

MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND

9 Campus Drive
Parsippany, NJ 07054
Telephone (856)552-4660

BULLETIN MEL 18-24

Date: January 1, 2018
To: Fund Commissioners of Member Joint Insurance Funds
From: Underwriting Manager, Conner Strong & Buckelew
Re: Public Officials and Employment Practices Liability

The bulletin does not apply to the workers compensation only members of the NJPHA JIF and the members of the First Responders Joint Insurance Fund.

The primary Public Officials and Employment Practices Liability coverage with QBE is provided to all participating MEL member JIFs, as follows:

All deductibles and coinsurances differ per member, but the following is a general summary of the coverage provided:

Combined, Per Claim / Aggregate	\$2,000,000
Civil Union / Marriage, Defense Only, Aggregate	\$25,000
Land Use Claims	\$150,000
Employed Attorney and Wage Coverage	Available
Coinsurance, Percentage	20%
Coinsurance, Loss Amount	\$250,000
Retention, Per Claim	\$20,000
Public Officials Retroactive Dates	
Five Continuous Years of Membership	Full Prior Acts
New Members with Full Prior Acts	Full Prior Acts
New Members without Full Prior Acts	Existing or One Year Retroactive
Employment Practices Retroactive Dates	
Members as of 1/1/97	10/1/93
Members After 1/1/97 with Prior Coverage	10/1/03
Members After 1/1/97 without Prior Coverage	Membership Date

If you have any questions concerning this bulletin, please contact your Risk Management Consultant, JIF Executive Director or the Underwriting Manager.

The above description is a general discussion of the coverage and limits provided by the FUND. However, the actual terms and conditions are defined in the policy document and all issues shall be decided based on the policy document.

cc: Risk Management Consultants
Fund Professionals
Fund Executive Directors

APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY COVERAGE
Municipal Excess Liability Joint Insurance Fund
c/o QBE North America
9 Campus Drive, Suite 216
Parsippany, NJ 07054

UNDERWRITTEN BY QBE NORTH AMERICA

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 North America**. 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 North America** 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 #) _____

Does said Loss Control/Risk Management Plan address the **minimum requirements as set forth in the MELJIF "Checklist for Members without Previously Approved Loss Control Plans"**? _____

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 each.

Is the Member Public Entity presently subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment? Yes No. If yes, please attach a copy.

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
_____	\$ _____	\$ _____	_____

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). _____

It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim or action arising from them is excluded from this proposed coverage and forms the basis for a rescission of this policy.

7. FALSE INFORMATION

Any person who, knowingly and with intent to defraud any insurance company, Joint Insurance Fund, **QBE North America** 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 North America** 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 and 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: