

**STATE OF MINNESOTA**  
**DEPARTMENT OF COMMERCE**

**THIS FORM IS NOT TO BE  
USED BY POLITICAL SUBDIVISIONS**

**REQUEST FOR EXEMPTION FROM INSURING LIABILITIES UNDER  
THE MINNESOTA NO-FAULT AUTOMOBILE INSURANCE ACT FOR 2015**

**APPLICATION**

**Initial Application Fee = \$2,500**

**Renewal Application Fee = \$1,500**

**CHECK ONE:**

**Initial Application** \_\_\_\_\_

**Renewal Application** \_\_\_\_\_

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1. Legal name and address.
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2. Mailing address.
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3. State the name, address, telephone number, e-mail address and title of the person to whom inquiries pertaining to this matter are to be directed.
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4. State and date of incorporation.
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5. If not a Minnesota domiciled corporation, state the name, address and telephone number of the person in Minnesota upon whom service of process may be maintained.
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6. List the subsidiaries to be included in the self-insurance authority.
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7. Indicate whether the firm is a parent or a subsidiary and attach a chart.

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8. State the name of your CPA firm, address of that firm and the name and telephone number of the appropriate contact person in that firm.

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9. **HAS YOUR FIRM OR ITS PARENTS, IF ONE EXISTS, SOUGHT PROTECTION UNDER THE UNITED STATES BANKRUPTCY CODE DURING THE LAST THREE YEARS?**

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10. Give the ending date of the fiscal year.

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11. State total current and future motor vehicle loss liabilities and name the firm and person who made that determination.

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12. If applicable, state the name, address and telephone number of the vendor of risk management services the applicant has employed.

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13. If you have not employed a vendor of risk management services, list the name and qualifications of the person performing the associated tasks.

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14. State the number of vehicles registered in Minnesota in your name.

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15. List the states where you are now a qualified self-insured for motor vehicle accidents.

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16. List all excess insurance applicable to motor vehicle accidents, with name(s) of insurer(s), policy number(s) and limits of liability.

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ATTACH THE FOLLOWING:

1. Certified financial statement. If required, also attach the quarterly statement.
2. Certified financial statement of parent, if applicable.
3. Copy of most recent 10-K, if applicable.
4. Copy of 10-K of parent, if applicable.
5. The required bond.
6. Copy of Assumption Agreement of parent, if required.
7. Attach the fee. (Initial application = \$2,500, Renewal = \$1,500) Please note that the fee is non-refundable in all circumstances.
8. The completed Agreement and Acknowledgment Form.

If this is a new application:

- the applicant must include certified financial statements for the applicant's most recently ended fiscal years.
- Quarterly financial statements issued since the end of the most recently ended fiscal year must also be included.
- All certified financial statements and quarterly financial statements for an applicant must consolidate the experience of all subsidiaries listed in Item 6 of the preceding page.

If the applicant is a subsidiary:

- Certified financial statements for the ultimate parent company's four most recently ended fiscal years must also be included with the application.
- Quarterly financial statements for the ultimate parent company issued since the end of the most recently ended fiscal year must also be included.
- All certified financial statements and quarterly statements for the parent company must be consolidated.

Any request that does not include the required financial statements will be considered incomplete until the required statements are provided.

According to the rules governing self-insurance under the No-Fault Act, the Commissioner may, under certain circumstances, require a firm that is a subsidiary to provide an assumption of liability agreement form completed by the firm's parent company. If the Commissioner requires a completed Assumption of Liability Agreement form, then the application will be considered incomplete until the completed form is provided. The Commissioner will inform you of the need to provide a completed Assumption of Liability Agreement form, and will, at the same time, provide the necessary form.

According to the rules governing self-insurance under the No-Fault Act, a self-insurer must file with the Commissioner of Commerce a surety bond meeting certain specifications. This completed form must include a surety bond satisfying those

specifications. The surety bond must be executed using the surety bond forms provided or on other forms not materially different from the prescribed forms. Note, however, that the request will be considered incomplete if the required surety bond is not provided or if the bond is executed on forms materially different from the prescribed forms.



**MINNESOTA NO-FAULT AUTOMOBILE INSURANCE ACT**  
**Self-Insurer's Surety Bond**  
**Issued by**

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KNOW ALL MEN AND WOMEN BY THESE PRESENTS:

That \_\_\_\_\_ (hereinafter referred to as "Surety"), as Surety, and \_\_\_\_\_ (hereinafter referred to as "Principal"), as Principal, are held and firmly bound unto the Commissioner of Commerce, State of Minnesota, in the full and just sum of \_\_\_\_\_, to be paid to the Commissioner of Commerce, State of Minnesota, to the payment whereof we hereby bind ourselves and each of us, our successors and assigns, jointly and severally, firmly by these presents.

