



NJMSIJIF

New Jersey Municipal Self Insurers' Joint Insurance Fund

General Municipal Information Workshop

City of Burlington

Township of Burlington

Township of Clark

North Hudson Regional Fire & Rescue

Borough of Paramus

Fund Name: New Jersey Municipal Self Insurers' Joint Insurance Fund

Municipality: _____

Street Address: _____

City: _____

State: _____

Zip: _____

County: _____

Phone: _____

Fax: _____

Fund: _____

Commissioner: _____

Optional Excess Liability Limits Available:

- 2 Million excess 5 Million = 7 Million
- 5 Million excess 5 Million = 10 Million
- 15 Million excess 5 Million = 20 Million

Standard Limit is 5 Million

Optional Excess Public Officials Liability/Employment Practices Liability Limits Available:

- 1 Million excess 2 Million = 3 Million
- 2 Million excess 2 Million = 4 Million
- 3 Million excess 2 Million = 5 Million
- 4 Million excess 2 Million = 6 Million

Standard Limit is 10 Million

GENERAL LIABILITY

Entity: _____
Fund: New Jersey Municipal Self Insurers' Joint Insurance Fund

Area (square miles): _____ Population (summer increase): _____
Road Miles: _____ Golf Course (Receipts): _____

MUNICIPAL BUDGET WORKSHEET

TOTAL APPROPRIATIONS:

Total Municipal Appropriations for 2024 _____
(Both IN and Out of CAP) _____

LESS DEDUCTIONS:

- 1. Reserve for Uncollected Taxes _____
- 2. Deferred Charges for Future Taxation _____
- 3. Debt Service _____
- 4. Capital Improvement _____
- 5. Judgements _____
- 6. Contracted Services
(Sanitation Only) _____

TOTAL DEDUCTIONS _____

TOTAL ADJUSTED APPROPRIATIONS _____

POLICE PROFESSIONAL LIABILITY WORKSHEET

2024

Number of officers who are armed and/or have arrest power: _____

Number of officers without arrest power: _____

School crossing guards, meter maids, etc.: _____

Number of Department personnel who are not police officers
and have no arrest power (clerical): _____

Number of Auxiliary Police or Reserves: _____

Number of Police dogs and horses: _____

WORKERS' COMPENSATION PAYROLL WORKSHEET

Entity: _____

Fund: New Jersey Municipal Joint Insurance Fund

Classification	Code	2024 # Full Time Employees	2024 # Part Time Employees	2025 Estimated Payroll
Shade Tree Commission	0106			
Bridges or Culverts	5222			
Street Maintenance	5509			
Landfill	6217			
Sewer Construction	6306			
Bus System	7384			
Water Department	7520			
Electric Department	7539			
Sewer Department	7580			
Fire Department (paid)	7711			
Fire Department (volunteer)	7711B			
First Aid/Rescue Squad	7715			
First Aid (volunteer)	7715B			
Police (arrest powers only)	7720			
Crossing Guards	7728			
Auto Repair	8397			
Engineer	8601			
Sales	8742			
Administrative/Clerical	8810			
Police Dispatchers & Clerical	8810B			
Mayor/Council	88102			
Judges/Magistrates	88103			
Attorney	8820			

After School Care	8828			
Public Health Nurses	8835			
Library Department	8838			
School/Prof	8868			
Building Department	9015			
NJPHA	9033			
Health Care Services	9045			
Swimming Pool	9061			
Parks and Recreation	9102			
Library-non prof	9106			
Street Cleaning	9402			
Sanitation	9403			
Municipal Employees NOC	9410			
Lifeguards	9410B			
County Gov't/Youth Workers	9421			
Animal Shelter	9726			
Totals				

