

MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND

9 Campus Drive
Parsippany, NJ 07054
Telephone (201) 881-7632 / Facsimile (201) 881-7633

MEL BULLETIN 17-29

DATE: January 23, 2017
TO: Fund Commissioners of Member Joint Insurance Funds
FROM: Underwriting Manager, Conner Strong & Buckelew
RE: Acting Municipal Court Administrators

This bulletin only applies to municipalities in Bergen County in the Bergen, South Bergen, Suburban Essex, and NJ Municipal Self-Insurers JIFs.

The attached memorandum from the New Jersey Superior Court requires each municipality to appoint a Municipal Court Administrator from another Bergen County municipality as Acting Court Administrator when the Municipal Court Administrator is out on a scheduled or unscheduled leave of absence. In accordance with NJSA 2B:12-10(b), the sending municipality must bond the Acting Municipal Court Administrator.

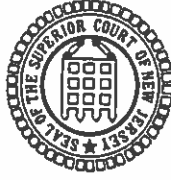
- 1) If the sending municipality is a member of the Bergen, South Bergen, Suburban Essex or NJ Municipal Self-Insurers JIF (all part of the MEL JIF), the sending municipality automatically has the required coverage in place. Attached are blanket certificates of insurance to share with the receiving municipality.
- 2) If the sending municipality is not a member of a MEL-affiliated JIF, the receiving municipality should request evidence of the appropriate coverage in place.

If you have any questions, please contact your risk manager, Executive Director or Underwriting Manager.

cc: Fund Risk Managers
Fund Administrator

SUPERIOR COURT OF NEW JERSEY

BONNIE J. MIZDOL
ASSIGNMENT JUDGE




BERGEN COUNTY JUSTICE CENTER
SUITE 425
HACKENSACK, NJ 07601-7699
(201) 527-2280
FAX (201) 371-1110

Memorandum

To: Bergen Municipal Court Judges
Bergen Mayors

cc: Hon. Roy F. McGeady, PJMC
Laura Simoldoni, TCA
Brendis Montijo-Wrigley, MDM
Bergen Municipal Court Administrators

From: Hon. Bonnie J. Mizdol, AJSC 

Subject: Orders of Provisional Authority and Designation

Date: November 29, 2016

In furtherance of our efforts to secure seamless and continuous accessibility to a Bergen Vicinage Municipal Court Administrator during this critical time of implementation of Criminal Justice Reform, Bergen shall be instituting a policy which requires appointment on a provisional basis of an Acting Municipal Court Administrator to undertake court duties when the Municipal Court Administrator is out on a scheduled¹ and/or unscheduled² leave of absence. The policy is designed to satisfy statutory obligations of each municipal court to meet the requirements of Criminal Justice Reform.

Attached you will find the proposed designation order and a "sample" written consent and agreement³ between the two (2) municipalities involved to ensure compliance with Code of Conduct provisions. Each municipality must complete the compensation provision before execution.

The Administrator provisionally appointed as an Acting Municipal Court Administrator shall be a Municipal Court Administrator in another Bergen municipal court, who is fully accredited with certification in good standing. All such judicial officers exercising the functions of the Acting Municipal Court Administrator shall sign documents as "Acting Municipal Court Administrator." In accordance with N.J.S.A. 2B:12-10(b) the Acting Municipal Court Administrator shall be paid at a rate established by the judge but not exceeding that established for the Municipal Court Administrator. The Acting Municipal Court Administrator shall be bonded or insured⁴ against loss and misappropriation of public funds by the sending municipality.

Kindly transmit a copy of the Order of Provisional Authority and the written consent and agreement to myself and Brendis Montijo-Wrigley, MDM not later than January 16, 2017.

As always, thank you in advance for your prompt attention to this matter.

