



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
OFFICE OF SOLVENCY REGULATION
PO Box 325
TRENTON, NJ 08625-0325

TEL (609) 292-5350
FAX (609) 292-6765

TO: **All Motor Vehicle Self-Insurers (Diocesan)
(Chapter 428, Laws of 1987)**

RE: **Certificate of Exemption Renewal
Pursuant to N.J.A.C.11:3-30**

Reference is to the renewal of your Certificate of Exemption from insuring your motor vehicle liability exposure in the State of New Jersey. You will find listed the following information required in addition to your annual renewal fee. In the event you have already forwarded some of this information, please so indicate in writing upon return of the rest of the required documentation. Please be sure to include your **SI-#** on all blank forms.

Promptly file the following:

1. Audited 2010 financial statements for the year ending December 31, 2010 or latest available if on a reporting basis other than the calendar year.
2. Check in the amount of \$1,000 payable to the State Treasurer of New Jersey.
3. Listing of all vehicles owned or leased – The information required on each vehicle is indicated on the enclosed form. This listing should be in two components; **a)** private passenger vehicles, **b)** all other vehicles. A computer printout is acceptable provided it meets the above criteria.
4. An Accident and Claim Activity Report for the calendar year 2010.

Your renewal Certificate of Exemption will be issued subsequent to receipt and review of the above required information. Your current Certificate of Exemption will expire on June 30, 2011. Please be certain to have all requirements completed and filed by **June 1** in order that no action is necessary by this Department. If you have any questions at this time, please do not hesitate to contact the Department at (609) 292-5350 ext. 50090 or e-mail robert.edge@dobi.state.nj.us.

Thank you.