

MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND

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BULLETIN MEL 19-16

Date: January 1, 2019
To: Fund Commissioners of Member Joint Insurance Funds
From: Underwriting Manager, Conner Strong & Buckelew
Re: Quasi Entities

The bulletin only applies to the members of the Bergen, South Bergen, Morris, Camden, PAIC, NJSI, Mid Jersey, Central, Suburban Municipal and Suburban Essex member Joint Insurance Funds. It does not apply to the remaining MEL member JIF's.

This will serve as an annual reminder of the procedure to follow to insure new Class III (All Other Non-Athletic Organizations) and Class IV (Athletic Organizations) quasi entities via their member entities. As a reminder, Class I and Class II quasi entities are automatically included in coverage with the member entity.

For the JIF to consider extending coverage to Class III and IV quasi entities (i.e. athletic and quasi-municipal groups), it must comply with one of the following conditions:

- (a) The organization is a sub-agency of the member entity subject to the provisions of the Local Public Contracts Law; or
- (b) The agency was created by an act of the Governing Body of the member entity; or
- (c) The organization is subject to the provisions of the Local Budget Law, Local Fiscal Affairs Law and any full time paid employees of the agency are eligible for membership in the Public Employees Retirement system.

If the group does not meet one of the above criteria, the member entity must prove that the particular function or organization was historically covered immediately preceding the member entity's JIF membership. The member entity must also pass a Resolution designating the group as one it wishes covered as an additional insured. Any request to add an athletic or quasi municipal group requires approval by the Fund Commissioners subject to receipt and approval of the information outlined below.

In order for coverage to be considered, these quasi entities must provide, for underwriting purposes, the following information:

- 1) A completed Joint Insurance Fund Quasi Entity General Application, including necessary attachments (Class III and IV).
- 2) A completed Joint Insurance Fund Quasi Entity Athletic Group Supplemental Application including necessary attachments (Class IV only).
- 3) A resolution from the governing body of the applicable member entity adding the entity as an "additional named insured" to its Coverage Document (Class III and Class IV). Please note, this does not constitute acceptance of coverage for that entity.
- 4) Proof that an accidental medical insurance program is in place for sport participants (Class IV only).

Additional requirements may vary by member JIF. The member JIF's Coverage Committee will review each application against standards for admission applicable to the insured activity. The Executive Board will be the sole decision-maker on admission or rejection. If admitted for coverage, there will be an additional minimum assessment. The JIF's loss control program extends to the quasi's on an as needed basis. For example, any large festival affairs of a bicentennial committee would be reviewed by the JIF's Safety Consultant prior to the event. If rejected, the entity must purchase coverage elsewhere.

Enclosed are the following:

- 1) Joint Insurance Fund Quasi Entity Class III and IV General Application.
- 2) Joint Insurance Fund Quasi Entity Athletic Group (Class IV) Supplemental Application.

The original completed applications, resolution and statement on accidental medical insurance if applicable should be mailed to the JIF Executive Director. A copy of this information should be emailed to the MEL Underwriting Manager.

The Class III and Class IV quasi entities are subject to the following coverage restrictions:

- 1) A limit of liability of \$5 million. The coverage for these entities is restricted to general liability and automobile non-ownership liability. The local JIF and MEL will be excess on automobile non-ownership liability of the vehicle owners insurance.
- 2) A sub-limit of \$100,000 for Crime.

Class III and IV quasi' entities already approved for coverage renew via the Member entity renewal application process.

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

**JOINT INSURANCE FUND
QUASI ENTITY - CLASS III AND IV
GENERAL APPLICATION
GENERAL LIABILITY AND NON-OWNED AUTO**

(Please Type or Print Legibly)

I. APPLICANT INFORMATION

Additional Named Insured: _____ Class: _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Federal Tax ID No.: _____ Year Established: _____

Current Insurer: _____ Expiration
Date: _____ Policy #: _____

Contact Person: _____ Title: _____

Phone No.: _____ Fax No.: _____

Contact Person for
Loss Control Inspection: _____ Phone No.: _____

Name of Sponsor Member entity: _____

Name of Joint Insurance Fund: _____

Name of Risk Management Consultant: _____

Contact
Person: _____ Phone No.: _____ Fax No.: _____

Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Describe the Municipal Service Provided: _____

