

STATE OF NEW JERSEY  
DEPARTMENT OF BANKING AND INSURANCE

IN THE MATTER OF THE REQUEST )  
FOR CERTAIN INFORMATION FROM )  
ALL ELIGIBLE SURPLUS LINES ) ORDER  
INSURERS ISSUING FIREARMS )  
LIABILITY INSURANCE COVERING )  
NEW JERSEY RESIDENTS )

This matter having been opened by the Commissioner of the Department of Banking and Insurance (“Commissioner”) pursuant to the authority of N.J.S.A. 17:1-15 and N.J.S.A. 17:22-6.65; and

IT APPEARING that Executive Order No. 83, which addresses the gun violence crisis in New Jersey, directs the Commissioner to take all appropriate action within her authority to prohibit and/or limit the sale, procurement, marketing or distribution of insurance products that may serve to encourage the improper use of firearms; and

IT FURTHER APPEARING that the Department has determined that it is necessary to survey the eligible surplus lines insurers in New Jersey to determine whether they are offering and/or issuing stand-alone firearms liability insurance covering New Jersey residents;

NOW THEREFORE, IT IS on the 10<sup>th</sup> day of October, 2019

ORDERED that:

1. All eligible surplus lines insurers offering and/or issuing stand-alone firearms liability insurance covering New Jersey residents shall provide the Department with information of such coverage as specified in Attachment A.

2. The report shall be filed pursuant to the instructions set forth in Attachment A within thirty days of the date of this Order.

3. Insurer information supplied in accordance with this Order shall be kept confidential to the extent allowable by applicable State law, including, but not limited to, N.J.S.A. 47:1A-1 to -17.

4. Information filed in accordance with this Order shall be sent via email to [surpluslines@doj.nj.gov](mailto:surpluslines@doj.nj.gov).

Failure to comply with the terms of this Order may result in the imposition of penalties as authorized by law.

Questions regarding this Order may be directed to [surpluslines@dobi.nj.gov](mailto:surpluslines@dobi.nj.gov).

  
\_\_\_\_\_  
Marlene Caride  
Commissioner

Attachment A

New Jersey Department of Banking and Insurance  
Data Call for Stand-Alone Firearms Liability Coverage

Completion Date: \_\_\_\_\_  
NAIC Group #: \_\_\_\_\_  
Group Name: \_\_\_\_\_  
NAIC Company #: \_\_\_\_\_  
Company Name: \_\_\_\_\_

Contact Person

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Number of Stand-Alone Firearms Liability/Defense Costs Policies or Certificates written covering  
New Jersey Residents:

Calendar Year 2018 \_\_\_\_\_

Calendar Year 2019 \_\_\_\_\_

Total Written Premium for Stand-Alone Firearms/Defense Costs Policies or Certificates covering  
New Jersey Residents:

Calendar Year 2018 \_\_\_\_\_

Calendar Year 2019 \_\_\_\_\_

Attach specimen copies of each such stand-alone firearms liability/defense cost policy or  
certificate sold or offered for sale.