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

RE: **2026 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 2025 financial statement for the year ending December 31, 2025 or latest available if on a reporting basis other than the calendar year.

2.   A check in the amount of ***$1,000.00** 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; and

           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 2025.

In addition, you will recall the Department required a Credit Risk Assessment Report as a prerequisite to renewal of your certificate in 1993. The Credit Risk Assessment Report was also required in 1993 for selected Corporations. For the renewal period **2026/2027** a determination on the corporations required to submit to a credit risk assessment report will be made after the Department's review of your 2025 financial statements. However, even if a report is required, it will not interfere with your renewal Certificate of Exemption.

*All appropriate renewal fees may be sent electronically via ACH/Wire Instructions Form. Along with the Form include current Accident and Claim Activity Report and please ensure the "Subject Line" in the email reads as follows: **Filing Fee**, **Insurer/Company Name** and **SI#**. However, if you choose to mail your fee to the Department directly via USPS or a Courier Service, please use address provided.

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, 2026**. Please be certain to have all requirements completed and filed by **June 1st** in order that no action is necessary by this Department. If you have any questions, please do not hesitate to contact Robert Edge at 609.940.7444 or e-mail robert.edge@dobi.nj.gov. Thank you.

State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE
ADMINISTRATION
PO BOX 325
TRENTON, NJ 08625-0325

TEL (609) 292-7272 prompt 8 then 4

Mikie Sherrill
Governor

Dr. Dale G. Caldwell
Lt. Governor

Susan Ochs
Acting Commissioner

Wire/ACH Transfer Instructions

For your payment to be applied submit completed form to
E-Mail
DOBI.Fiscal@dobi.nj.gov ; Robert.Edge@dobi.nj.gov and
Waleska.Salkauski@dobi.nj.gov

TYPE OF TRANSACTION
(Please Check One) : _____ Wire Transfer _____ Direct Deposit (ACH)

Amount of Transfer: _____

Date of Transfer: _____

Disbursing Account:

Company Name: _____

Purpose of Transmittal: _____

Receiving Account:

Bank Name: Wells Fargo Bank, NA

ABA #: 121000248

Account #: 2100000000377

Account Name: NJ DOBI

Beneficiary Address:

New Jersey Department of Banking and Insurance
Budget / Accounting
ATTN: Fiscal
P.O. BOX 325
Trenton NJ 08625 Fax: 609.292.4063

Originator to Beneficiary
Special Instructions: _____

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