



## State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE

DIVISION OF INSURANCE

OFFICE OF SOLVENCY REGULATION

PO BOX 325

TRENTON, NJ 08625-0325

TEL (609) 292-7272

FAX (609) 292-6765

PHIL MURPHY  
*Governor*

SHEILA OLIVER  
*Lt. Governor*

MARLENE CARIDE  
*Commissioner*

### **Workers' Compensation Self-Insurance State of New Jersey For Year End 2019**

Attached as separate documents are blank 291 and 291A Forms to be completed as of December 31, 2019. These forms are to be completed and filed in connection with the continuation of the privilege of self-insuring your Workers' Compensation Liability in New Jersey.

The following items should accompany the forms:

1. A \$1,000 renewal fee (in the case of affiliated companies filing the same consolidated financial report - \$1,000 for the parent company or lead affiliate and \$250 for each additional affiliate) payable to the "New Jersey Department of Banking and Insurance".
2. A list of all the subsidiaries with their renewal application.
3. A copy of your "Certificate of Renewal Excess Insurance" policy.
4. A copy of your financial statement "Annual Audit Report" for year end 2019 certified by an Independent Certified Public Accountant.
5. A completed "Certification" (11:2-33.4(a)5).

Please send the completed forms along with the check to the Insurance Department by May 1, 2020.

Any questions or concerns please email [waleska.salkauski@dobi.nj.gov](mailto:waleska.salkauski@dobi.nj.gov)

**\*Starting 2014, forms will be available online only. Please go to [www.state.nj.us/dobi/division\\_insurance/selfinsured.htm](http://www.state.nj.us/dobi/division_insurance/selfinsured.htm).**

Return Forms to:

New Jersey Department of Banking and Insurance  
Office of Solvency Regulation  
Attn: Waleska Salkauski  
P.O. Box 325  
Trenton, NJ 08625-0325

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