



# MOTOR VEHICLE SELF INSURERS FINANCIAL PROOF

## OFFICE OF THE STATE TREASURER ARIZONA

1700 W Washington Street, Suite #102, Phoenix, AZ 85007

(602) 542-7800 | [Securities@aztreasury.gov](mailto:Securities@aztreasury.gov)

### Instructions to Depositors

Financial Responsibility Deposits In lieu of Motor Vehicle Insurance ([A.R.S. § 28-4084](#))

*Note: In order to carry self insurance, a valid Arizona issued driver's license is required by the Arizona Department of Transportation, Motor Vehicle Division.*

1. Complete the Securities Self Insurance Certificate form.
2. Person(s) named in the certificate will need to deposit with the Arizona State Treasurer, forty thousand dollars in cash or certificate of deposit with a value of forty thousand dollars issued by a financial institution.
  - a. Cash deposits will be made by a cashier's check payable to the Arizona State Treasurer for forty thousand dollars (\$40,000). The deposit will be placed in a non-interest-bearing account.
  - b. Certificate of Deposit (CD) will be purchased from a financial institution (bank, savings and loan, credit union, etc.) doing business in the State of Arizona. The CD will be assigned to the Arizona State Treasurer with the interest earned going to the depositor. The Assignment to Arizona State Treasurer Security in Lieu of Cash Deposit form must be completed by the bank. Only the original assignment form is accepted and must be mailed or may be brought into our office.
3. In all instances, the depositor shall furnish proof that there are not any unsatisfied judgments against the depositor in the county of residence. Such proof should come in the form of a certification from a credit bureau (or similar document), lien services company, a title company, courts, or an attorney.
4. Submit documents listed in 1 through 3 above to [securities@aztreasury.gov](mailto:securities@aztreasury.gov).
  - a. If submitting a CD, the original assignment form completed by the bank must be delivered or mailed to our office and cannot be emailed.
5. The documents will be reviewed within 10 business days. When approved, the submitter will receive a confirmation email with the completed Securities Self Insurance Certificate form and Self Insurance financial responsibility will be relayed to Arizona Department of Transportation Motor Vehicle Division (MVD).
6. In the event that an amendment is needed for any changes to the original deposit the Securities Self Insurance Certificate form will need to be completed, with updates under the Amendments section.

For assistance, please email [securities@aztreasury.gov](mailto:securities@aztreasury.gov).



# SECURITIES SELF INSURANCE CERTIFICATE

## OFFICE OF THE STATE TREASURER ARIZONA

1700 W Washington Street, Suite #102, Phoenix, Arizona 85007

(602) 542-7800 | Securities@aztreasury.gov

DATE: \_\_\_\_\_

NAME OF DEPOSITOR(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DRIVER 1: \_\_\_\_\_ DRIVER 2: \_\_\_\_\_

LICENSE #: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

*C.D. ASSIGNMENT MUST BE ATTACHED UNLESS C.D. IS PAYABLE TO STATE TREASURER*

### DEPOSIT

C.D. NO.: \_\_\_\_\_

CHECK NO.: \_\_\_\_\_

BANK: \_\_\_\_\_

MATURITY DATE: \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

### AMENDMENT

AMENDMENT REASON: \_\_\_\_\_

\_\_\_\_\_

C.D. NO.: \_\_\_\_\_

CHECK NO.: \_\_\_\_\_

BANK: \_\_\_\_\_

MATURITY DATE: \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_

#### DEPOSITOR(S) AUTHORIZATION FOR DEPOSIT/AMENDMENT

BY \_\_\_\_\_  
AUTHORIZED SIGNATURE PRINTED NAME DATE

BY \_\_\_\_\_  
AUTHORIZED SIGNATURE PRINTED NAME DATE

#### STATE TREASURER AUTHORIZATION FOR DEPOSIT/AMENDMENT

BY \_\_\_\_\_  
SIGNATURE PRINTED NAME DATE

#### STATE TREASURER ADMINISTRATION SUPERVISOR AUTHORIZATION FOR DEPOSIT

BY \_\_\_\_\_  
SIGNATURE PRINTED NAME DATE



ASSIGNMENT TO ARIZONA STATE TREASURER  
SECURITY IN LIEU OF CASH DEPOSIT

OFFICE OF THE STATE TREASURER ARIZONA  
1700 W. Washington Street, Suite #102, Phoenix, AZ 85007  
(602) 542-7800 | Securities@aztreasury.gov

FOR COMPLIANCE WITH SECTION [A.R.S. § 28-4084](#)  
(Attach original assignment to Certificates of Deposit and file with Arizona State Treasurer)

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

Street Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

hereinafter referred to as Assignor, does hereby assign and transfer to the Arizona State Treasurer of the State of Arizona, hereinafter referred to as the Treasurer, all rights, title, and interest of any kind whatsoever, owned or held by Assignor in the principal, but not in the interest hereinafter accruing, in the insured account of Assignor so long as such funds remain on deposit in the \_\_\_\_\_  
(Financial Institution)

whose address is \_\_\_\_\_,  
(Street Address) (City) (County)

Arizona, as evidenced by an account in the amount of \_\_\_\_\_ dollars (\$ \_\_\_\_\_), identified by account number \_\_\_\_\_, which account is insured by the Federal Deposit Insurance Corporation or the Federal Savings and Loan Insurance Corporation. This assignment is given as security for liability incurred while operating a motor vehicle and to ensure full compliance with the provisions of the Uniform Motor Vehicle Safety Responsibility Act as contained in Arizona Revised Statutes, Title 28.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, Arizona, By:

\_\_\_\_\_  
(Name of Assignor exactly as shown above) (Signature of Assignor)

IMPORTANT- SIGNATURE OF ASSIGNOR: This Assignment shall be signed by the individual him/herself.

FIRST ENDORSEMENT - RECEIPT FOR NOTICE OF ASSIGNMENT  
FINANCIAL INSTITUTION

Receipt is hereby acknowledged to the Treasurer of the State of Arizona, hereinafter referred to as the Treasurer, of written notice of the assignment to said Treasurer of the above-identified account. We have noted our records to show the interest of the Treasurer in said account as shown in and by the assignment above. We have retained a copy of this document. We hereby certify that we have not received any notice of lien, encumbrance, hold, claim or other obligation against the above-identified account prior to its assignment to the Treasurer. We further hereby waive any current and future right of set-off against such account. We agree to make payment as required by the Rules and Regulations of the Treasurer adopted in accordance with the applicable laws and the law applicable to this institution.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, Arizona, By:

\_\_\_\_\_  
(Name of Financial Institution) (Signature of Officer of Financial Institution)

\_\_\_\_\_  
(Title)

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

\_\_\_\_\_  
(Signature of Notary Public) (Commission Expiration Date)

SECOND ENDORSEMENT - RECEIPT FOR SECURITY AND DIRECTION TO PAY EARNINGS  
ARIZONA STATE TREASURER

Receipt is acknowledged of the assignment above and the account identified in the assignment above. The financial institution named in the assignment above is hereby authorized and directed to pay any earnings credited on the above identified account to the above-named Assignor.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, Arizona, By:

\_\_\_\_\_  
(Treasurer or Authorized Representative)