? _____ Total dollar amount _____

NO

5. Are any other judgments open and unsatisfied?

YES If yes, how many? _____ Total dollar amount? _____

NO

6. MUNICIPALITIES ONLY: Does the city/town participate in the Rhode Island Interlocal Risk Management Trust?

YES NO

AUDITED INFORMATION

1. Date of last audit: _____

2. Date period: _____

3. Auditor(s): _____

4. Audit presented in accordance with Generally Accepted Accounting Principals (GAAP)?

___ YES ___ NO

5. Indicate the amount of "Unreserved Fund Balance" by type:

General Fund: _____

Internal Service Fund: _____

Enterprise Fund: _____

Trust Funds: _____

6. Indicate the amount of "Reserved Fund Balance" by type:

General Fund: _____

Internal Service Fund: _____

Enterprise Fund: _____

Trust Funds: _____

CURRENT YEAR FINANCIAL INFORMATION

1. Does the current budget include the following:

___ Planned contributions for insurance purposes?

Amount: \$ _____

Fund Types: _____

___ Provision for losses for insurance purposes

Amount: \$ _____

Fund Types: _____

___ Interfund transfers to/for insurance purposes

Amount: \$ _____

Fund Types: _____

2. How are reserves established?

3. What basis or methodology is used to account for losses?

COVERAGE

1. Indicate the number and type of vehicles to be covered by self-insurance (example: police, fire apparatus, personal autos, light trucks, heavy trucks, motorcycles, buses). As noted above specific information on each vehicle is to be reported to the Department of Motor Vehicles:

2. Indicate the number of vehicles not used by employees (e.g., volunteers): _____

3. Indicate and describe the extent of other coverage from

Insurers: \$ _____

Excess coverage: \$ _____

Loss-sharing agreements \$ _____

4. Is work conducted after regular work hours?

___ YES ___ NO

5. Are vehicles allowed to be used for personal use by employees? ___ YES ___ NO

If yes, what is your policy on covering these vehicles if involved in an accident?

6. List, by year, the last 3 years claim history in the aggregate for both paid claims and total incurred losses

YEAR	PAID CLAIMS	TOTAL INCURRED LOSSES
_____	_____	_____
_____	_____	_____
_____	_____	_____

RISK MANAGEMENT

1. Who, within your organization, is the risk manager or coordinator for loss control efforts?

Name _____ Title _____

2. Please describe the formal loss control policy/program in place:

3. Do you incorporate the effectiveness of loss control efforts into performance evaluation for administrators, departments, supervisors and managers?

___ YES ___ NO

4. Do you have a formalized system in place to periodically analyze the effectiveness of loss control efforts and make corresponding changes in your loss control programs?

___ YES ___ NO

5. Are preventative maintenance programs required?

NO

YES Duration (mileage) _____

6. Are the reports on preventative maintenance programs reported to the risk manager?

YES NO

7. Are reported violations corrected and re-inspected in a timely manner?

YES NO

8. How do you currently handle claims within your self insured retention?

Staff

Independent contractor

Insurance company

9. Does your organization establish loss and expense reserves for each reported claim?

YES NO

10. Who establishes reserves?

11. What methodology is used to reserve claims?

12. Is the claims system manual or automated? _____