STATE OF CALIFORNIA
DMV
Department of Motor Vehicles®

AUTONOMOUS VEHICLE TESTER (AVT) PROGRAM
APPLICATION FOR
CERTIFICATE OF SELF-INSURANCE
California Vehicle Code (CVC) Section 38750(c)(3)

The undersigned, herein referred to as the applicant, hereby makes application for a certificate of self-insurance. The applicant makes the following certification for the purpose of enabling the Department of Motor Vehicles to determine the applicant's ability to pay current and future judgments as provided in CVC Section 38750(c)(3).

SECTION 1 — APPLICANT *(Owner of vehicles)*

Type of ownership (check one box): ☐ SOLE OWNER   ☐ PARTNERSHIP   ☐ CORPORATION   ☐ ASSOCIATION

OWNER'S NAME

DAYTIME TELEPHONE NUMBER
(   )

DOING BUSINESS AS (*DBA*)

BUSINESS ADDRESS   CITY   STATE   ZIP CODE

SECTION 2 — AUTHORIZED REPRESENTATIVE

Check appropriate box: ☐ OWNER / PRINCIPAL OFFICER   ☐ COMPANY EMPLOYEE   ☐ AGENT
As the authorized representative, I am available to answer questions and respond to correspondence.

NAME   TITLE

MAILING ADDRESS FOR DOCUMENTS AND CORRESPONDENCE   CITY   STATE   ZIP CODE

SECTION 3 — ELIGIBILITY ACKNOWLEDGEMENT

I have checked the boxes below to indicate eligibility:

☐ I own more than 25 registered motor vehicles.

☐ I am responsible for the payment of judgments in amounts at least equal to the amounts stated in CVC Section 38750(c)(3).

☐ I understand that the judgments shall be for property damage, bodily injury (including death), or both.

☐ I am aware that every year I shall provide current financial statements (i.e., balance sheet and profit and loss statement, cash flow statement, and notes to the financial statements), certified by an independent certified public accountant.

☐ The "Net Worth" designated on my balance sheet is equal to or greater than the "Net Worth" required in the California Code of Regulations, Title 13, Section 227.12.

☐ I am aware that failure to pay any judgment within 30 days after it becomes final and has not been stayed or satisfied shall constitute reasonable grounds for cancellation.

SECTION 4 — SERVICE OF PROCESS ON NONRESIDENT, CVC SECTION 17451 ACKNOWLEDGEMENT

I agree to adhere to the following Vehicle Code Section:

"The acceptance by a nonresident of the rights and privileges conferred upon him by this code or any operation by himself or agent of a motor vehicle anywhere within this state, or in the event the nonresident is the owner of a motor vehicle then by the operation of the vehicle anywhere within this state by any person with his express or implied permission, is equivalent to an appointment by the nonresident of the director or his successor in office to be his true and lawful attorney upon whom may be served all lawful processes in any action or proceeding against the nonresident operator or nonresident owner growing out of any accident or collision resulting from the operation of any motor vehicle anywhere within this state by himself or agent, which appointment shall also be irrevocable and binding upon his executor or administrator."

SECTION 5 — CURRENT LIABILITY COVERAGE

Current liability status (*check one box*):

☐ Self-Insured
When is the expiration date and with whom?_____

_____

☐ Insurance
If you have had automobile or motor vehicle liability insurance policies within the last three years or are currently holding policies, please provide the following for each policy:

NAME OF INSURER	POLICY NUMBER

COVERAGE LIMITS

_____

1. Is policy in effect? .... ☐ YES ☐ NO

2. If yes, do you intend to continue the policy in the event of a certificate of self-insurance is received? ☐ YES ☐ NO

3. If policy is not in effect, list reason for termination:

NAME OF INSURER	POLICY NUMBER

COVERAGE LIMITS

_____

1. Is policy in effect? .... ☐ YES ☐ NO

2. If yes, do you intend to continue the policy in the event of a certificate of self-insurance is received? ☐ YES ☐ NO

3. If policy is not in effect, list reason for termination:

NAME OF INSURER	POLICY NUMBER

COVERAGE LIMITS

_____

1. Is policy in effect? .... ☐ YES ☐ NO

2. If yes, do you intend to continue the policy in the event of a certificate of self-insurance is received? ☐ YES ☐ NO

3. If policy is not in effect, list reason for termination:

_____

☐ Other
Please explain: _____

_____

_____

_____

_____

SECTION 6 — ACCIDENT HISTORY

Listed is the total number of accidents involving my vehicles that have occurred in each of the three preceding years or are the number of accidents to date in my current fiscal year and the number of accidents in each of the three preceding fiscal years.

LOSS EXPERIENCE RECORD (*check one box*): ☐ CALENDAR YEAR   ☐ FISCAL YEAR

	20_____	20_____	20_____	20_____
Total number of claims resulting from accidents.	_____	_____	_____	_____
Total monetary amount of these claims.	_____	_____	_____	_____
Total number of claims paid.	_____	_____	_____	_____
Total amount paid to satisfy these claims.	_____	_____	_____	_____
Total number of claims still pending or in litigation.	_____	_____	_____	_____
Total amount of these pending claims.	_____	_____	_____	_____

SECTION 7 — CLAIM RESERVE HISTORY

1. I maintain reserves for pending claims. .... ☐ YES ☐ NO

IF YES, STATE THE AMOUNT OF THESE RESERVES AND HOW THEY ARE MAINTAINED

2. If savings accounts, include:

NAME OF THE FINANCIAL INSTITUTION	ACCOUNT NUMBER

IS THE ACCOUNT A TRUST ACCOUNT? ☐ YES ☐ NO	CURRENT BALANCE

NAME OF THE FINANCIAL INSTITUTION	ACCOUNT NUMBER

IS THE ACCOUNT A TRUST ACCOUNT? ☐ YES ☐ NO	CURRENT BALANCE

NAME OF THE FINANCIAL INSTITUTION	ACCOUNT NUMBER

IS THE ACCOUNT A TRUST ACCOUNT? ☐ YES ☐ NO	CURRENT BALANCE

SECTION 8 — CURRENT JUDGMENT STATUS

1. There are judgments for damages arising from accidents involving my vehicles in which judgments are not paid. .... ☐ YES ☐ NO

2. There are unpaid claims or lawsuits for damages arising from accidents involving my vehicles. .... ☐ YES ☐ NO

3. If reserves for pending claims are maintained, all or part of the amount listed above are included in my reserves. .... ☐ YES ☐ NO ☐ NOT APPLICABLE

SECTION 9 — VEHICLE STATUS

Number of vehicles operated by me or my DBA name in California: _____

Number of vehicles operated by me or my DBA name in other states: _____

SECTION 10 — ADDITIONAL DOCUMENTS

Attached are my last three (3) years of annual financial statements certified by an independent certified public accountant.

SECTION 11 — CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

AUTHORIZED REPRESENTATIVE *(PRINT OR TYPE)*	DAYTIME TELEPHONE NUMBER ( )

BUSINESS ADDRESS	CITY	STATE	ZIP CODE

SIGNATURE OF AUTHORIZED REPRESENTATIVE X	DATE

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