

**MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND**

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Parsippany, NJ 07054

Telephone (201) 881-7632

**BULLETIN MEL 25-15**

**Date: January 1, 2025**

**To: Fund Commissioners of Member Joint Insurance Funds**

**From: Underwriting Manager, Conner Strong & Buckelew**

**Re: Member Entity Full Time Employed Attorney Professional Liability Coverage**

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**The bulletin does not apply to “workers compensation only” members of NJPHA JIF. This bulletin does not apply to the Board of Education members of the Suburban Metro JIF.**

This will serve as an annual reminder of the optional employed lawyer professional liability. The professional liability coverage would be afforded under the member entity’s primary POL/EPL policy.

In order to be considered for coverage, please submit the attached application to the MEL Underwriting Manager with copies to your JIF Executive Director, Risk Management Consultant and PERMA Risk Management Services (separate application for each attorney). Coverage is restricted per the following criteria:

- The attorney is employed as a full time staff member. Full time employment means a minimum 35 hour work week and the employee is eligible for health benefits.
- Coverage is restricted to where the attorney is acting within the scope of their duties for the member entity.
- The application for coverage must be approved and accepted by the JIF and the JIF’s insurer.
- If the employed attorney is involved in outside activity, it is required that the attorney provide evidence of errors and omissions insurance for the outside activity. The employed attorney must warrant and acknowledge that the JIF’s insurer is not providing coverage for the outside activity.

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 Member Entity Full Time Employed Attorney  
Professional Liability Coverage**

*The employed member entity full time employed attorney professional liability coverage is available under the JIF Public Officials and Employment Liability policy, which is written on a claims made basis. Coverage is subject to compliance with **JIF Full Time Employed Attorney Public Officials Liability Coverage Guidelines**.*

1. Name of Member Entity: \_\_\_\_\_ JIF: \_\_\_\_\_
2. POL/EPL Limit of Liability Currently Purchased: \_\_\_\_\_
3. Please provide the name of the full time employed attorney of the Member Entity:

\_\_\_\_\_

*(If the Member Entity has more than one full time employed attorney, a separate application must be completed for each attorney. Full time employment means a 35-hour workweek and employee is eligible for health benefits. If the attorney(s) has no outside legal activity, then it is up to the discretion of the Member Entity to determine the number of hours to be considered full time.)*

4. Describe the type of legal work undertaken by the full time employed attorney and/or legal department.
- \_\_\_\_\_
- \_\_\_\_\_
5. Describe internal controls and operating procedures for the legal department, including procedures governing the issue of legal opinions, advice or recommendations.

\_\_\_\_\_

\_\_\_\_\_

6. Does the full time employed attorney perform personal legal services for any employee, appointed or elected officials or any other person? YES  NO  If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

*(The JIF will not provide coverage for these activities.)*

7. Does the Member Entity permit or require the full time employed attorney to represent in court the Member Public Entity or other parties in the course of full time employed attorney's employment?  
YES  NO  If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

8. Is the Member Entity aware, after reasonable inquiry, of any professional liability claim made against the attorney that the member entity employs? YES  NO  If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

9. Is the Member Entity aware, after reasonable inquiry, of any circumstances that may reasonably be expected to give rise to a claim against the employed attorney?

**Application for Member Entity Full Time Employed Attorney  
Professional Liability Coverage**

YES  NO  If yes, please give details.

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10. Does the Member Entity do a background check on attorneys hired? YES  NO   
If yes, describe scope of background check.
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*(A satisfactory background check is required for coverage to be provided. This is a requirement of the JIF insurer.)*

11. Has any application for any similar coverage relating to the Member Entity or the employed attorney in the business of the Member Entity ever been declined or has such insurance ever been canceled?  
YES  NO  If yes, please explain.
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**12. False Information**

Any person who, knowingly and with intent to defraud any insurance company or Joint Insurance Fund or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**13. Warranty, Declaration and Signature**

The undersigned declares that to the best of his or her knowledge and belief that the statements set forth herein are true. The undersigned understands and acknowledges that there is no coverage with the JIF and **QBE North America Insurance Company** for those activities that are outside the scope of their duties on behalf of the Member Entity. The signing of this application is a warranty on behalf of the Insured, which the JIF and **QBE North America Insurance Company** are relying upon and is affording coverage pursuant to any policy that may be issued. Any and all warranties or statements in this application shall be deemed the basis for and attached to and shall form a part of any policy that may be issued. This section of the application must be signed by the Chairperson/Mayor, the full time Employed Attorney and Executive Director/Administrator/Clerk of the Member Entity and must be attested.

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Chairperson/Mayor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name: \_\_\_\_\_

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Full Time Employed Attorney's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name: \_\_\_\_\_

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Attest \_\_\_\_\_ Date \_\_\_\_\_  
Name: \_\_\_\_\_

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Exec. Dir./Admin./Clerk's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Name: \_\_\_\_\_