Additional Named Insured Is: Corporation Charitable Not for Profit Other
(Explain)

Are Financial Statements available for this entity: Yes No

Resolution Provided by Governing Body of Sponsor Member entity:

Yes No If Yes, Please Attach a Copy

Total Number of Employees: _____ Volunteers: _____ Participants: _____

**JOINT INSURANCE FUND
 QUASI ENTITY - CLASS III AND IV
 GENERAL APPLICATION
 GENERAL LIABILITY AND NON-OWNED AUTO (cont'd)**

II. LOSS INFORMATION

**GENERAL LIABILITY/NON-OWNED AUTO LIABILITY
 DESCRIBE CLAIMS/RESERVES FOR LAST THREE (3) YEARS**

YEAR	TYPE OF LOSS	CLAIM AMOUNT	VALUED AS OF	DESCRIPTION

III. ADDITIONAL INFORMATION

What percentage of your activity takes place off municipal premises? _____

Does the entity enter into any hold harmless agreements with third parties: Yes No

If Yes, Explain: _____

Does entity engage in other activities other than described above? _____

For each of the following, please indicate if there is a procedure in effect for obtaining certificates of insurance, the limits required for each, and whether the certificates list the Additional Named Insured, as will appear on the policy, as an Additional Insured.

	Certificates?	Limits?	Additional Insured?
Food Concessionaires	_____	_____	_____
Vendors	_____	_____	_____
Exhibitors	_____	_____	_____
Independent Contractors	_____	_____	_____
Service Organizations	_____	_____	_____
Fireworks	_____	_____	_____

I UNDERSTAND THIS/(THESE) APPLICATION(S) IS/(ARE) A REQUIREMENT FOR COVERAGE. IT IS UNDERSTOOD AND AGREED THAT THE COMPLETION OF THIS APPLICATION SHALL NOT BE BINDING EITHER TO THE PROPOSED ADDITIONAL NAMED INSURED OR TO THE JOINT INSURANCE FUND UNTIL ACCEPTED BY THE JIF OR IN WRITING.

Date
Signature
Title

**JOINT INSURANCE FUND
QUASI ENTITY – CLASS IV ONLY
ATHLETIC GROUP SUPPLEMENTAL APPLICATION**

(Please Type or Print Clearly)

I. GENERAL INFORMATION

Additional Named Insured: _____

Group Activities (Please check appropriate boxes below)

<u>Activity</u>	<u># of Participants</u>	<u># of Teams</u>	<u># of Coaches</u>	<u># of Officials/ Umpires</u>
<input type="checkbox"/> Football	_____	_____	_____	_____
<input type="checkbox"/> Baseball	_____	_____	_____	_____
<input type="checkbox"/> Soccer	_____	_____	_____	_____
<input type="checkbox"/> Basketball	_____	_____	_____	_____
<input type="checkbox"/> Field Hockey	_____	_____	_____	_____
<input type="checkbox"/> Skiing	_____	_____	_____	_____
<input type="checkbox"/> Volleyball	_____	_____	_____	_____
<input type="checkbox"/> Ice Hockey	_____	_____	_____	_____
<input type="checkbox"/> Track	_____	_____	_____	_____
<input type="checkbox"/> Softball	_____	_____	_____	_____
<input type="checkbox"/> La Crosse	_____	_____	_____	_____
<input type="checkbox"/> Swimming	_____	_____	_____	_____
<input type="checkbox"/> Cheerleading	_____	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____	_____

II. UNDERWRITING INFORMATION

Are all practices, contests, and ancillary events sanctioned and supervised by a recognized association/league?

Yes No If No, Explain: _____

Is First Aid available for practices and local contests: Yes No

Describe: _____

Describe safety precautions taken for the safety of spectators: _____

Are participants ever transported to/from practices or competitions by organization members?

Yes No If Yes, please describe: _____

Are Waiver/Release, or Consent Forms signed by participants? Yes No

Please describe procedure and attach copy of form(s): _____

Does the organization provide accidental medical insurance for participants? Yes No

If so, please provide evidence of coverage (This is mandatory in order for the athletic group to be eligible for this insurance).

Are all coaches/trainers certified? Yes No

(This is mandatory in order for the athletic group to be eligible for this insurance).

Please explain the certification process: _____

Who maintains the certification records? _____

Where are the records kept? _____

Signature Title Date