¹ Vacation Leave, Administrative/Personal Leave, Disciplinary Suspension, Comp. Days

² Sick Leave, Family and Medical Leave

³ Code of Conduct – Cannon - Dual Employment

⁴ N.J.S.A. 2B:12-12 Bond and Insurance

Municipality of [_____] and Municipality of [_____]

County of Bergen

State of New Jersey

DATE: _____

CONSENT AND AGREEMENT

TO THE EXECUTION OF AN ORDER OF PROVISIONAL AUTHORIZATION AND DESIGNATION OF AN ACTING MUNICIPAL COURT ADMINISTRATOR BETWEEN THE MUNICIPALITY OF _____ AND THE MUNICIPALITY OF _____

WHEREAS, pursuant to N.J.S.A. 2B:12-10 the Municipality of _____ and the Municipality of _____ are required to provide for a Municipal Court Administrator; and

WHEREAS, pursuant to N.J.S.A 40A:65-1 et. seq., any municipality of the State of New Jersey may contract with any other municipality or municipalities to share services that any party to the agreement is empowered to provide within its own jurisdiction; and

WHEREAS, in accordance with N.J.S.A. 2B:12-1(c) the Municipality of _____ and the Municipality of _____ consent and agree to share the professional services of the Municipal Court Administrator on a provisional basis to undertake the duties of the absent Municipal Court Administrator during scheduled and/or unscheduled leaves, within the two respective municipalities; and

WHEREAS, [insert the pay rate as required by N.J.S.A. 2B:12-10(b)]

NOW THEREFORE BE IT RESOLEVD, this ____ day of _____ 2016, that the Municipality of _____ and the Municipality of _____ consent to the above agreement.

Witness/Attest

Municipality of _____

Clerk/Administrator

Mayor

Witness/Attest

Municipality of _____

Clerk/Administrator

Mayor

ORDER
OF PROVISIONAL AUTHORITY TO THE POSITION
[name of municipality] ACTING MUNICIPAL COURT
ADMINISTRATOR

This document provides for the continuity of essential functions through the orderly succession and provisional appointment of an Acting Municipal Court Administrator to the _____ Municipal Court within the Bergen Vicinage on an interim basis to provisionally undertake the duties of the court's Municipal Court Administrator during scheduledⁱ and/or unscheduledⁱⁱ leaves of absence, a disaster or national security crises, until the absence or inability ceases.

IT IS ORDERED, on this _____ day of _____, 20____, _____, [Fully Accredited or Certified], is hereby designated Acting Court Administrator to serve temporarily in the absence of the _____ Municipal Court Administrator until the further order of the court and to have the following powers:

- _____ JMC Initial a) Issue, process and sign arrest warrants pursuant to Rule 7:2-1(c);
- _____ JMC Initial b) Issue arrest warrants or summonses in citizen complaints pursuant to Rule 7:2-2(a);
- _____ JMC Initial c) Set bail in the _____ Municipal Court pursuant to Rule 7:4-2(a) in non-indictable and municipal ordinance offenses;
- _____ JMC Initial d) On motor vehicle offenses, perform ministerial acts set forth in N.J.S.A. 39:5-6;
- _____ JMC Initial e) Have the attestation and signatory powers on process orders, warrants or judgments as set forth in N.J.S.A. 2B:12-13;
- _____ JMC Initial f) Exercise the powers to administer oaths for complaints, and issue warrants and summonses and to set conditions of pre-trial release as set forth in N.J.S.A. 2B:12-21.

This order shall remain in full force and effect from the _____ day of _____, 20____, and shall remain so unless revoked, amended, or modified by the undersigned.

_____, J.M.C. _____ Date

I, _____, certify that the above mentioned acting municipal court administrator has been bonded or insured by the municipality from the _____ day of _____, 20__ until the _____ day of _____, 20__.

Borough Administrator/Clerk (Signature) _____ **Date**

ⁱ Vacation Leave, Administrative/Personal Leave, Disciplinary Suspension, Comp. Days
ⁱⁱ Sick Leave, Family and Medical Leave



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/25/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the polici(es) must be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Conner Strong & Buckelew Companies, MEL/JIF Underwriting Unit 40 Lake Center Executive Park Marlton, NJ 08053	CONTACT NAME: MEL Underwriting Service Center
	PHONE (A/C, No Ext): _____ FAX (A/C, No Ext) (732) 736-5274 EMAIL ADDRESS: MELUnderwritingSvcCntr@connerstrong
INSURERS AFFORDING COVERAGE	
INSURED Member Towns of the South Bergen Municipal Joint Insurance Fund 9 Campus Drive Parsippany, NJ 07054	INSURER A: SOUTH BERGEN MUNICIPAL JOINT INSURANCE FUND
	INSURER B: Municipal Excess Liability Joint Insurance Fund
	INSURER C:
	INSURER D:
	INSURER E:


COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
------------------	----------------------------	-------------------------

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ MED. EXP. (Any one person) \$ PERSONAL & ADV. INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						W.C. STATUTORY LIMITS <input type="checkbox"/> OTH ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	MEL Crime			MEL01170187	1/1/2017	1/1/2018	Limit \$1,000,000 (Primary) Deductible \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (attach ACORD 101, Additional Remarks Schedule, If more space is required **ANY ALTERATIONS WILL VOID THIS CERTIFICATE.**

As respects any member of the South Bergen JIF, the Acting Municipal Court Administrator(s) such member is sending to another municipality is(are) automatically covered.

