

## MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND

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### BULLETIN MEL 25-12

**Date:** January 1, 2025  
**To:** Fund Commissioners of Member Joint Insurance Funds  
**From:** Underwriting Manager, Conner Strong & Buckelew  
**Re:** Quasi Entities

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**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 JIFs.**

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

The JIF covers governmental entities that are a part of the member including boards and committees that are appointed by the member’s governing body. Governmental entity means any organization that is subject to the New Jersey Local Public Contracts Law (N.J.S.A. 40A:11-1 et. seq.). The member may also apply to include (1) independent authorities and/or (2) non-profit “quasi” governmental entities that provide services that otherwise could be provided by the member itself.

### **Authorities**

All authorities subject to the New Jersey Public Contracts Law must be individually underwritten and approved before coverage can be provided.

### **Quasi Entities**

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

- Class I – Non-profit public safety associations and auxiliaries. Most Fire Departments that are part of a town budget also have one or several non-profit entities for charitable and social activities outside of the town’s budget.
- Class II – Non-profit ambulance corps and fire departments that have their own budgets that are not approved by member local unit’s governing body.
- Class III – All other non-athletic organizations that are incorporated as non-profits and provide services that otherwise could be provided by the member itself.
- Class IV – Non-profit Athletic organizations.

### **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; and
2. The Executive Board will be the sole decision-maker on admission or rejection.

## Submission Process

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

### Step 1

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 for consideration.

### Step 2

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

1. Joint Insurance Fund Quasi Entity General Application, (application attached).
2. A resolution from the governing body of the 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 (application attached).
4. For Class IV, evidence of effective accidental medical insurance program for all athletic participants.

Additional requirements may vary by JIF. 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.

## Assessment

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

## Risk Control

The JIF's Risk control program extends to the quasias 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

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