



State of New Jersey
 DEPARTMENT OF BANKING AND INSURANCE
 OFFICE OF SOLVENCY REGULATION
 PO BOX 325
 TRENTON, NJ 08625-0325
 FAX (609) 454-8587

2019 Accident and Claim Activity Report

Self-Insurers Name: _____

Self-Insurers Number: _____

In order to administer the law more effectively, we will require the complete following with respect to your accident and claim activities for the calendar year ending **December 31, 2019**.

A.	Number of Self-Insured Vehicles	_____
B.	Number of Accidents	_____
C.	Claims Paid	
	Bodily Injury	_____ \$
	Property Damage	_____ \$
	Personal Injury	_____ \$
	Protection Benefits	_____ \$
D.	Reserves for Pending Claims	
	Bodily Injury	_____ \$
	Property Damage	_____ \$
	Personal Injury	_____ \$
	Protection Benefits	_____ \$
E.	Liability per Accident	
	Self Insured	_____ \$
	Excess Insurance	_____ \$

Please submit the above information with a copy of your 2019 certified financial report. If you have any questions, feel free to contact Robert Edge at **609.940.7444** or e-mail robert.edge@dobi.nj.gov. Thank you for your cooperation.