CERTIFICATE HOLDER	CANCELLATION
Participating Members of the South Bergen JIF 9 Campus Drive, Suite 216 Parsippany, NJ 07054	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

DESCRIPTIONS (CONTINUED FROM PAGE 1)

Description of Operations Continuation:

Borough of Bogota
Borough of Carlstadt
Borough of East Rutherford
Borough of Edgewater
Borough of Elmwood Park
Borough of Englewood Cliffs
Borough of Fairview
Borough of Fort Lee
Borough of Little Ferry
Borough of Lodi
Borough of Maywood
Borough of Moonachie
Borough of North Arlington
Borough of Palisades Park
Borough of Rutherford
Borough of Wallington
Borough of Wood-Ridge
City of Hackensack
Township of Lyndhurst
Township of Rochelle Park
Township of Saddle Brook
Township of South Hackensack
Village of Ridgefield Park



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/25/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the polici(es) must be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Conner Strong & Buckelew Companies, MEL/JIF Underwriting Unit 40 Lake Center Executive Park Marlton, NJ 08053	CONTACT NAME: MEL Underwriting Service Center PHONE (A/C, No Ext): _____ FAX (A/C, No Ext) (732) 736-5274 EMAIL ADDRESS: MELUnderwritingSvcCntr@connerstrong											
	<table border="1"> <thead> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: BERGEN COUNTY MUNICIPAL JOINT INSURANCE FUN</td> <td></td> </tr> <tr> <td>INSURER B: Municipal Excess Liability Joint Insurance Fund</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </tbody> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: BERGEN COUNTY MUNICIPAL JOINT INSURANCE FUN		INSURER B: Municipal Excess Liability Joint Insurance Fund		INSURER C:		INSURER D:		INSURER E:
INSURERS AFFORDING COVERAGE	NAIC #											
INSURER A: BERGEN COUNTY MUNICIPAL JOINT INSURANCE FUN												
INSURER B: Municipal Excess Liability Joint Insurance Fund												
INSURER C:												
INSURER D:												
INSURER E:												
INSURED Bergen County Municipal Joint Insurance Fund 9 Campus Drive Parsippany, NJ 07054												

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (EA accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> W.C. STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
B	MEL Crime			MEL01170187	1/1/2017	1/1/2018	Limit \$1,000,000 (Primary) Deductible \$1,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (attach ACORD 101, Additional Remarks Schedule, If more space is required **ANY ALTERATIONS WILL VOID THIS CERTIFICATE.**

As respects any member of the Bergen JIF, the Acting Municipal Court Administrator(s) such member is sending to another municipality is(are) automatically covered. (SEE PAGE 2)

CERTIFICATE HOLDER**CANCELLATION**

Participating Members of the Bergen JIF 9 Campus Drive, Suite 216 Parsippany, NJ 07054	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

DESCRIPTIONS (CONTINUED FROM PAGE 1)

Description of Operations Continuation:

Borough of Allendale
Borough of Alpine
Borough of Bergenfield
Borough of Closter
Borough of Cresskill
Borough of Demarest
Borough of Dumont
Borough of Emerson
Borough of Fair Lawn
Borough of Franklin Lakes
Borough of Glen Rock
Borough of Harrington Park
Borough of Haworth
Borough of Hillsdale
Borough of Ho-Ho-Kus
Borough of Leonia
Borough of Midland Park
Borough of Montvale
Borough of New Milford
Borough of Northvale
Borough of Norwood
Borough of Oakland
Borough of Old Tappan
Borough of Oradell
Borough of Park Ridge
Borough of Ramsey
Borough of River Edge
Borough of Saddle River
Borough of Tenafly
Borough of Upper Saddle River
Borough of Waldwick
Borough of Westwood
Borough of Woodcliff Lake
Township of Mahwah
Township of River Vale
Township of Washington
Township of Wyckoff
Village of Ridgewood



