

MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND

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BULLETIN MEL 25-11

Date: January 1, 2025

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, and Board of Education members.

This will serve as an annual reminder that the member JIF offers primary Volunteer Directors & Officers Liability to fire companies / emergency service units currently insured for Public Officials & Employment Practices Liability coverage by the local JIF and MEL. This coverage is part of the Public Officials & Employment Practices Liability policy and 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.

The coverage will be included within the Public Officials coverage provided to the JIF Member Entity and it will be subject to a \$1,000 deductible.

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

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: _____

II. EFFECTIVE DATE

Requested Effective Date of Coverage: _____