Sealed with our seals and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, file with the Commissioner of Commerce, State of Minnesota, its application for the privilege of becoming a self-insurer under the provisions of Minnesota Statutes Section 65B.48;

WHEREAS, the Principal has, by written order of the Commissioner of Commerce, State of Minnesota, been exempted from insuring its liability and obligation under the Minnesota No-Fault Automobile Insurance Act; and

WHEREAS, the Commissioner of Commerce, State of Minnesota, will issue a certificate of self-insurance authority by which the Principal shall be an authorized self-insurer under the Minnesota No-Fault Automobile Insurance Act, upon the condition that the Principal shall enter into a bond in the penalty sum of \_\_\_\_\_ dollars, conditioned that the Principal shall perform the requirements of a reparations obligor under the Minnesota No-Fault Automobile Insurance Act and all amendments thereto, including the payment of all benefits as provided by said Act.

NOW, THEREFORE, the condition of this obligation is such that if the Principal shall well and truly from time to time and at all times hereafter abide by and perform all of the requirements of the Minnesota No-Fault Automobile Insurance Act and of any amendments thereto, as well as any rules that are or may be adopted pursuant to the Act, then this obligation shall be void, otherwise to remain full force and virtue in law.

This bond may be canceled at any time by the Surety upon giving thirty days written notice to the Commissioner of Commerce, in which event no further liability of the Surety shall attach after the expiration of said 30 days, it being understood and agreed that the Surety shall be and remain liable for all liabilities and expenses originally incurred on and after the effective date of this application and prior to the expiration of said 30 days, regardless of when compensation for said liabilities and expenses was or may be claimed, awarded, or paid, not to exceed, however, the penal sum mentioned herein.

IN WITNESS WHEREOF, the Principal has caused this instrument to be signed by its duly authorized officer and its corporate seal attached hereto, and the Surety has likewise caused this instrument to be executed by the signature of its duly authorized officer and its corporate seal attached hereto.

\_\_\_\_\_  
(Name of Principal)

(PRINCIPAL'S SEAL) By

\_\_\_\_\_  
(Signature of Principal Officer)

\_\_\_\_\_  
(Title of Officer)

\_\_\_\_\_  
(Surety)

(SURETY'S SEAL) By

\_\_\_\_\_  
(Signature of Surety Officer)

\_\_\_\_\_  
(Title of Officer)

(Attach power of attorney to this bond.)





**AGREEMENT AND ACKNOWLEDGMENT TO BE ATTACHED TO  
APPLICATION FOR SELF-INSURANCE**

Applicant hereby agrees to pay all assessments and to participate in the Assigned Claims Plan provided in the Minnesota No-Fault Automobile Insurance Act.

Applicant acknowledges that it is subject to the Minnesota Unfair Trade Practices Act (Chapter 72A).

Applicant agrees to discharge fully and promptly all payments and obligations which are now due or shall become due under the provisions of the Minnesota No-Fault Automobile Insurance Act and amendments thereto; to furnish the Commissioner of Commerce such further information as may be requested as a condition to the privilege of exemption from insuring liabilities under the Minnesota No-Fault Automobile Insurance Act.

Applicant \_\_\_\_\_ authorized to do business in Minnesota as a foreign corporation.  
(is) (is not)

Applicant as a further consideration for the granting of a self-insurance permit, hereby agrees that it is doing business and has a situs within the State of Minnesota for all purposes within the meaning, intent and scope of the Minnesota No-Fault Automobile Insurance Act and applicant hereby appoints \_\_\_\_\_,  
(Name) (Address)

and the Commissioner of Commerce of the State of Minnesota as its agent, upon whom service of notice and process may be had in the manner and in accordance with the Minnesota No-Fault Automobile Insurance Act in all proceedings under said Act, and service upon whom shall be deemed to be personal service upon the applicant, which appointment of said agent shall remain in effect for said purposes covering all proceedings arising out of motor vehicle accidents.

The undersigned makes this application with full knowledge that the Minnesota No-Fault Automobile Insurance Act provides that any exemption granted may be revoked by the Commissioner of Commerce.

\_\_\_\_\_  
(Name of Applicant)

By \_\_\_\_\_  
(Name) (Title)

Dated at \_\_\_\_\_,  
(City or Town)

\_\_\_\_\_, 20\_\_\_\_.

**AFFIDAVIT**

(The person subscribing the affidavit below should be the applicant him or herself; or, if the applicant be a partnership, one of the partners; or, if the applicant be a corporation, its president, vice president, secretary or treasurer.)

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

\_\_\_\_\_ first being duly sworn on oath deposes and says that he is the person who signed the foregoing application for the applicant therein named and that he is acquainted with the affairs of said applicant to which the representations and statements set forth in the foregoing application relate, that he has read said application, knows the contents thereof and that said representations and statements therein contained are true to the best of his knowledge, information and belief.

\_\_\_\_\_  
(Applicant's Signature)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_ County, \_\_\_\_\_  
(State)

My commission expires \_\_\_\_\_.

## NOTICE

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Applicant's Last Name	First Name	Middle Initial
Applicant's Address	City, State, Zip Code	
Applicant's Social Security No.	Position (Officer, Partner, etc.)	
Business Name		
Business Address	City, State, Zip Code	
Minnesota Tax Identification Number		

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date