



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

Accident and Claim Activity Report

Self-Insurers Name: _____

Self-Insurers Number: _____

In order to administer the law more effectively, we will require the following with respect to your accident and claim activities for the calendar year ending **December 31, 2010**.

- | | | | |
|----|---------------------------------|-------|----------|
| 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 2010 certified financial report. If you have any questions feel free to contact the Department at 609-292-5350 extension 50090 or e-mail robert.edge@dobi.state.nj.us. Thank you for your cooperation.