

**MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND**

9 Campus Drive, Suite 216  
Parsippany, NJ 07054  
Telephone (201) 881-7632

**BULLETIN MEL 26-04**

**Date:** January 1, 2026  
**To:** Fund Commissioners of Member Joint Insurance Funds  
**From:** Underwriting Manager, Conner Strong & Buckelew  
**Re:** Crime Statutory Bond Coverage

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

The statutory bond coverage is automatically provided to any position statutorily required to be bonded, except for the following who must be underwritten prior to receiving coverage:

**\*\* POSITIONS REQUIRED TO BE UNDERWRITTEN \*\***

- Treasurer
- Tax Collector
- Utility Collector
- Library Treasurer
- Chief Financial Officer, but only if such position assumes the duties of the treasurer

**PLEASE SEE THE FOLLOWING PAGES FOR INSTRUCTIONS ON HOW TO APPLY FOR  
COVERAGE**

Please note, the positions of judge, magistrate, court administrator/clerk, and paid treasurers of fire districts & volunteer ems organizations are other typical positions required to be statutorily bonded, but they do not require underwriting. Volunteer treasurers of fire companies/districts and volunteer treasurers of volunteer ambulance corporations are covered under the JIF Blanket Bond.

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.**

## Underwriting Submission

**ONLY APPLICABLE TO** the Treasurer, Tax Collector, Utilities Collector and Library Treasurer, including the Chief Financial Officer who handles monies as part of their responsibilities for the member entity normally handled by the treasurer; deputies or assistants to these positions **do not** need to be underwritten.

**A completed application (Addendum 2) and FCRA Consumer Disclosure and Authorization Form (Addendum 3) are required for each employed position in order for the MEL to consider providing coverage. The application should be provided at the initial application for coverage, as well as 120 days prior to each of the entity's renewals with the JIF.** Attached are copies of both documents as Addendums 2 and 3. A Fillable PDF version of the application is also included. The individual to be bonded must complete and sign the application. The MEL Underwriting Manager Unit is responsible for the administration of the Statutory Position Bond Program.

New applications and deletions (including the date of deletion) should be sent to:

Conner Strong & Buckelew  
Attn: MEL Underwriting Service Center  
Email: [MELREQUEST@connerstrong.com](mailto:MELREQUEST@connerstrong.com)  
P.O. Box 99106  
Camden, NJ 08101

The minimum requirements for coverage approval are:

- Fully completed application;
- Applicant has no pending bankruptcy, insolvency, lawsuits for non-payment, liens or judgments, including with any organization the applicant has an ownership interest of at least 10%;
- Financial history of the applicant;
- Completed FCRA Consumer Disclosure and Authorization Form; and
- Credit score of 600 or above.

*Please note, if you submitted an application after July 1<sup>st</sup> of the same year, a new submission is not needed.*

## Approval Process

Upon receipt of the signed and completed application and form, the MEL Underwriting Manager unit will review the application based on the established underwriting criteria. If approved, the MEL Underwriting Manager will notify the applicant by letter. The member town policy will be endorsed accordingly. A certificate of insurance will be sent to the Risk Management Consultant and/or JIF Executive Director, or Town Clerk in absence of a Risk Management Consultant.

If declined, a declination letter will be sent to the applicant. A copy will go to the member entity (municipal clerk) and the member's RMC. The letter will also outline the appeal process. The applicant is allowed to file an appeal with the MEL Appeal Board.

## Appeal Submission Requirements

*The applicant's appeal is required to include the following. Additional information may also be requested.*

1. Personal testimony from the Applicant in writing detailing exactly what circumstances led to your current financial status and detailed steps you are taking to improve it.
2. Letter of Recommendation from the Town Councilman/Finance Chairman on the Applicant's quality of work.
3. Either:
  - a. Letter from the town auditor discussing the internal controls in place with respect to the Applicant's handling of monies to address the situation, including a resolution from the Governing Body adopting those controls; or
  - b. A letter from the CFO outlining changes in the position (Treasurer, Tax Collector, etc.) that would prevent a future loss by the applicant.

***This information should be sent by the applicant directly to the Underwriting Manager's attention.***

After initial bond approval, an underwriting review will be conducted on an existing official upon renewal of the employers' term of membership with the JIF. An application must be submitted for each renewal the employer has with the JIF. Renewal certificates of insurance will be sent to the current Risk Management Consultant (or Town Clerk, in the absence of a Risk Management Consultant), JIF Executive Director, and Applicant.

### New Jersey

#### **A SUMMARY OF YOUR RIGHTS UNDER THE NEW JERSEY FAIR CREDIT REPORTING ACT**

The State of New Jersey Fair Credit Reporting Act (NJFCRA) is designed to promote accuracy, fairness, consumer confidentiality, and the proper use of credit data by each consumer reporting agency ("CRA") in accordance with the requirements of the NJFCRA.

