STATE OF NEW JERSEY
DEPARTMENT OF BANKING AND INSURANCE

APPLICATION FOR CERTIFICATE OF SELF-INSURANCE

The undersigned (herein referred to as the applicant) does hereby apply to the Commissioner of Banking and Insurance of the State of New Jersey for a certificate of self-insurance as described in the Motor Vehicle Security-Responsibility Law (R.S. 39:6-52). Applicant submits the following facts under oath to the Commissioner to enable him/her to determine whether the applicant is possessed of and will continue to be possessed of the ability to pay judgments arising out of motor vehicle accidents.

Name of applicant................. …........... ....

Post Office Address .... …........... ....

Applicant is.......................... ....
(Individual, partnership, corporation, other)

Date of commencement of business...... …........... ....

If a corporation...................... ....
　　　　　　　　　　　(Date of Incorporation)　　　　　　　　　　　　　(State in which Incorporated)

Applicant's Federal Employer Identification Number (FEIN) ....

Registered under the Securities Act of 1933 (15 U.S.C. Sec. 77 et seq.)　　　Yes ☐　　　No ☐

Nature of business.. ....
(Retail, Manufacturing, Engineering, Construction, etc.)

If the applicant is a subsidiary, complete the following:

　　　Exact legal name of the *ultimate* **parent** ....

　　　Date parent incorporated....... ....State ....FEIN ....

Has an application for Motor Vehicle liability insurance ever been refused or a policy canceled?　Yes ☐　　No ☐
If yes, attach an explanation of circumstances including date, name of jurisdiction, and name of carrier.

Has an application for self-insurance ever been denied or a certificate revoked?　　　Yes ☐　　No ☐
If yes, attach an explanation of circumstances including date and name of jurisdiction.

Is the applicant self-insured in any other jurisdiction?　　　　　　Yes ☐　　No ☐
(If yes, see item 3 on page 5.)

Company contact for self-insurance: (Applicant) . ...

Title:...... ....

Street address:....... ....

Mailing address:..... ....

Phone:.... ....Fax:........ .... Email...... ....

Proposed Third Party Claims Administrator (If applicable). Name of company: ....

Contact person and Title:...... ....

Street address:........ ....

Mailing address:..... ....

Phone:.... ....Fax:........ .... Email...... ....

Do you maintain any excess insurance against losses? ....If so, furnish copy of policy.

Proposed Excess Insurance Carrier:...... ....

Policy Period:......... ....

Policy Limits:......... ....

Retention Amount:. ....

Do you maintain a motor vehicle accident prevention program? .... If so, attach statement describing same in detail.

What action do you take in connection with motor vehicle drivers convicted of violations of the motor vehicle and

traffic law? .... If any, attach statement describing same in detail. Also

describe action taken towards accident prone drivers.

Are you now operating as a self-insurer for property damage? .... If so, for how long? ....

Do you maintain organization to investigate and pay claims? .... If so, attach statement describing same in detail and procedure followed.

If not, how are claims investigated and adjusted?

Type or nature of applicant's business…………………………………………………………………………………………...

Number of vehicles owned/leased .... …………. ....Number of vehicles operated. .... …………………...

What is the number of vehicles in each class, classified by registered weight and type of vehicle?   Attach statement describing.

Attach statement explaining use of vehicles, kind of loads, area covered, miles traveled, etc.   ☐ statement attached

Have you set up a reserve fund for motor vehicle accident claims?   ☐ Yes   ☐ No

If so, under what caption does it appear on your financial statement?

What basis is used for determining reserve requirements?

……

(Attach statement describing same in detail.)

Indicate coverage for which you wish to self-insure:

( ) Property Damage
( ) Personal Injury and Death

Give the following information concerning accidents in which your vehicles were involved during the past three years.

Accident Years:

	2023	2024	2025

A. Number of Accidents:
  Personal Injury ....
  Property Damage... ....
    Total No. of Accidents ....

B. Number of Claims:
  Personal Injury
    Settled by Payment... ....
    Settled without Payment ....
    Open and Pending ....
      Total.................. ....

  Property Damage
    Settled by Payment... ....
    Settled without Payment ....
    Open and Pending ....
      Total.................. ....

    Number of Accidents for
      which no Claims were made ....

C. Payments on Claims:
    Personal Injury......... ....$ ....$............ .... $............. ....
    Property Damage ....
      Total.................. ....$ ....$............ .... $............. ....

D. Reserves for Pending Claims:
    Personal Injury......... ....$ ....$............ .... $............. ....
    Property Damage ....
      Total.................. ....$ ....$............ .... $............. ....

Are any automobile liability judgments open and unsatisfied?........................... ....
  If so, how many?......... ....
  Total amount involved? ....
  Are any other judgments open and unsatisfied?......... ....
  If so, how many?......... .... Total amount involved $ ....

Is your company a self-insurer under any other phase of your business? ....

  If so, give particulars... ....
  ....
  ....

....
Signature of Applicant
Date ....

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AFFIDAVIT

STATE OF NEW JERSEY

COUNTY OF....... ....

I, ... , of full age, being duly sworn on his oath according to law

deposes and says that he/she is the ....
<div align="center">(Applicant, partner, title of officer if Corporation)</div>

of the above named applicant; and that the contents of this application and the attachments submitted therewith are true.

.. ..
<div align="center">(Signature)</div>

Sworn and subscribed to

before me this .... day

of............, 20 ....

....
<div align="center">(Notary)</div>

	ATTACHMENTS	
	Attachments detailed below are required and must be provided before the application is considered complete. **Failure to comply may result in your application processing being delayed.**	
1	Provide an organizational chart showing the hierarchical position of subsidiaries to be covered under this certificate in relation to the ultimate parent. For each entity provide the legal name, date and state of incorporation, FEIN, and SIC code. Provide the applicable d/b/a's of any operating divisions. Clearly indicate which entities with operations in this state are seeking coverage.	
2	Provide audited financial statements (annual reports) with accompanying footnotes and auditors' opinion, and 10K's, if applicable, for the three most current years. Include most current 10-Q.	
3	Provide a list of all other Self-Insured Jurisdictions and the amounts of security deposits on file.	
4	Provide a narrative description of the safety program components for your operations in this state.	
5	Provide Loss Runs (open and closed claims) for the three most current years.	