



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

## 2023 Accident and Claim Activity Report

**Self-Insurers Name:** \_\_\_\_\_

**Self-Insurers Number:** \_\_\_\_\_

In order to administer the law more effectively, we will require the complete following with respect to your accident and claim activities for the calendar year ending **December 31, 2023**.

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 2023 certified financial report. If you have any questions, feel free to contact Robert Edge at **609.940.7444** or e-mail [robert.edge@dobi.nj.gov](mailto:robert.edge@dobi.nj.gov). Thank you for your cooperation.