The NJFCRA is modeled after the Federal Fair Credit Reporting Act. You have received a Summary of Your Rights under the Federal Fair Credit Reporting Act. The two Acts are almost identical, as are your rights under them. You can find the complete text of the NJFCRA at the Department of Consumer Affairs. You may seek damages for violations of the NJFCRA. If a CRA, a user, or (in some cases) a provider of CRA data violates the NJFCRA, you may have a legal cause of action.

**For questions or concerns regarding the NJFCRA, please contact:**

#### **DIVISION OF CONSUMER AFFAIRS**

Department of Law and Public Safety  
124 Halsey Street  
Newark, NJ 07102

**Phone:** 800-242-5846 / 973-504-6200

# **ADDENDUM 1**

## **COVERAGE PART III Assessments**

<b><u>Population</u></b>	<b><u>Annual Assessment</u></b>
Up to 10,000	\$ 500
10,001 to 20,000	\$1,000
20,001 to 30,000	\$1,250
30,001 to 40,000	\$1,500
40,001 to 50,000	\$2,000
50,001 and up	\$2,750

This assessment will cover all the positions required to be underwritten and is the same no matter how many positions you elect to cover. Therefore, if you elect to include one position listed below, any additional positions listed below will be covered at no additional assessment.

The assessment will be prorated to the date of the first bond's effective date.

## **ADDENDUM 2**



# **Municipal Excess Liability Joint Insurance Fund Public Official Bond Surety Application and Indemnity Agreement**

**MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND  
PUBLIC OFFICIAL BOND SURETY APPLICATION and INDEMNITY AGREEMENT**

**CERTIFICATE OF DESIGNATION OF DEPOSITORIES**

Name of Applicant \_\_\_\_\_

Name of Member Entity (Obligee) \_\_\_\_\_

This is to certify that the following financial institutions are duly designated as  
depositories for the funds of: \_\_\_\_\_

Name of Financial Institution \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Name of Financial Institution \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Name of Financial Institution \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Member Entity \_\_\_\_\_ Signature of Secretary \_\_\_\_\_ Date \_\_\_\_\_

**INDEMNITY AGREEMENT**

The undersigned Applicant and Indemnitor (s) all hereinafter called the Indemnitor (s) hereby certify that the foregoing declarations made and answers given, are the truth without reservation and are made for the purpose of inducing Municipal Excess Liability Joint Insurance Fund (MEL) c/o PERMA Risk Management Services, 9 Campus Drive, Parsippany, NJ 07054 for itself and its affiliates, parents and subsidiaries, hereinafter called Surety, to issue the bond (s) or undertaking (s) applied for and any renewal and increase of the same or of any bond (s) or undertaking (s) of similar nature given in substitution or renewal thereof (all comprehended in the word "bond (s)" or "undertaking (s)" as herein used). The Indemnitor (s) agree that the Surety may decline the bond (s) applied for or may cancel or terminate the same without incurring liability whatsoever to the Indemnitor (s). In consideration of the Surety executing said bond (s) or undertaking (s) or the forbearance of cancellation of any bond (s), the Indemnitor (s) do undertake and agree as follows:

Indemnitor (s) hereby expressly authorize the MEL to access its credit records and to make such pertinent inquiries as may be necessary from third party sources for the following purposes: (a) to verify information supplied to MEL (b) for underwriting purposes; and (c) upon establishment of a reserve, for debt collection. The Indemnitor (s) will at all times indemnify and keep indemnified, the Surety and hold and save it harmless from and against any and all damages, loss, costs, charges and expenses of whatsoever kind or nature, including counsel and attorney's fees, whether incurred under retainer or salary or otherwise, which it shall or may, at any time, sustain or incur by reason or in connection with furnishing any bond or undertaking. To deposit with the Surety on demand an amount sufficient to discharge any claim made against the Surety on the bond (s) or undertaking (s). This sum may be used by

**MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND  
PUBLIC OFFICIAL BOND SURETY APPLICATION and INDEMNITY AGREEMENT**

Surety to pay such claim or be held by Surety as collateral security against loss or cost on the bond (s) or undertaking (s).

I do also expressly relieve said MEL and all others from liability for disclosing or furnishing any information it may have obtained concerning me or my affairs and so also relieve said MEL from any compliance with any provisions of any laws concerning the disclosure of any knowledge or information which may have been obtained concerning me or my affairs and do release and discharge said MEL and every person, association, firm or corporation furnishing it with any information concerning me or my affairs from any and all liability or responsibility under or by reason of any of the provisions of any of said laws and from any and all claims, demands, causes of action and damages that may have, or purport to have, arisen by reason of any such laws, or any amendments thereof, or supplements thereto.

Regardless of the date of signature (s), this indemnity agreement is effective as of the date of execution of aforementioned bond (s) or undertaking (s) and is continuous until Surety is satisfactorily discharged from liability pursuant to the terms and conditions contained herein.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

The MEL shall have the right, at its option, to fill in any blanks left herein, to correct any errors in the description of said bond or bonds or any of them, or in said premium or premiums, it being hereby agreed that such insertions, or corrections, when so made shall be **prima facie** correct.

