



## APPLICATION FOR SELF-INSURANCE

**NRS 485.380**

Assigned Self-Insurance Certificate Number: \_\_\_\_\_  
If new applicant, please leave blank.

**Application must be completed in its entirety.**

Self-Insurance Applicant: \_\_\_\_\_

DBA Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

Physical Address: \_\_\_\_\_  
Street City State Zip Code

Business Telephone Number: \_\_\_\_\_ Business Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ Corporation ☐ Individual ☐ LLC ☐ LLP ☐ Partnership ☐ Proprietorship ☐ Sole

Incorporated in State of: \_\_\_\_\_

**Note:** If filing a joint application, please submit a copy of the indemnity agreement (either an original or a copy notarized by a licensed notary public) with your application. According to **NAC 485.075**, "Entities making a joint application for a certificate of self-insurance pursuant to **NAC 485.060** must enter into an indemnity agreement jointly and severally binding each entity for all liability arising from the operation of each motor vehicle that is self-insured pursuant to the certificate."

**OWNERSHIP: List name and title of each officer of the business. Use separate page if necessary.**

NAME:			
LAST	FIRST	MIDDLE	TITLE

**NOTE:** Ownership changes require notification to the Department. *A self-insurer shall notify the Department not less than 60 days BEFORE any change in ownership or control (NAC 485.115).*

REASON FOR SUBMITTAL		
<input type="checkbox"/>	ORIGINAL APPLICATION	
<input type="checkbox"/>	RENEWAL APPLICATION	
<input type="checkbox"/>	CHANGES*:	
	OLD INFORMATION	NEW INFORMATION
Business Ownership/Control	_____	_____
Business Name	_____	_____
Address	_____	_____
Officer(s)	_____	_____
*If changing the entity names for a <i>joint application</i> , please submit a new indemnity agreement. See form SI-01, Self-Insurance Requirements, and <b>NAC 485.075</b> .		