SPECIAL EXPOSURES

Entity: _____

Fund: New Jersey Municipal Self Insurers' Joint Insurance Fund _____

	Yes / No
Dam, Levee or Dike	_____
Water Utility	_____
Electric Utility	_____
Sewer Utility	_____
Waterfront, Lake, Reservoir	_____
Animal Pound	_____
Industrial Park	_____
Cemetery	_____
Pistol Range	_____
Chemical Spraying	_____
Swimming Pool	_____
Concession Stand	_____
Wharves/Piers/Docks	_____
Fairs	_____
Watercraft	_____
Fireworks	_____
Convention Center, Arena, Auditorium	_____
Ice/Roller Skate/Blade Facilities	_____
Skate Board Facilities	_____
Golf Course	_____
Incinerator	_____
Stadium, Bleachers, Grandstands	_____
Landfill, Dump, or Refuse Site	_____
Landfill Detail: _____	
Parking Authority	_____
Non-owned Aircraft Liability	_____
Parking/Garage keepers Liability	_____
Day Care Center	_____
Day Care Type: _____	
Day Care Services: _____	

The following exposures are EXCLUDED from the program. If you have any of these exposures, contact your Risk Manager for assistance.

Amusement Parks
Hospitals and Clinics
Nursing Homes and Aides Treatment Centers
Penal Institutions, Jails
Schools and Colleges
Ski Facilities and similar area
Gas Utilities
Zoos
Airport and related facilities
Blasting Operations
Mechanical Amusement Devices/Carnivals
Racetracks
Housing Authority
Marina Operator's Legal Liability
Skateboard Facilities (can be provided, if local JIF approves coverage and by meeting loss control criteria)

Note (1): Normal Board of Health operations including incidental malpractice are covered by the Fund.

Note (2): Coverage for holding cells is provided.

Note (3): The Fund's liability coverage includes its sponsorship of "street fairs", "fair days", "founders day", and the like. However, coverage does not extend to participants, vendors, contractors, etc.

PRESENT PREMIUMS AND LIMITS

NOTE: PLEASE INCLUDE COPIES OF YOUR CURRENT INSURANCE POLICIES

COVERAGE	COMPANY	EXPIRATION DATE	LIMITS	PREMIUM
Workers' Comp				
Property Package (Section I)				
Police Professional				
General Liability				
Umbrella				
Public Official				
Miscellaneous				
Auto Liability				
Auto PD				
TOTALS:				

PROVIDE HARD COPY CURRENTLY VALUED INSURANCE COMPANY LOSS RUNS FOR ALL COVERAGE FOR THE PAST FIVE YEARS.

APPLICATION CERTIFICATION:

I have examined the Underwriting and Claims information herein contained and submitted on behalf of the municipality/authority and I certify that this information is complete, true, and accurate to the best of my knowledge. I am aware that omissions or inaccuracies in the material submitted may result in revised assessment and in certain extreme cases a lack of insurance coverage.

Township Official

Person completing form
(if not the applicant)

Quasi Municipal Entities

Class I - Public Safety Organizations and Auxiliaries

Class II - Volunteer Ambulance Corps. and Fire Districts

Class III - All Other Non-Athletic Organizations

Class IV - Athletic Organizations

Automobile Underwriting Information

1. Does your municipality check the driving record (i.e. M.V.R.'s) on all persons driving municipal vehicles?

Yes How often?
 No

2. Are drivers of equipment required to fill out maintenance reports for the units they drive?

Yes No

3. Do you have a safety committee or departmental review of any accident involving a municipal vehicle?

Yes No

4. Drivers of buses and emergency vehicles:

A. Number of drivers under 25:

B. Number of drivers of 65:

C. Is there a check on previous driving experience?

Yes No

D. Is there a drivers training program?

Yes No

E. Are drivers required to have physical exam on a regular basis?

Yes No

**APPLICATION FOR
EMPLOYMENT PRACTICES LIABILITY COVERAGE
QBE Specialty Insurance Company
Wall Street Plaza
88 Pine Street, New York, NY 10005**

UNDERWRITTEN BY THE QBE SPECIALTY INSURANCE COMPANY

Employment Practices Liability Coverage is written on a claims-made basis. Except, as otherwise provided, this policy will cover only claims first made against the Insured during the Coverage period. Please read the policy carefully.

The limit of liability of this policy will be \$2,000,000 each loss and annual aggregate for each Coverage Period subject to the policy retention and Coinsurance provision.

The Defense Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by the cost of legal defense. Any retention may be similarly reduced or exhausted by Defense Costs.

