

**MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND**

9 Campus Drive, Suite 216

Parsippany, NJ 07054

Telephone (201) 881-7632

**BULLETIN MEL 26-11**

**Date:** January 1, 2026

**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: \_\_\_\_\_