

**MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND**

9 Campus Drive, Suite 216

Parsippany, NJ 07054

Telephone (201) 881-7632

**BULLETIN MEL 19-15**

**Date: January 1, 2019**

**To: Fund Commissioners of Member Joint Insurance Funds**

**From: Underwriting Manager, Conner Strong & Buckelew**

**Re: Volunteer Directors & Officers Liability (Fire / Emergency)**

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**The bulletin does not apply to members of the NJPHA, NJUA and First Responders JIFs.**

This will serve as an annual reminder that the member JIF offers primary Volunteer Directors & Officers Liability via QBE Specialty to fire companies / emergency service units currently insured for general liability coverage by the local JIF and MEL. This policy covers the civil rights violations of the non-firematic / non-emergency functions of the units. Non-firematic / non-emergency functions include social functions, fundraisers, scholarships, ownership of property, etc. Coverage for the firematic / emergency duties of these units is provided under the member entity's POL/EPL policy.

The following coverages options are available, following completion and favorable review of the enclosed application, as well as an additional assessment:

<b>Options</b>	<b>Limit of Liability</b>	<b>Deductible</b>
1	\$1,000,000	\$1,000
2	\$1,000,000	\$2,000
3	\$1,000,000	\$5,000
4	\$2,000,000	\$1,000
5	\$2,000,000	\$2,000
6	\$2,000,000	\$5,000

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

**This bulletin is for information purposes only. It is not intended to be all-inclusive but merely an overview. It does not alter, amend or change your coverage. Please refer to specific policies for limits, terms, conditions and exclusions.**

cc: Risk Management Consultants  
Fund Professionals  
Fund Executive Directors

**QBE North America Insurance Company**  
**Application for Volunteer Directors & Officers Liability**

*An application must be completed for each service unit.*

**I. APPLICANT INFORMATION**

Emergency Service Unit Name: \_\_\_\_\_

Type (Fire or Ambulance): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Year Established: \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_

Member Entity Name: \_\_\_\_\_

Joint Insurance Fund: \_\_\_\_\_

Risk Management Consultant: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**II. LIMITS OF LIABILITY / DEDUCTIBLE**

*Please check-off the desired limit and deductible to apply to all units of the member entity.*

**Limit (Aggregate per Municipality)**

**Deductible (per loss)**

- |                          |             |         |
|--------------------------|-------------|---------|
| <input type="checkbox"/> | \$1,000,000 | \$1,000 |
| <input type="checkbox"/> | \$1,000,000 | \$2,000 |
| <input type="checkbox"/> | \$1,000,000 | \$5,000 |
| <input type="checkbox"/> | \$2,000,000 | \$1,000 |
| <input type="checkbox"/> | \$2,000,000 | \$2,000 |
| <input type="checkbox"/> | \$2,000,000 | \$5,000 |