



United States Department of Transportation  
Federal Motor Carrier Safety Administration

FMCSA Office of Registration, Financial Responsibility Filings Division

Application for Authority to Self-Insure Under 49 U.S.C. 13906

# INSTRUCTIONS for FORM BMC-40

1. **This application must be filed in accordance with the provisions of [49 CFR 387.309](#) ("Qualifications as self-insurer and other securities or agreements")** — This regulation is reprinted below.
2. **Exhibits must accompany the application** — The applicant's name should appear on the top of each page thereof.
3. **The name of each person signing this application must be typed or printed beneath the signature.**
4. **All information required must be given, unless neither known nor available to applicant without reasonable effort or expense** — In such case, explicit statements to such effect shall be provided in lieu of the omitted material, setting forth the reasons why the information is not known or available.
5. **A filing fee must accompany the application** — Since these fees are subject to change, please contact the Federal Motor Carrier Safety Administration (FMCSA) regarding current fees.
6. **For paper applications, there should be filed with the FMCSA three true copies of the application for use by the FMCSA.**

## Section 387.309

### Qualifications as a self-insurer and other securities or agreements

- a. **As a self-insurer** — The Federal Motor Carrier Safety Administration will consider and will approve, subject to appropriate and reasonable conditions, the application of a motor carrier to qualify as a self-insurer, if the carrier furnishes a true and accurate statement of its financial condition and other evidence that establishes to the satisfaction of the FMCSA the ability of the motor carrier to satisfy its obligations for bodily injury liability, property damage liability, or cargo liability.  
**Application Guidelines:** *In addition to filing Form BMC-40, applicants for authority to self-insure against bodily injury and property damage claims should submit evidence that will allow the Federal Motor Carrier Safety Administration to determine:*
  1. **The adequacy of the tangible net worth of the motor carrier in relation to the size of operations and the extent of its request for self-insurance authority** — Applicant should demonstrate that it will maintain a net worth that will ensure that it will be able to meet its statutory obligations to the public to indemnify all claimants in the event of loss.
  2. **The existence of a sound self-insurance program** — Applicant should demonstrate that it has established, and will maintain, an insurance program that will protect the public against all claims to the same extent as the minimum security limits applicable to applicant under [§387.303](#) of this part. Such a program may include, but not be limited to, one or more of the following:
    - irrevocable letters of credit
    - irrevocable trust funds
    - reserves
    - sinking funds
    - third-party financial guarantees, parent company, or affiliate sureties
    - excess insurance coverage
    - or other similar arrangements.
  3. **The existence of an adequate safety program** — Applicant must submit evidence of a current "satisfactory" safety rating by the United States Department of Transportation. Non-rated carriers need only certify that they have not been rated. Applications by carriers with a less than satisfactory rating will be summarily denied. Any self-insurance authority granted by the Federal Motor Carrier Safety Administration will automatically expire 30 days after a carrier receives a less than satisfactory rating from DOT.
  4. **Additional information** — Applicant must submit such additional information to support its application as the Federal Motor Carrier Safety Administration may require.
- b. **Other securities or agreements** — The Federal Motor Carrier Safety Administration will also consider applications for approval of other securities or agreements and will approve any such application if satisfied that the security or agreement offered will afford the security for protection of the public contemplated by 49 USC 13906.

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration, Financial Responsibility Filings Division.

For FMCSA Use Date Received: \_\_\_\_\_

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0017. Public reporting for this collection of information is estimated to be approximately 40 hours per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



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**Federal Motor Carrier Safety Administration**

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Application for Authority to Self-Insure Under 49 U.S.C. 13906

# FORM BMC-40

**NOTE:** Read Instructions before answering.

**A false statement in this application is punishable by law.**

## Applicant Information

Applicant's Legal Name \_\_\_\_\_

(USDOT Number) \_\_\_\_\_

**Business Address** (actual street address):

Street Address/Route Number \_\_\_\_\_

City \_\_\_\_\_

State or Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone (+ area code) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Mailing Address** (if different from above; mailing address may be given but actual street address must be shown):

