



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

TO: **All Motor Vehicle Self-Insurers (Diocesan)
(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.

*All appropriate 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

Mikie Sherrill
 Governor

Dr. Dale G. Caldwell
 Lt. Governor

TEL (609) 292-7272 prompt 8 then 4

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: _____