SELF-INSURED CRASH INVOLVEMENT QUARTERLY REPORT

W W W . d m v **Now** . c o m Virginia Department of Motor Vehicles Post Office Box 27412 Richmond, Virginia 23269-0001

Purpose: A self-insured entity must use this form to report crash involvement and demonstrate the entity's financial

ability to respond to claims.

Instruction: This report must be received by the Virginia Department of Motor Vehicles within 30 days after the end of

each quarter during your fiscal year.

SELF-INSURED CERTIFICATE HOLDER INFORMATION				
NAME		SELF-INSURED CERTIFICATE NUMBER		
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
FISCAL YEAR QUARTER FOR THIS REPORT	MONTHS/YEAR INCLUDED (eg. v	Jan 00, Feb 00	D, Mar 00)	FISCAL YEAR
CRASH INVOLVEMENT INFORMATION				
Total number of crashes during the quarter (involving any vehicle owned regardless of fault).				
Crashes involving personal injury.				
Crashes involving property damage only.				
Total number of pending claims (including all quarters).				
Potential liability of pending claims (if full amount was granted to all claims).			\$	
Total number of claims settled during the quarter.				
Number of claims settled by making a payment.				
Total dollar amount of all payments combined.			\$	
Number of claims settled without payment being made.				
Cash amount remaining in the holder's cash reserve to cover pending claims excluding any settlement payments made during this report quarter.			\$	
Cash reserve set aside for outstanding and/or future claims (must meet minimum limits of a motor vehicle liability policy set by § 46.2-472 Code of Virginia).			\$	
If you seek to guarantee payment of outstanding (potential) claims through a bond, irrevocable loan agreement, escrow account or company net reserves, give an explanation in the space provided below.				
SIGNATURE SELF-INSURED CERTIFICATE HOLDER NAME (print) DATE (mm/dd/yyyy)				(mm/dd/yyyy)
DATE			(mm/dd/yyyy)	