1. GENERAL INFORMATION

Member Public Entity _____
Address _____ JIF _____

2. MATERIAL CHANGE

Signing of this application does not bind the Member Public Entity or QBE Specialty Insurance Company. If there is any material change in the answers to the questions prior to the policy inception date, the Member Public Entity will notify the QBE Specialty Insurance Company in writing and any outstanding quotation may be modified or withdrawn.

3. UNDERWRITING INFORMATION

YES NO

Have you adopted a Loss Control/Risk Management Plan? _____
(If yes, attach a copy of the LC/RMP Plan **including the completed checklist** and applicable Ordinance/Resolution #)

4. LOSS HISTORY

Please attach a listing of all employment related lawsuits as well as administrative proceedings (e.g. EEOC) commenced during the past 3 years. Describe the type of allegation, the court or agency involved and any determination, judgment, defense cost or settlement for

5. PRIOR INSURANCE

Does the Member Public Entity currently have employment practices liability or similar insurance?
 Yes No, If no, skip to Section 8 and answer the warranty statement. If yes, provide the following:

Insurer	Limits	Deductible	Policy Period
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_____ \$ _____ \$ _____

Has the Member Public Entity or any Insured given written notice under the provisions of any prior or current employment practices liability or similar insurance of specific facts or circumstances which might give rise to a claim being made against any Insured?

Yes No. If yes, attach details.

6. PRIOR KNOWLEDGE/WARRANTY

It is important that you complete this paragraph. The Mayor and Council are not aware of any facts or circumstances which he or she knows or should have reason to know might give rise to a future claim that would fall within the scope of the proposed coverage, except: (If no exceptions please state).

7. FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company, Joint Insurance Fund, QBE Specialty Insurance Company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

8. WARRANTY, DECLARATION AND SIGNATURE

The undersigned declares that to the best of his or her knowledge and belief that the statements set forth herein are true. The signing of this application is a warranty on behalf of the Insured, which the QBE Specialty Insurance Company is relying upon and is affording coverage pursuant to any policy, which may be issued. Any and all warranties or statements in this application shall be deemed the basis for an attached to and shall form a part of any policy which may be issued.

This section of the application must be signed by the Governing Body and Administrator of the Member Public Entity and attested.

Chairperson/Mayor's Signature

Name:

Date:

Attest Signature

Name:

Date:

Administrator Signature

Name:

Date:

Property and Crime Coverages

1. Complete the following schedules:
 - Property Schedule Worksheet
 - Schedule of Valuable Papers
 - Schedule of Equipment (ACV \$5,000 or more)
 - Schedule of Miscellaneous Equipment (ACV less than \$5,000)
 - Schedule of Special Floaters
2. Condense the information using the summary worksheets provided.

IMPORTANT

1. The definition of **property coverage** includes declared first party property insurance including physical damage on automotive equipment.
2. Care should be taken when completing the statement of values and other property forms to include all items and locations you wish included together with proper limits.
3. The basic property program includes comprehensive “**all risk**” coverage on buildings and contents, crime coverage, and a Public Employee Dishonesty and Faithful Performance Bond. Other forms of coverage such as scheduled property floaters, extra expense, etc. are not automatically covered and must be specifically requested.
4. Note: Replacement cost coverage is not provided on buildings more than 50 years old unless inspected by the FUND'S loss control specialist, and approved by the FUND executive committee and insurer/reinsurer.

You must also identify any buildings located in a 100 year flood plain. The FUND does not automatically provide flood coverage for these buildings.

Coverage will only apply to the items listed on the accompanying schedules. In the case of scheduled equipment, any piece of equipment valued at \$5,000 and over should be listed individually. Each department can group items less than \$5,000, but they must be grouped by department name and category of equipment ie: police radios, etc.

On the special floaters schedule, please individually list each item. However, items such as software and other miscellaneous items valued less than \$1,000 can be grouped together by department and category.

The FUND also provides the following crime coverage:

1. money and securities
2. faithful performance and employee dishonesty
3. excess statutory bond coverage at the greater of:
 - a. The amount covered positions are required by law to be individually bonded whether or not such individual bond is in place, or
 - b. The amount of such individual bond in place.

IMPORTANT: INCLUDE LATEST AUDITED FINANCIAL REPORT.

