

MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND

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BULLETIN MEL 21-13

Date: January 1, 2021

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 Metro member Joint Insurance Funds. It does not apply to the remaining MEL member JIF's.

This will serve as an annual reminder of the coverage offered to "Quasi Entities".

Types of Quasi Entities

We group the various types of quasi entities into the following four classes.

- Class I – Public safety associations and auxiliaries
- Class II – Volunteer ambulance corps and fire districts
- Class III – All other non-athletic organizations
- Class IV – Athletic organizations

Submission Process

Follow the below steps to determine how to obtain coverage for your quasi entity.

Step 1

If the quasi entity meets any one of the following conditions, then they are automatically included in the Member Entity's insurance program (please list the entity in Origami). If not, see Step 2.

1. The Quasi is a sub-agency of the member entity subject to the provisions of the Local Public Contracts Law;
2. The Quasi was created by an act of the Governing Body of the member entity; or
3. The Quasi 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.

Step 2

If the quasi entity was covered in the Member Entity's insurance program up until the date the Member Entity joined the JIF, the member entity must pass a Resolution designating the group as one it wishes covered as an additional named insured, and submit such to the JIF Executive Director and MEL Underwriting Manager for consideration. If not, see Step 3.

Step 3

If the Quasi does not meet Step 1 or Step 2, please provide the below for consideration.

1. Joint Insurance Fund Quasi Entity General Application, including necessary attachments (application attached).

2. A resolution from the governing body of the applicable member entity with its approval of adding the Quasi Entity as an "additional named insured" to its program.
3. For Class IV, Joint Insurance Fund Quasi Entity – Class IV Athletic Group Supplemental Application, including necessary attachments (application attached).
4. For Class IV, evidence of effective accidental medical insurance program for all athletic participants.

Additional requirements may vary by JIF and applicant. The original completed applications, resolution and statement on accidental medical insurance (if applicable), as well as any other required information, should be sent to the JIF Executive Director and MEL Underwriting Manager.

JIF Underwriting Process

1. The JIF's Coverage Committee (or similar group responsible) will review each applicant's submission against standards applicable to the activity. If approved, the submission and recommendation is sent to the Executive Board; and
2. The Executive Board will be the sole decision-maker on admission or rejection.

Assessment

If admitted for coverage, there will be an additional minimum assessment.

Risk Control

The JIF's Risk control program extends to the quasis on an as needed or required basis.

Coverage

Class I and II quasi entities are fully included in the Member Entity's insurance program.

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

1. Casualty:
 - \$5,000,000 limit
 - Restricted to general liability and non-owned automobile liability
 - Local JIF's and MEL's non-owned automobile liability will be excess of the vehicle owner's personal insurance.
2. Crime:
 - \$100,000 limit

Renewals

Quasi entities already approved for coverage renew via their Member Entity's' 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



Addendum 1

Joint Insurance Fund

**Quasi Entity General
Application**

**JOINT INSURANCE FUND
QUASI ENTITY
GENERAL APPLICATION**

(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
GENERAL APPLICATION**

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



Addendum 2

**Joint Insurance Fund
Quasi Entity – Class IV**

**Athletic Group Supplemental
Application**

**JOINT INSURANCE FUND
QUASI ENTITY – CLASS IV
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