

**SELF INSURANCE APPLICATION**  
**STATEMENT OF NET WORTH**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**ASSETS**

\_\_\_\_\_  
(As of Date)

Cash in Bank (See Schedule "A")	\$ _____
Securities	\$ _____
Accounts Receivable	\$ _____
Loans Receivable	\$ _____
Machinery and Equipment (Appraisal Needed)	\$ _____
Buildings (Appraisal Needed)	\$ _____
Land (Appraisal Value – Attach Tax Receipts)	\$ _____
Other (Appraisals may be needed)	\$ _____

**TOTAL ASSETS** \$ \_\_\_\_\_

**LIABILITIES**

\_\_\_\_\_  
(As of Date)

Accounts Payable	\$ _____
Notes Payable	\$ _____
Loans Payable	\$ _____
Other	\$ _____

**TOTAL LIABILITIES** \$ \_\_\_\_\_

**TOTAL UNENCUMBERED NET WORTH (ASSETS MINUS LIABILITIES)**

\$ \_\_\_\_\_

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

**SELF INSURANCE APPLICATION**  
**STATEMENT OF NET WORTH**

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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**SCHEDULE “A” – CASH IN BANKS:**

_____	\$ _____
(Bank Name and Address)	
_____	\$ _____
(Bank Name and Address)	
_____	\$ _____
(Bank Name and Address)	
<b>Total Cash in Banks</b>	<b>\$ _____</b>

**SCHEDULE “B” – SECURITIES:**

_____	\$ _____
(Institution Name and Address)	
_____	\$ _____
(Institution Name and Address)	
_____	\$ _____
(Institution Name and Address)	
_____	\$ _____
(Other)	
<b>Total Securities</b>	<b>\$ _____</b>

## SELF INSURANCE APPLICATION

### STATEMENT OF NET WORTH

#### 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
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Make	Year	Tag Number	Identification Number
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Make	Year	Tag Number	Identification Number
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Make	Year	Tag Number	Identification Number
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Make	Year	Tag Number	Identification Number
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#### Applicant Identification:

Driver License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

# **SELF INSURANCE APPLICATION**

## **STATEMENT OF NET WORTH**

### **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:**

The department will require proof of all assets listed including proof of cash in the bank along with appraisals for other assets.

#### **Liabilities:**

Include all liabilities including any loans that an individual currently has.

#### **Schedule A and Schedule B:**

Include the entire bank name and address along with the available funds for verification purposes.

#### **List of Vehicles:**

Include all vehicles that are currently registered in the applicant's name that are requested to be self-insured.

#### **Applicant Identification:**

If you hold a Florida driver license include the complete driver license number. If you do not currently hold a Florida license number include your social security number.

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](mailto:selfinsurance@flhsmv.gov)