Automobile Classifications
New Jersey Municipal Self Insurers' Joint Insurance Fund

- Group I:** Private passenger vehicles - i.e. police vehicles, SUV's, pick up trucks and mini -vans.
Cost new must not exceed \$50,000
- Group II:** Vehicles other than buses and fire trucks valued between \$50,000 and \$100,000.
- Group III:** Fire Trucks greater than 15 years old.
Vehicles other than buses and fire trucks valued over \$100,000.
- Group IV:** Fire Trucks less than 15 years old.
- Group V:** All buses.
- Group VI:** Antique Fire Trucks.

Statement of Values
Property Schedule

						VALUES		
Item #	Location (Check if over 50 years old) -----9	Square Footage	# of Stories	Occupancy*	Type of Construction	Building	Contents	Valuable Papers
Totals								

If available, please include any appraisal.

*Enter either vacant, unoccupied (currently not in use), rehabilitation (does not include minor renovations), builders' risk, newly acquired.

Loss Experience

Minimum five years should be provided.

1. Property Losses - (enter 0 if 0, leave **blank** if not available)

Year	Number of Claims	Total Amount

Loss information valued as of: _____

List losses over \$25,000: Date _____ Incurred \$ _____

Description _____

2. General Liability Losses, **including police professional**

Year	Number of Claims	Amount Paid	Total Reserved	Total Incurred

Loss information valued as of: _____

List losses over \$25,000: Date _____ Incurred \$ _____

Description _____

3. Automobile Liability Losses

Year	Number of Claims	Amount Paid	Total Reserved	Total Incurred

Loss information valued as of: _____

List losses over \$25,000: Date _____ Incurred \$ _____

Description _____

4. Automobile Physical Damage (comprehensive/collision)

Year	Number of Claims	Amount Paid	Total Reserved	Total Incurred

Loss information valued as of: _____

List losses over \$25,000: Date _____ Incurred \$ _____

Description _____

5. Workers' Compensation Losses

Year	Number of Claims	Amount Paid	Total Reserved	Total Incurred

Loss information valued as of: _____
 List losses over \$25,000: Date _____ Incurred \$ _____
 Description _____

6. Public Officials

If loss runs are not available for public officials, please submit a letter from the town's attorney detailing the previous five years of experience.

Year	Number of Claims	Amount Paid	Total Reserved	Total Incurred

Loss information valued as of: _____
 List losses over \$25,000: Date _____ Incurred \$ _____
 Description _____

DAY CARE QUESTIONNAIRE

Type of facility: (If more than 1, please copy this questionnaire and complete one for each entity).

Day Care

Day Camp

Nursery

1. Location _____

2. Is the facility licensed? Yes No

Number of years in operation: _____

Days and hours of operation: _____

3. Professional Qualifications of the staff: _____

Number of teachers: _____

Number of volunteers: _____

How are staff members hired/evaluated? _____

Are references checked? _____

4. Average daily attendance of children:

_____ 0-2 years _____ 3-5 years

_____ 6-9 years _____ 10-over

Ratio of adults to children:

_____ 0-2 years _____ 3-5 years

_____ 6-9 years _____ 10-over

5. Playground Equipment (list & describe)

6. Describe any activities away from the facility

7. Describe any adjacent occupancies/exposures:

8. Are medical facilities available (give description)

9. Please list and describe any suits filed or claims paid against any teacher/volunteer/employee

LANDFILL/DUMP/REFUSE SITE QUESTIONNAIRE

1. Type of exposure: (if more than 1 applies, please copy this questionnaire and complete 1 for each entity)
 - a. Landfill Dump Refuse Disposal
 Other (describe)
 - b. Commercial Residential Industrial
 Rural

2. Location _____

3. Number of acres in use: _____

4. Number of years in operation: _____

5. Security Provisions:
 - a. Fenced - Yes No
If yes, what is the type of height of the fence? _____
 - b. Attendant - Yes No
 - c. Locked - Yes No
Describe lock policy _____

6. Is operation of the site subcontracted? Yes No

7. Licensed and Certified? Yes No

8. Describe the type of waste accepted:
 - a. Form of waste (solid, liquid, sludge, etc.) _____
 - b. Handling of hazardous waste? Yes No
If yes, explain: _____

 - c. Is someone on the premises during dumping? Yes No
 - d. Is someone on the premises during other periods? Yes No
If yes, please describe: _____

