



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

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## **Self Insuring Workers' Compensation in the State of New Jersey**

### **STEP TWO**

As a separate attachment is found the application Form 290 for a company wishing to self insure its workers' compensation and employers' liability coverage in New Jersey. It is necessary that each corporation complete an application in detail, duly sworn to for submission to this Department **plus a copy of all application materials must be sent to the New Jersey Self-Insurers Guaranty Association for their review along with a check payable to NJSIGA in the amount of \$500.** The Association is at 475 Wall Street, Princeton, NJ 08540. Be sure to send this Department a copy of your cover letter to the Guaranty Association so that the Department knows you have complied with this requirement.

In addition, there is a \$1,000 application fee. A check payable to **State Treasurer of New Jersey** should be included.

An applicant not incorporated in the State of New Jersey is required to register as a foreign corporation with the Department of Treasury, Division of Revenue and a copy of such registration must be furnished. Please furnish a copy of your excess insurance coverage if such coverage already exists as well as the cost of this coverage. Please provide the cost of claims administration for the year.

Form 291A is part of the application and must record all open death and disability claims. In addition, the Department will require in a suitable format a three-year loss record of all closed claims.

If the Corporation is organized under the laws of a State other than the post office address shown on the application, the City and State of Incorporation must be furnished.

A guarantee form (Indemnity Agreement) must be completed for every subsidiary seeking an exemption.

If you have any questions, feel free to call (609) 940.7613 or e-mail [nakia.reid@dobi.nj.gov](mailto:nakia.reid@dobi.nj.gov).