Street Address/Route Number \_\_\_\_\_

City \_\_\_\_\_

State or Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Telephone (+ area code) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Form of Business** (applicant must check one of the following and provide any additional information, if pertinent, in the space provided):

CORPORATION (give State of incorporation): \_\_\_\_\_

PARTNERSHIP (identify each of the partners): \_\_\_\_\_  
\_\_\_\_\_

SOLE PROPRIETORSHIP

OTHER (please specify): \_\_\_\_\_

**Applicant's Representative to whom inquiries may be made***(if you are the applicant you may represent yourself; if so, put your name and address here):*\_\_\_\_\_  
*Applicant's Representative Name*\_\_\_\_\_  
*Street Address/Route Number*\_\_\_\_\_  
*City*\_\_\_\_\_  
*State or Province*\_\_\_\_\_  
*Postal Code*\_\_\_\_\_  
*Telephone (include area code)*\_\_\_\_\_  
*E-mail Address***This is an application to self-insure under the provisions of [Section 13906 of Title 49](#) security requirements, for operations conducted or pending under the FMCSA.**

Certificate #: \_\_\_\_\_ Permit #: \_\_\_\_\_ Docket #: \_\_\_\_\_

**Applicant hereby applies for authority to self-insure** *(check all that apply):*

Bodily Injury and Property Damage (BI&amp;PD) Liability

Cargo Liability

**Where self-insurance authority for bodily injury and property damage is requested for an amount less than the full required limits of liability, state the amount of coverage desired:**

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

**Exhibits    A    B    C are attached hereto and made a part hereof.****Applicant Certification****WHEREFORE, applicant prays that the Federal Motor Carrier Safety Administration will authorize the self-insurance proposed herein:**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

\_\_\_\_\_  
*Applicant's Legal Name*\_\_\_\_\_  
*Applicant Representative's Signature*\_\_\_\_\_  
*Applicant Representative's Title*\_\_\_\_\_  
*Street Address/Route Number*\_\_\_\_\_  
*City*\_\_\_\_\_  
*State or Province*\_\_\_\_\_  
*Postal Code*\_\_\_\_\_  
*Secondary Representative Name (if applicable)*\_\_\_\_\_  
*Secondary Representative's Signature*\_\_\_\_\_  
*Secondary Representative's Title*\_\_\_\_\_  
*Street Address/Route Number*\_\_\_\_\_  
*City*\_\_\_\_\_  
*State or Province*\_\_\_\_\_  
*Postal Code***Each person by whom this application is signed certifies that the representations appearing in said application and exhibits attached thereto (including any accompanying schedules or statements) are, to the best of his/her knowledge and belief, true, correct, and complete, based on all the information required to be included therein, of which he/she has any knowledge, and these representations are made in good faith.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

\_\_\_\_\_  
*Applicant's Legal Name*\_\_\_\_\_  
*Applicant Representative's Signature*\_\_\_\_\_  
*Applicant Representative's Title*

## Exhibit A: General Interrogatories

*Applicant's Legal Name*

1. Have you qualified as a self-insurer in any State? Yes No

If "yes" furnish full particulars:

2. Has your authority to self-insure in any State ever been revoked? Yes No

If "yes" give reasons:

3. Has your application to any State for permission to qualify as a self-insurer ever been declined? Yes No

If "yes" give reasons:

4. Have you made or will you make application to all States in which you operate for authority to self-insure to the same extent application is made herein? Yes No

If "no" explain:

5. Attach statement giving the following information for each of the past three years for each class of insurance you desire to self-insure:

- (a) Names and addresses of insurance companies who have insured your operations.
- (b) Provide information concerning the following:
  - Premium history;
  - Losses and loss expenses paid by insurer, broken down to show those claims settled and those in reserve; and
  - Breakdown of claims within your self-insured retention and those in excess thereof, by number of claims and aggregate of losses.
- (c) Your sources of information for the above data.