 - e. Is the dump in a populated or isolated area? Please describe:

9. Any record of outstanding violations and/or citations? Yes No
If yes, list _____

10. Methane reclamation limited to normal venting? Yes No
If no, explain any co generation processes

11. Number of landfills _____
Location of each

DAM/LEVEE/DIKE QUESTIONNAIRE

Please attach photographs

1. Name of structure _____
2. Location _____
3. Year built _____ Built under the direction of:
 Corps of Engineers Bureau of Reclamation Department of Interior

For the following section check all that apply:

4. Purpose: Flood Control Irrigation Water Supply
 Industrial Power

If Power, describe alternate source in case of power failure:

5. Construction: Concrete Earthen Steel Sheeted Timber
Type: Gravity Arch Buttress Earthen

6. Dimensions: Height _____ Top Width _____ Base Width _____

7. Name of Tributary Rivers:

Upstream _____

Downstream _____

8. Normal pond measurements:
of Acres _____ Storage Capacity _____ (# of gallons)
Is additional storage available in flood state? Yes No
If yes, describe _____

9. How is the waste level controlled? Gates Other
If gates what type? _____
How are gates operated? _____
By whom? _____

10. Upstream exposures: Are there exposures to any of the following:

A) Structures, industrial complexes, housing? Yes No
If yes, describe (be specific include distances, etc.): _____

B) Recreational areas (swimming, boating, camping, etc)? Yes No
If yes, describe (again be specific): _____

11. Downstream Exposures:
Are there exposures to any of the following:

A) Housing? Yes No
If yes, describe: _____

B) Industrial Complexes? Yes No
If yes, describe: _____

C) Public Utilities? Yes No
If yes, describe: _____

D) Pumping Stations? Yes No
If yes, describe: _____

E) Lower Dams? Yes No
If yes, describe: _____

F) Bridges? Yes No
If yes, describe: _____

G) Highways? Yes No
If yes, describe: _____

H) Railroads? Yes No
If yes, describe: _____

I) Agricultural Areas? Yes No
If yes, describe: _____

J) Recreational Areas? Yes No
If yes, describe: _____

K) Other Structures?

Yes No

If yes, describe: _____

12. How frequently is the dam, levee or dike inspected? _____

By whom? _____

(PLEASE ATTACH A COPY OF THE MOST RECENT REPORT)

B) Has this risk been included under the National program for dam inspections?

Yes No

If yes, Hazard code: _____

13. General condition and maintenance: Excellent Good Poor

14. Describe any losses or pending suits which have occurred involving the dam, levee, or dike. Include the amount of damages paid and amounts in reserve.

15. Please give us your comments and opinion of this risk.

WATERFRONT QUESTIONNAIRE

Please attach photographs.

1. A) Type of exposure Beach Pond Lake Reservoir
 Ocean River Stream

B) Name and location of exposure: _____

2. Square footage/frontage/size: _____

3. A) Describe extent of activities (swimming, boating, ice skating, etc.): _____

B) If swimming is allowed:

1. Is swimming area roped or marked?

 If so, explain area and type of marking:

2. Is diving permitted? _____ Supervised? _____

3. Depth of water? _____

4. Is swimming area checked for underground obstructions, etc.? _____

C) If ice skating is permitted, describe procedures used to check ice thickness and stability:

4. Is there posting of warning signs? _____
If yes, what is sign wording and location of signs? _____

5. Are there lifeguards? _____ How many? _____
Hours on duty? _____ Certified? _____

6. Describe maintenance and repair of facilities: _____

7. Explain additional controls and safety features: _____

8. Days and hours of operation: _____

9. What controls, if any, are used to eliminate or discourage after hour accessibility?

10. Describe any loss or incident which has occurred in the past three years: _____

WATER UTILITY QUESTIONNAIRE

1. General Information:

A) Payroll (less clerical):

Maintenance \$ _____

Main Construction \$ _____

Please forward a copy of budget or accounting records that verify payrolls.