Applicant \_\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Seal

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**GENERAL INFORMATION**

**(Please Print)**

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Name of Applicant \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Position to be Bonded: \_\_\_\_\_

Name of Member Entity (Obligee): \_\_\_\_\_

Member Entity Address:

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

Are you an employee of the Member Entity (Obligee): ☐ Yes ☐ No

Amount of Bond \$2,000,000

Is this a renewal of your bond with the MEL JIF? ☐ Yes ☐ No

Position Start Date (or Effective Date if coverage should be effective after start date) \_\_\_\_\_

Have there been any Bond losses in the last 5 years? ☐ Yes ☐ No

If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

Has applicant ever been insolvent, bankrupt, or has pending lawsuits for non payment, liens or judgments ☐ Yes ☐ No

If yes, provide full details: \_\_\_\_\_

Official Title of Applicant \_\_\_\_\_ ☐ Elected ☐ Appointed

Term of Office \_\_\_\_\_ years Begins (date) \_\_\_\_\_ Ends (date) \_\_\_\_\_

Have you previously occupied this position? ☐ Yes ☐ No

If yes, during what period \_\_\_\_\_

Present/Prior Surety Company \_\_\_\_\_

Bond Limit \_\_\_\_\_ Position Held \_\_\_\_\_

Has any Surety Company ever canceled, refused, renewed or declined an applicant for you?

☐ Yes ☐ No



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**FINANCIAL INFORMATION**

1. Amount of money handled during an annual term \$ \_\_\_\_\_
2. Largest amount at any one time under your control \$ \_\_\_\_\_
3. Are funds deposited as received? ☐ Yes ☐ No
4. Have you agreed to use only depositories designated by your superiors?  
☐ Yes ☐ No  
If yes, is countersignature required? ☐ Yes ☐ No  
By whom? \_\_\_\_\_
6. Who reconciles Bank Statements? \_\_\_\_\_
7. Is applicant a custodian of securities? ☐ Yes ☐ No  
If yes, what amount \$ \_\_\_\_\_  
Where are securities kept? \_\_\_\_\_  
Is there joint control? ☐ Yes ☐ No  
If yes, by whom \_\_\_\_\_
8. Did the CPA make any recommendations during the last audit?  
☐ Yes ☐ No
9. Are your accounts audited on an annual basis? ☐ Yes ☐ No  
If yes, by whom? \_\_\_\_\_
10. Does the applicant collect taxes? ☐ Yes ☐ No  
If yes, what amount is to be collected? \_\_\_\_\_
11. To whom and when does the applicant make a report of insolvencies and delinquencies? \_\_\_\_\_
12. Is the applicant responsible for investment of funds? ☐ Yes ☐ No  
If yes, is there a published investment policy which has been approved by the Obligee? ☐ Yes ☐ No
13. Is there someone other than the applicant checking at least annually to be sure the investment policy is being followed? ☐ Yes ☐ No

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## **ADDENDUM 3**



**Municipal Excess Liability Joint Insurance Fund**

### **Fair Credit Reporting Act Consumer Disclosure and Authorization**

## FAIR CREDIT REPORTING ACT CONSUMER DISCLOSURE AND AUTHORIZATION

In connection with your employment with \_\_\_\_\_ (the "Employer"), the Employer may obtain one or more consumer reports or investigative consumer reports (or both) about you, as defined in the Federal Fair Credit Reporting Act, 15 U.S.C. 1681 *et seq.*, for employment purposes. These purposes may include hiring, bonding, contract, assignment, volunteering, promotion, re-assignment, and termination. The reports will include information about your credit, character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. It may be a "consumer report" bearing on your credit worthiness, credit standing, and credit capacity which is used or expected to be used as a factor in making an employment-related decision about you. It may be an "investigative consumer report" that includes information as to your character, general reputation, personal characteristics, and mode of living obtained through personal interviews with your prior employers or with others who may have knowledge concerning any such items of information. If the Employer obtains an investigative consumer report, you have the right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

The Employer may not obtain any consumer report on you for employment purposes without your written authorization. Also, the Employer may not obtain medical information about you without your express consent to the release of medical information. Consent to the release of medical information is *not* covered by the authorization contained in this document.

### **Consent and General Authorization to Obtain Consumer Report as Described Above**

I hereby authorize the Employer, now or at any time while I am in a relationship with the Employer, to obtain a consumer report, or an investigative consumer report, on me. This authorization does not authorize the release of medical information. I also acknowledge receipt from the Employer on this date of "A Summary of Your Rights Under the Fair Credit Reporting Act" and "A Summary of Your Rights Under the New Jersey Fair Credit Reporting Act."

\_\_\_\_\_  
Employee's/Applicant's Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Employee's/Applicant's Name Printed