



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

## 2024 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, 2024**.

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 2024 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.