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/2/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the polici(es) must be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Conner Strong & Buckelew Companies, MEL/JIF Underwriting Unit 40 Lake Center Executive Park Marlton, NJ 08053	CONTACT NAME: MEL Underwriting Service Center PHONE (A/C, No Ext): _____ FAX (A/C, No Ext) (732) 736-5274 EMAIL ADDRESS: MELUnderwritingSvcCntr@connerstrong											
	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: NEW JERSEY MUNICIPAL SELF-INSURERS JOINT INS</td> <td></td> </tr> <tr> <td>INSURER B: Municipal Excess Liability Joint Insurance Fund</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: NEW JERSEY MUNICIPAL SELF-INSURERS JOINT INS		INSURER B: Municipal Excess Liability Joint Insurance Fund		INSURER C:		INSURER D:		INSURER E:
INSURERS AFFORDING COVERAGE	NAIC #											
INSURER A: NEW JERSEY MUNICIPAL SELF-INSURERS JOINT INS												
INSURER B: Municipal Excess Liability Joint Insurance Fund												
INSURER C:												
INSURER D:												
INSURER E:												
INSURED New Jersey Municipal Self-Insurers Joint Insuranc Municipal Joint Insurance Fund 9 Campus Drive Parsippany, NJ 07054												


COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS								
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ MED. EXP. (Any one person) \$ PERSONAL & ADV. INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per accident) \$								
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$								
	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER														
E.L. EACH ACCIDENT	\$														
E.L. DISEASE - EA EMPLOYEE	\$														
E.L. DISEASE - POLICY LIMIT	\$														
B	MEL Crime			MEL01170187	1/1/2017	1/1/2018	Limit \$1,000,000 (Primary) Deductible \$1,000								

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (attach ACORD 101, Additional Remarks Schedule, If more space is required **ANY ALTERATIONS WILL VOID THIS CERTIFICATE.**

As respects any member of the NJMSI JIF, the Acting Municipal Court Administrator(s) such member is sending to another municipality is(are) automatically covered. (SEE PAGE 2)

CERTIFICATE HOLDER Participating Member of the NJMSI JIF 9 Campus Drive, Suite 216 Parsippany, NY 07054	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

DESCRIPTIONS (CONTINUED FROM PAGE 1)

Description of Operations Continuation:

City of Burlington Township of Burlington Township of Clark North Hudson Regional Fire and Rescue Borough of Paramus
--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/2/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the polici(es) must be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Conner Strong & Buckelew Companies, MEL/JIF Underwriting Unit 40 Lake Center Executive Park Marlton, NJ 08053	CONTACT NAME: MEL Underwriting Service Center
	PHONE (A/C, No Ext): _____ FAX (A/C, No Ext) (732) 736-5274 EMAIL ADDRESS: MELUnderwritingSvcCntr@connerstrong
INSURERS AFFORDING COVERAGE	
INSURED SUBURBAN ESSEX MUNICIPAL JIF Municipal Joint Insurance Fund 9 Campus Drive Parsippany, NJ 07054	INSURER A: SUBURBAN ESSEX MUNICIPAL JOINT INSURANCE FU
	INSURER B: Municipal Excess Liability Joint Insurance Fund
	INSURER C:
	INSURER D:
	INSURER E:


COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (EA accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
B	MEL Crime			MEL01170187	1/1/2017	1/1/2018	Limit \$1,000,000 (Primary) Deductible \$1,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (attach ACORD 101, Additional Remarks Schedule, If more space is required **ANY ALTERATIONS WILL VOID THIS CERTIFICATE.**

As respects any member of the Suburban Essex JIF, the Acting Municipal Court Administrator(s) such member is sending to another municipality is(are) automatically covered. (SEE PAGE 2)

CERTIFICATE HOLDER Participating Members of the Suburban Essex JIF 9 Campus Dr., Suite 216 Parsippany, NJ 07054	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

DESCRIPTIONS (CONTINUED FROM PAGE 1)

Description of Operations Continuation:

Borough of Haledon
Borough of Prospect Park
City of Garfield
Essex Regional Health Co
Hudson Regional Health Commission
Township of Little Falls
Manchester Regional HS District
Nutley Board of Education
Town of Secaucus
Township of Belleville
Township of Fairfield
Township of Nutley