6. Give complete details of your present insurance coverage for each type of insurance you desire to self-insure, including the name of insurance company, limits of liability, and deductibles, if any:

7. If you presently handle any of your own claims under a deductible provision, state the amount of said deductible, and type of coverage involved:

8. If your application to self-insure is approved, what excess insurance, if any, do you intend to carry thereafter?

(a) With what insurer? \_\_\_\_\_

(b) Have you obtained a firm commitment from an excess insurer? Yes No

Name of insurance company: \_\_\_\_\_

9. Has your insurance on any type of risk been canceled by any insurance company during the past five years? Yes No

If "yes" give full particulars:

10. Attach a statement outlining, in detail, the nature and scope of your operation, including: (a) the commodities you intend to transport; (b) the territory to be served (general description); (c) number and type of equipment to be operated; and (d) location of headquarters and terminal facilities.

11. (a) Attach a statement outlining, in detail, the operation of your present safety program, if any. This must include, as a minimum, the names, duties, experience, and length of service of each person devoting full-time to safety. Also furnish the same information for those persons engaging in safety work-part-time (giving approximate percentage of time).

(b) Have you received a safety rating from the U.S. Department of Transportation? Yes No

If "yes" what is your current rating? \_\_\_\_\_

12. (a) Do you maintain a salaried or other claims department personnel? Yes No

(b) If "yes" attach a statement outlining, in detail, the names, duties, experience, and length of service of each person devoting full time to said claims work. Also furnish the same information for those person(s) engaging in claims work part-time (giving approximate percentage of time).

13. What do you estimate your annual savings will be if your application to self-insure is approved? \_\_\_\_\_

14. Explain briefly how you arrived at the figure in question 13, above.

15. For what reason(s), other than potential money savings, do you desire to self-insure?

### **Exhibit B: Instructions relating to information to be included in Exhibits B and C**

Applicant should submit the following information:

1. Balance sheets, income statements and statements of cash flows, in conformance with generally accepted accounting principles, for the latest available period of the current year and the previous two calendar years. If two or more affiliates are requesting self-insurance approval in a single application, separate financial statements for each applicant should be submitted.
2. If available, an outside auditor's most recent financial statements, including accompanying notes to these statements.
3. If an individual or a corporation will act as a surety for applicant's self-insurance claims, the proposed surety's latest financial statements (balance sheets, income statement and statement of cash flows) in conformance with generally accepted accounting principles (GAAP).
4. Full disclosure of receivables due from affiliated companies and stockholders, and payables due to affiliated companies and stockholders. This includes disclosure of amounts, names, terms and conditions.
5. Full disclosure of terms and conditions in regard to liabilities to financial institutions. This includes interest rates, maturity dates, assets pledged and restrictive covenants.

In addition to the financial statement data described above, the applicant should attach a statement describing the sources of funds that will be used to pay self-insurance claims. Specifically, applicant should indicate if an irrevocable letter of credit or an irrevocable trust fund will be established and maintained for the sole purpose of paying such claims. Pertinent details should be provided, such as amount of the letter of credit or trust fund, the financial institution where funds will be deposited, and the terms and conditions of the arrangement, if available.

## **Exhibit C**

Attach the following as separate exhibits identifying them as follows:

### **Exhibit "C 1"**

Copies of all resolutions of stockholders or director authorizing this application. If the charter or bylaws require approval by the stockholders, copies of resolutions of the stockholders authorizing this application for self-insuring under [49 U.S.C. 13906](#) and indicate the percentage of stock voting for such authorization.

### **Exhibit "C 2"**

Copies of all resolutions of stockholders or director, or duly authorized committees thereof, designating by name and for that purpose the executive officer by whom the application is signed and verified, and filed on behalf of the applicant.

### **Exhibit "C 3"**

If an organization other than a corporation is an applicant, there shall be furnished documentary evidence showing authorization and designation of the individuals signing, verifying, and filing on behalf of the applicant.

**Filings must be transmitted online via the Internet at <https://www.fmcsa.dot.gov/registration>.**