B) Number of gallons distributed annually: _____

C) Number of customers served: _____

D) Number of employees _____

2. Source:

A) Lake Well River Dam Reservoir
 Treatment Plant Spring Other

B) Name of source:

(If source is a dam, levee or dike attach a completed questionnaire)

3. Facilities

A) Wells Tank Towers Dams attach questionnaire)
 Other

B) Number, location, age and construction of each (attach additional pages if necessary)

4. Treatment:

A) What state or local agency monitors water quality? _____

B) How often is water analysis done? _____

Is it recorded? _____

C) What chemicals are used? _____

How are they controlled? _____

Are they labeled? _____

D) How is bacteria controlled? _____

5. Distribution:

A) Mains: Number of miles: _____

B) Maximum distribution capability (Gallons per day): _____

C) Daily average: _____

6. Safety:

A) Describe inspection/safety procedures: _____

B) Describe any additional safety features at each facility: (fencing, lighting, aircraft warning lights, etc.) _____

C) Describe draining and inspection procedures for storage facilities: _____

D) Describe emergency plans for prevention controls for:

1: Sudden release of water: _____

2: Construction damage: _____

3: Contamination: _____

4: Vandalism: _____

E) Are construction sites, open manholes, trenches, sunken roads and sidewalks adequately protected and marked? _____

NOTE: PLEASE FORWARD COPIES OF ALL CONTRACTUAL AGREEMENTS AND CERTIFICATES OF INSURANCE FROM ALL INDEPENDENT CONTRACTORS.

PUBLIC SEWER UTILITY QUESTIONNAIRE

1. General Information:

A) Payrolls

- 1: Sewage disposal plant operation \$ _____
- 2: Mains or Connections Construction \$ _____
- 3: Cleaning \$ _____

B) Number of Storm or Sanitary Sewer miles: _____

C) Number of employees: _____

2. Facilities:

A) _____ Treatment Plants _____ Lift Stations _____ Pumps
Number, Location, Age, and Construction of each: (attach additional pages if necessary)

3. Pipe Construction:

A) Type: _____

B) When was pipe installed? _____

C) Depth _____

D) Is pipe construction/repair done by staff or is it contracted out? _____

4. Treatment:

A) Type of plant: Primary _____ Secondary _____ Tertiary _____

B) What state or local agency monitors system? _____

How often? _____

C) How is fluid input monitored for hazardous or toxic wastes? _____

D) Describe all chemicals used in treatment process: _____

E) Has the plant ever been fined or cited for noncompliance with required standards?

F) Describe disposition of residual by product: _____

G) How are methane and other gases controlled/vented? _____

5. Safety:

A) Describe inspection/safety procedures: _____

B) Describe any additional safety features at each facility: (fencing, lighting, etc.) _____

C) Describe emergency plans/prevention controls for sudden release of sewage, system failure, construction damage, contamination: _____

D) If blasting operations are conducted, please complete questionnaire.

NOTE: PLEASE ATTACH COPIES OF ALL CONTRACTUAL AGREEMENTS AND CERTIFICATES OF INSURANCE FROM ALL INDEPENDENT CONTRACTORS.

6. For Sewage Treatment plants only – Provide complete equipment listing and indicate:
 - A) Horsepower for motors 10hp and up.
 - B) Horsepower for pumps 10hp and up.
 - C) If pumps are submersible, indicate horsepower and depth of pump casing for each.
 - D) Total property values per location.
 - E) Number of clarification tanks:

7. For Water Lift Stations Only – Provide complete equipment listing and indicate:
 - A) Horsepower for all motors.
 - B) Horsepower for all pumps.
 - C) Total real value for each.

ELECTRIC UTILITY QUESTIONNAIRE

1. General Information:

A) Payroll (less clerical):

Maintenance: \$ _____

Meter Readers: \$ _____

Main Construction: \$ _____

Please forward a copy of budget or accounting records that verify payroll.

B) Total voltage produced annually: _____

C) Number of customers served: _____

D) Number of employees: _____

2. Source of power:

A) Does an outside contractor serve as a power source? Yes No

B) If yes, name the company: _____

3. Facilities:

Listing of all generators including location and age, kw, and dollar value. _____

4. Would damage or destruction of equipment cause suspension of operations? _____

5. Is alternate power and light readily available in case of breakdown or disruption of service?

Estimate: _____

Daily loss _____ Maximum probable period of shutdown _____

6. Additional expense for purchase of electrical power in event of a breakdown: _____

7. Please describe all losses during the past five years: _____

FIRE DISTRICT QUESTIONNAIRE

Please complete the following if you would like to have the fire district considered for coverage.

