

MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND

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BULLETIN MEL 21-12

Date: January 1, 2021
To: Fund Commissioners of Member Joint Insurance Funds
From: Underwriting Manager, Conner Strong & Buckelew
Re: Volunteer Directors & Officers Liability (Fire / Emergency)

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:

Options	Limit of Liability	Deductible
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 |

III. EFFECTIVE DATE

Requested Effective Date of Coverage: _____