

**MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND**

9 Campus Drive, Suite 216

Parsippany, NJ 07054

Telephone (201) 881-7632

**BULLETIN MEL 24-16b**

**Date:** January 1, 2024  
**To:** Fund Commissioners of Member Joint Insurance Funds  
**From:** Underwriting Manager, Conner Strong & Buckelew  
**Re:** Special Improvement Districts

---

**The bulletin applies to the members of the Atlantic JIF.**

The Atlantic JIF and MEL provide coverage for the member entities of Atlantic JIF that form a non-profit corporation via their governing body for the purpose of improving their business district. The business district is referred to as Special Improvement District (SID). The JIF does not insure Business Improvement Districts. The non-profit corporation is referred to as a District Management Corporation or a Downtown Partnership Corporation. These are not Economic Development Corporations (EDC), as the JIF and MEL do not insure EDCs.

The SID must meet the JIF and MEL underwriting criteria to be considered for coverage:

- a) Resolution of the Governing Body to sponsor the SID.
- b) Completion and approval of underwriting application. A copy of the underwriting application is enclosed.
- c) Annual Audit Report must be filed with the Governing Body
- d) Annual budgets must be approved by the Governing Body.
- e) SID must agree to follow JIF Insurance Requirements (i.e.; “use of member entity facilities;” “insurance requirements for outside contractors;” and “insurance requirements for fireworks displays”).
- f) SID must agree to follow the sponsor town’s loss control program.
- g) All activities of the SID must adhere to NJSA 40:56-83 and 40:56-84. A copy of the legislation is available upon request.

Premium assessments will be determined by the actuary’s review of the underwriting application. The original submission of coverage must include the completed and signed application, as well as all attachments requested in the application and should be emailed to the MEL Underwriting Manager with copies to your JIF Executive Director, Risk Management Consultant and PERMA Risk Management Services.

If you have any questions, 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

## Special Improvement Districts And District Management Corporations General Application

### I. APPLICANT INFORMATION

Special Improvement District Name: \_\_\_\_\_

District Management Corporation: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Federal Tax ID No.: \_\_\_\_\_ Year Established: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Name of Sponsor Member Entity: \_\_\_\_\_

Name of Joint Insurance Fund: \_\_\_\_\_

Name of the Member Entity Risk Management Consultant: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## II. OPERATIONS INFORMATION

List the Specific Activities (both current and planned) of the above District Management Corporation for the SID (Attached detailed list):

---

---

---

List the Specific Activities (both current and planned) of the District Management Corporation OTHER THAN for the SID, if any (attached detailed list):

---

---

---

Was a Resolution Adopted by Governing Body of Member entity to sponsor district's application for coverage consideration through the member entity's insurance program?

Yes  No  If Yes, Please Attach a Copy

Total Number of Employees: \_\_\_\_\_ Volunteers: \_\_\_\_\_ Businesses in Districts: \_\_\_\_\_

Has the district entered into any contracts: Yes  No

If Yes, Please summarize number of contracts, names of parties and types of services

---

---

Where applicable, are the contract plans and specifications approved by the member entity engineer?

Yes  No

Does entity engage in other activities other than described above?

---

---

---

### III. FINANCIAL INFORMATION

Total Operating Budget \_\_\_\_\_

List sources of revenue:

---

---

---

---

What percentage of operating budget is revenue from special improvement district Assessments? \_\_\_\_\_

Does the Budget approved by the Member Entity include all sources of funding?

Yes  No

Does the District have a Treasurer?

Yes  No

If not, who handles the monies? \_\_\_\_\_

Are Audited Financial Statements available for this entity: Yes  No

If so, are they made available to the Member Entity Governing Body? Yes  No

Within 30 days after the close of the fiscal year? Yes  No

Please attach the following:

- ◆ Municipal Ordinance & Creating Special Improvement District
- ◆ Governing Body Resolution authorizing commencement of assessments, pursue necessary studies and create development plans relating to the creation and maintenance of the district.
- ◆ Governing Body Resolution – Sponsoring District for Insurance Coverage
- ◆ Current or Pro-Forma Budget
- ◆ Most Recent Audit Report
- ◆ By Laws
- ◆ List and positions of Board of Directors

## IV. EXPOSURE INFORMATION

### PART A: PROPERTY

LOCATION	FLOOD PLAIN	OCCUPANCY	YEAR BUILT	BUILDING VALUE	CONTENT VALUE

Note: Buildings more than 50 years old are not covered for replacement cost without approval from the Fund's Executive Committee. If you are adding a building that is more than 50 years old, and you would like replacement cost coverage, please submit your request under separate cover.

### PART B: EQUIPMENT (EACH ITEM VALUED \$5,000 OR MORE)

YEAR	MAKE	MODEL	DEPARTMENT	VALUE \$

### PART C: MISC. EQUIPMENT (ITEMS VALUED LESS THAN \$5,000)

YEAR	MAKE	MODEL	DEPARTMENT	VALUE \$

### PART D: SPECIAL FLOATER (FINE ARTS, EDP, COPIERS, ETC.)

MAKE	MODEL	DEPARTMENT	VALUE \$



**V. LOSS INFORMATION**

**DESCRIBE CLAIMS/RESERVES  
LAST THREE (3) YEARS**

YEAR	TYPE OF LOSS	CLAIM AMOUNT	VALUED AS OF	DESCRIPTION

NOTES: \_\_\_\_\_

**PROVIDE HARD COPY CURRENTLY VALUED INSURANCE COMPANY LOSS RUNS FOR ALL COVERAGE FOR THE PAST FIVE YEARS (or since inception)**

**VI. PRESENT PREMIUMS AND LIMITS**

COVERAGE	COMPANY	EXPIRATION DATE	LIMITS	PREMIUM
Workers' Comp.				
Property Package (Section I)				
General Liability				
Umbrella				
Director's & Officer's				
Other				
Auto Liability				
Auto PD				
Crime				
TOTALS				

**NOTE: PLEASE INCLUDE COPIES OF YOUR CURRENT INSURANCE POLICIES.**