



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

## 2025 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, 2025**.

|    |                                 |          |
|----|---------------------------------|----------|
| 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 2025 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.