



Missouri Department of Revenue
Agreement to Pay Judgments

Agreement

I, _____, as a self-insurer pursuant to the provisions of [Sections 303.160](#) and [303.220, RSMo.](#), do hereby agree, with respect to accidents occurring while the certificate of self-insurance is in force, to pay the same judgments and in the same amounts that an insurer would have been obligated to pay under an owner's motor vehicle liability policy if such a policy had been issued to _____.

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, completed, and correct.

Printed Name of Self-Insured	Signature	Date (MM/DD/YYYY) ____/____/____
------------------------------	-----------	-------------------------------------

Notary Information

Embossor or black ink rubber stamp seal	Subscribed and sworn before me, this		
	_____ day of		_____ year
	State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY) ____/____/____
	Notary Public Signature		
Notary Public Name (Typed or Printed)			

Form 5317 (Revised 03-2014)

Mail to: Driver License Bureau
 P.O. Box 200
 Jefferson City, MO 65105-0200

Phone: (573) 526-2407
Fax: (573) 526-7365
E-mail: dlbmail@dor.mo.gov

Visit <http://dor.mo.gov/drivers/>
 for additional information.