1. A) Name _____
 B) Organized under N.J.S.A. _____
 C) Servicing Communities _____
 D) Response Radius _____
 E) Number of calls annually _____
 F) Number of paid employees _____
 Certified payroll _____
 Year _____
 G) Number of Volunteers _____
 H) Annual Operating Budget _____

2. Would the District like to participate in a Fund sponsored Right To Know Compliance Training Program? Yes No

3. Please complete a separate property and auto summary sheet for each entity.
4. Please attach copies of the District's current policies.
5. Complete present premiums and limits section.
6. Complete the enclosed Loss Summary Sheet and attach Loss information for the last 5 years.

FIRST AID DISTRICT QUESTIONNAIRE

Please complete the following if you would like to have the fire district considered for coverage.

1. A) Name _____
 B) Organized under N.J.S.A. _____
 C) Servicing Communities _____
 D) Response Radius _____
 E) Number of calls annually _____
 F) Number of paid employees _____
 Certified payroll _____
 Year _____
 G) Number of Volunteers _____
 H) Annual Operating Budget _____

2. Would the District like to participate in a Fund sponsored Right To Know Compliance Training Program? Yes No

3. Please complete a separate property and auto summary sheet for each entity.

4. Please attach copies of the District's current policies.

5. Complete present premiums and limits section.

6. Complete the enclosed Loss Summary Sheet and attach Loss information for the last 5 years.

PARKING AUTHORITY QUESTIONNAIRE

Please complete if you would like to have the Parking Authority considered for coverage.

1. Name _____
2. Is the Authority an autonomous body? _____
3. Does the Authority have its own governing body: _____
4. Does the Authority adopt its own budget? _____
Amount _____
Year _____
5. Please include a brief description of the Authorities operations. _____

6. Gross annual receipts. _____
7. Number of employees: Full Time _____ Part Time _____
8. Certified payroll amount: _____
9. Number of parking spaces: _____
Square footage of lots: _____
10. Is the lot attended? _____
Hours attended: _____
11. Does the Authority perform any other services such as busing senior citizens? Please describe:

12. Please complete the enclosed property and auto summary sheet.
13. Attach a copy of current policies.
14. Complete Present Premiums and Limits section attached.
15. Complete the enclosed Loss Summary Sheet and attach Loss information for the past 5 years.

**MUNICIPAL EXCESS LIABILITY
JOINT INSURANCE FUND**

**PUBLIC OFFICIAL BOND
SURETY APPLICATION and
INDEMNITY AGREEMENT**

(Please Print)

Name of Applicant _____ Social Security No. _____

Home Address _____
Street City State Zip

Position to be Bonded: _____

Name of Member Entity (Obligee): _____

Member Entity Address:

Street City State Zip

Amount of Bond \$1,000,000 Effective Date _____

Have there been any Bond losses in the last 5 years? Yes No

If yes, please provide details:

Has applicant ever been insolvent, bankrupt, or has pending lawsuits for non payment, liens or judgments Yes No

If yes, provide full details: _____

Official Title of Applicant _____ Elected Appointed

Term of Office _____ years Begins (date) _____ Ends (date) _____

Have you previously occupied this position? Yes No

If yes, during what period _____

Present/Prior Surety Company _____

Bond Limit _____ Position Held _____

Has any Surety Company ever canceled, refused, renewed or declined an applicant for your? Yes
 No

**MUNICIPAL EXCESS LIABILITY
JOINT INSURANCE FUND**

**PUBLIC OFFICIAL BOND
SURETY APPLICATION and
INDEMNITY AGREEMENT**

1. Amount of money handled during an annual term \$ _____
2. Largest amount at any one time under your control \$ _____
3. Are funds deposited as received? Yes No
4. Have you agreed to use only depositories designated by your superiors?
 Yes No
5. Does the applicant have authority to withdraw funds from depository by check?
 Yes No
If yes, is countersignature required? Yes No
By whom? _____
6. Who reconciles Bank Statements? _____
7. Is applicant a custodian of securities? Yes No
If yes, what amount \$ _____
Where are securities kept? _____
Is there joint control? Yes No
If yes, by whom _____
8. Did the CPA make any recommendations during the last audit?
 Yes No
9. Are your accounts audited on an annual basis? Yes No
If yes, by whom? _____
10. Does the applicant collect taxes? Yes No
If yes, what amount is to be collected? _____
11. To whom and when does the applicant make a report of insolvencies and delinquencies? _____
12. Is the applicant responsible for investment of funds? Yes No
If yes, is there a published investment policy which has been approved by the Obligee? Yes No
13. Is there someone other than the applicant checking at least annually to be sure the investment policy is being followed? Yes No

