



South Carolina Department of Motor Vehicles

Application for South Carolina Political Subdivision Self-Insurer

FR-003C (Rev. 4/16)

PURSUANT TO SOUTH CAROLINA CODE ANN. 15-78-140 ALL POLITICAL SUBDIVISIONS MAY BECOME SELF-INSURED BY ESTABLISHING FUNDS OR POOL LIABILITY FUNDS VIA AN INTERGOVERNMENTAL AGREEMENT. THE POLITICAL SUBDIVISION IS STILL REQUIRED TO COMPLY WITH PROVISIONS OF SOUTH CAROLINA CODE ANN 56-10-10. THIS PROVISION REQUIRES APPROPRIATE SECURITY MUST BE MAINTAINED IN ORDER TO REGISTER VEHICLES IN THE STATE OF SOUTH CAROLINA.

OR

Pursuant to 15-78-140, political subdivisions are allowed to procure automobile liability insurance by becoming self-insured. Additionally, pursuant to 56-9-30 political subdivisions are exempted from the self-insured requirements contained in Chapter 9 of Title 56. However, pursuant to 56-10-10 political subdivisions who wish to be self-insured must still provide proof that adequate security is in place to meet the minimum coverage specified in 56-10-20.

1. Name of political subdivision making application: _____

2. List government entities covered, if pooled self-insurance funds have been established: _____

3. Street address of principal office: _____

City or Town: _____ State: _____ Zip Code: _____

4. Self-Insured coverage will include bodily injury, property damage and uninsured motorist coverage. All of the aforementioned coverage is mandatory in South Carolina.

5. Is your political subdivision a self-insurer in any other phase of your business? Yes No

a) If yes, give particulars: _____

6. Political subdivisions must meet the following requirements to be self-insured with the South Carolina Department of Motor Vehicles:

- a) You are required to submit along with this application a financial statement. Your financial statement must show funds that have been earmarked to pay liability claims. Your financial statement must have been prepared within twelve months of completing this application. The financial statement must include consolidated profit and loss statements. An actuary's report of how the earmarked liability funds were calculated is also required. Excess automobile coverage is strongly recommended with the insurer notifying the Department of any cancellations.
- b) You will be subject to a field audit at any time deemed necessary by the Department.
- c) Apply annually to be self-insured. The application must be submitted thirty (30) days prior to the expiration of the current self-insured period.
- d) Annually provide a recent actuary's report, not more than six months old from the date of application, of the political subdivision's projected automobile liability losses for the upcoming self-insured period.
- e) Annually provide proof that sufficient funds are available and will be maintained to cover the projected losses listed in the actuary's report.
- f) Annually provide a copy of the political subdivision's most recent financial statement, which shall be not more than six months old from the date of application.
- g) If an Excess Liability Insurance Policy is in place, the political subdivision must designate the South Carolina Department of Motor Vehicles as the Certificate holder on the policy.

7. Do you have a claim department for investigating and processing claims? Yes No

a) If no, how are your claims processed? _____

b) Attach procedural guide for processing claims. If a third party or other company processes claims, request the guide from the third party before submitting the application.

8. Are any assets pledged to secured notes, loans or mortgages payable? Yes No

a) If yes, give particulars: _____

9. Under what caption does your claims account appear on your financial statement? _____

a) Please provide page number: _____



South Carolina Department of Motor Vehicles

**Application for South Carolina
Political Subdivision Self-Insurer**

FR-003C
(Rev. 4/16)

10. Are any motor vehicle judgments open and unsatisfied? Yes No

a) If yes, how many? _____ b) Total amount of money involved? _____

11. Are any other judgments open and unsatisfied? Yes No

a) If yes, how many? _____ b) Total amount of money involved? _____

14. Give the following information concerning motor vehicle accidents in which your vehicles were involved during the past three years.

Accident Years	Number of accidents within a 3 year period			Payment of Claims (dollar amount)		
	20	20	20	20	20	20
Accident Years	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</u>
Total number of accidents						
Total number of personal injury claims						
Total number of property damage claims						
Total number of economic loss claims, if applicable						
Total number of uninsured motorist claims						
Accident Years	<u>20</u>	<u>20</u>	<u>20</u>	Accident Years	<u>20</u>	<u>20</u>
Number of personal injury claims				Number of economic loss claims, if applicable		
Settled by payment				Settled by payment		
Settled without payment				Settled without payment		
Open and pending				Open and pending		
Total				Total		
Accident Years	<u>20</u>	<u>20</u>	<u>20</u>	Accident Years	<u>20</u>	<u>20</u>
Number of property damage claims				Number of uninsured motorist claims		
Settled by payment				Settled by payment		
Settled without payment				Settled without payment		
Open and pending				Open and pending		
Total				Total		
Number of accidents for which no claims were filed: _____						

15. Total number of vehicles to be covered under the self-insured certificate: _____

16. Attach listing of all motor vehicles, including vehicle year, make, vehicle identification number, vehicle license number and state of issuance.



South Carolina Department of Motor Vehicles

**Application for South Carolina
Political Subdivision Self-Insurer**

FR-003C
(Rev. 4/16)

17. If your company has a re-insurance or excess automobile liability insurance policy, complete the following:

- a) Name of Insurance company: _____
- b) Policy Number: _____
- c) Policy effective date : _____ d) Policy Termination date: _____
- e) Amount of coverage: _____

19. List below person(s) to contact regarding application and attachments:

Name	Official Capacity	Business Address	Phone Number

20. List below person(s) to contact regarding unsettled claims:

Name	Official Capacity	Business Address	Phone Number



South Carolina Department of Motor Vehicles

Application for South Carolina Political Subdivision Self-Insurer

FR-003C (Rev. 4/16)

WITNESS OUR HANDS AND SEALS THIS _____ DAY OF _____, 20____ AT _____

WITNESSES:

Witness _____ Chief Executive Officer (CEO) or Responsible Individual _____ Title _____

Witness' Printed Name _____ CEO's or Responsible Individual's Printed Name _____

Witness _____

Witness' Printed Name _____

PERSONALLY APPEARED BEFORE ME, _____, WHO BEING (WITNESS)

DULY SWORN, SAYS THAT (S)HE ALONG WITH, _____, SAW (WITNESS)

THE WITHIN NAMED CHIEF EXECUTIVE OFFICER OF THE POLITICAL SUBDIVISION, SIGN, SEAL AND DECLARE AS THEIR ACT AND DEED, AND THEREBY WITNESSED THE EXECUTION THEREOF.

SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

SIGNATURE OF NOTARY PUBLIC NOTARY PUBLIC FOR (STATE)

PRINT NAME OF NOTARY PUBLIC MY COMMISSION EXPIRES

Mail application and attachments to: SC Department of Motor Vehicles Financial Responsibility Office Attention: Self-Insured Unit Post Office Box 1498, Blythewood, South Carolina 29016-0040 (803) 896-8456

DEPARTMENTAL USE ONLY

APPROVED DISAPPROVED

SELF INSURANCE CERTIFICATE NO. _____

SCDMV DIRECTOR DATE EFFECTIVE DATE EXPIRATION DATE