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CERTIFICATE OF DESIGNATION OF DEPOSITORIES

Name of Applicant _____

Name of Member Entity (Obligee) _____

This is to certify that the following financial institutions are duly designated as depositories for the funds of: _____

Name of Financial Institution _____

Business Address: _____
Street City State Zip

Name of Financial Institution _____

Business Address: _____
Street City State Zip

Name of Financial Institution _____

Business Address: _____
Street City State Zip

Member Entity _____ Signature of Secretary _____ Date _____

INDEMNITY AGREEMENT

The undersigned Applicant and Indemnitor (s) all hereinafter called the Indemnitor (s) hereby certify that the foregoing declarations made and answers given, are the truth without reservation and are made for the purpose of inducing Municipal Excess Liability Joint Insurance Fund (MELJIF) C/o PERMA Inc. Park 80 West, Plaza One Saddlebrook, N.J. 07663, for itself and its affiliates, parents and subsidiaries, hereinafter called Surety, to issue the bond (s) or undertaking (s) applied for and any renewal and increase of the same or of any bond (s) or undertaking (s) of similar nature given in substitution or renewal thereof (all comprehended in the word "bond (s)" or "undertaking (s)" as herein used). The Indemnitor (s) agree that the Surety may decline the bond (s) applied for or may cancel or terminate same without incurring liability whatsoever to the Indemnitor (s). In consideration of the Surety executing said bond (s) or undertaking (s) or the forbearance of cancellation of any bond (s), the Indemnitor (s) do undertake and agree as follows:

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To pay the Surety all premiums when due and annually in advance of each renewal thereafter, until the Indemnitor (s) shall serve upon the Surety, at its said office, competent written legal evidence, satisfactory to the Surety, of it being duly discharged from such bond or undertaking. Indemnitor (s) hereby expressly authorize the MELJIF to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) to verify information supplied to MELJIF (b) for underwriting purposes; and (c) upon establishment of a reserve, for debt collection. The Indemnitor (s) will at all times indemnify and keep indemnified, the Surety and hold and save it harmless from and against any and all damages, loss, costs, charges and expenses of whatsoever kind or nature, including counsel and attorney's fees, whether incurred under retainer or salary or otherwise, which it shall or may, at any time, sustain or incur by reason or in connection with furnishing any bond or undertaking. To deposit with the Surety on demand an amount sufficient to discharge any claim made against the Surety on the bond (s) or undertaking (s). This sum may be used by Surety to pay such claim or be held by Surety as collateral security against loss or cost on the bond (s) or undertaking (s).

I do also expressly relieve said MELJIF and all others from liability for disclosing or furnishing any information it may have obtained concerning me or my affairs and so also relieve said MELJIF from any compliance with any provisions of any laws concerning the disclosure of any knowledge or information which may have been obtained concerning me or my affairs and do release and discharge said MELJIF and every person, association, firm or corporation furnishing it with any information concerning me or my affairs from any and all liability or responsibility under or by reason of any of the provisions of any of said laws and from any and all claims, demands, causes of action and damages that may have, or purport to have, arisen by reason of any such laws, or any amendments thereof, or supplements thereto.

Regardless of the date of signature (s), this indemnity agreement is effective as of the date of execution of aforementioned bond (s) or undertaking (s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein.

Signed this _____ day of _____, _____.

The MELJIF shall have the right, at its option, to fill in any blanks left herein, to correct any errors in the description of said bond or bonds or any of them, or in said premium or premiums, it being hereby agreed that such insertions, or corrections, when so made shall be **prima facie** correct.

Applicant _____

Notary

Signature

Seal