

MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND

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BULLETIN MEL 26-16a

Date: **January 1, 2026**

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

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

Re: **Business Improvement Districts / Special Improvement Districts and
District Management Corporations**

The bulletin does not apply to the members of the Atlantic JIF, Burlico JIF, Trico JIF, PMM JIF, NJUA JIF, NJPHA JIF, Mid Jersey JIF, NJSI JIF, PAIC JIF and FIRST JIF.

The member JIF and MEL provide coverage for the member entities of MEL member JIFs that form a non-profit corporation via their governing body for the purpose of improving their business district. The business district is referred to as a Business Improvement District (BID) or Special Improvement District (SID). The non-profit corporation is referred to as a District Management Corporation or a Downtown Partnership Corporation. These are not Economic Development Corporations (EDC), as the JIF and MEL do not insure EDCs.

The BID/SID must meet the JIF and MEL underwriting criteria to be considered for coverage:

- a) Resolution of the Governing Body to sponsor the SID/BID.
- b) Completion and approval of underwriting application. A copy of the underwriting application is enclosed.
- c) Annual Audit Report must be filed with the Governing Body
- d) Annual budgets must be approved by the Governing Body.
- e) SID/BID must agree to follow JIF Insurance Requirements (i.e.; “use of member entity facilities;” “insurance requirements for outside contractors and fireworks displays”).
- f) SID/BID must agree to follow the sponsor town’s loss control program.
- g) All activities of the SID/BID must adhere to NJSA 40:56-83 and 40:56-84. A copy of the legislation is available upon request.

Premium assessments will be determined by the actuary’s review of the underwriting application. The original submission of coverage must include the completed and signed application, as well as all attachments requested in the application and should be emailed to the MEL Underwriting Manager with copies to your JIF Executive Director, Risk Management Consultant and PERMA Risk Management Services.

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

JOINT INSURANCE FUND

Special/Business Improvement Districts And District Management Corporations General Application

I. APPLICANT INFORMATION

Special Improvement District Name: _____

District Management Corporation: _____

Street Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Federal Tax ID No.: _____ Year Established: _____

Contact Person: _____ Title: _____

Phone Number: _____ Fax Number: _____

Name of Sponsor Member Entity: _____

Name of Joint Insurance Fund: _____

Name of the Member Entity Risk Management Consultant: _____

Address: _____

City _____ State _____ Zip _____

II. OPERATIONS INFORMATION

List the Specific Activities (both current and planned) of the above District Management Corporation for the SID (Attached detailed list):

List the Specific Activities (both current and planned) of the District Management Corporation OTHER THAN for the SID, if any (attached detailed list):

Was a Resolution Adopted by Governing Body of Member entity to sponsor district's application for coverage consideration through the member entity's insurance program?

Yes No If Yes, Please Attach a Copy

Total Number of Employees: _____ Volunteers: _____ Businesses in Districts: _____

Has the district entered into any contracts: Yes No

If Yes, Please summarize number of contracts, names of parties and types of services

Where applicable, are the contract plans and specifications approved by the member entity engineer?

Yes No

Does entity engage in other activities other than described above?

III. FINANCIAL INFORMATION

Total Operating Budget _____

List sources of revenue:

What percentage of operating budget is revenue from special improvement district Assessments? _____

Does the Budget approved by the Member Entity include all sources of funding?

Yes No

Does the District have a Treasurer?

Yes No

If not, who handles the monies? _____

Are Audited Financial Statements available for this entity? Yes No

If so, are they made available to the Member Entity Governing Body? Yes No

Within 30 days after the close of the fiscal year? Yes No

Please attach the following:

- ◆ Municipal Ordinance & Creating Special Improvement District
- ◆ Governing Body Resolution authorizing commencement of assessments, pursue necessary studies and create development plans relating to the creation and maintenance of the district.
- ◆ Governing Body Resolution – Sponsoring District for Insurance Coverage
- ◆ Current or Pro-Forma Budget
- ◆ Most Recent Audit Report
- ◆ By Laws
- ◆ List and positions of Board of Directors

IV. EXPOSURE INFORMATION

PART A: PROPERTY

LOCATION	FLOOD PLAIN	OCCUPANCY	YEAR BUILT	BUILDING VALUE	CONTENT VALUE

PART B: EQUIPMENT (EACH ITEM VALUED \$5,000 OR MORE)

YEAR	MAKE	MODEL	DEPARTMENT	VALUE \$

PART C: MISC.EQUIPMENT (ITEMS VALUED LESS THAN \$5,000)

YEAR	MAKE	MODEL	DEPARTMENT	VALUE \$

PART D: SPECIAL FLOATER (FINE ARTS, EDP, COPIERS, ETC.)

MAKE	MODEL	DEPARTMENT	VALUE \$

PART E: AUTOS

GROUP I-	Private passenger types (including police cars) and standard vehicles other than private passenger with cost new less than \$50,000.
GROUP II-	Vehicles \$50,000 or greater and vehicles that do not apply to any other group.
GROUP III & IV-	Not applicable
GROUP V-	Buses.

PART F: WORKERS' COMPENSATION WORKSHEET

**DO NOT COMPLETE IF DISTRICT EMPLOYEES
ARE MEMBER ENTITY EMPLOYEES**

CLASSIFICATION	CODE	PAYROLL AMOUNT	# OF EMPLOYEES
Street Maintenance	5509		
Clerical	8810		
Buildings NOC	9015		
Street Cleaning	9402		
Garbage Removal	9404		
Sales	8742		

V. LOSS INFORMATION

DESCRIBE CLAIMS/RESERVES LAST THREE (3) YEARS

YEAR	TYPE OF LOSS	CLAIM AMOUNT	VALUED AS OF	DESCRIPTION

NOTES: _____

PROVIDE HARD COPY CURRENTLY VALUED INSURANCE COMPANY LOSS RUNS FOR ALL COVERAGE FOR THE PAST FIVE YEARS (or since inception)

VI. PRESENT PREMIUMS AND LIMITS

COVERAGE	COMPANY	EXPIRATION DATE	LIMITS	PREMIUM
Workers' Comp.				
Property Package (Section I)				
General Liability				
Umbrella				
Director's & Officer's				
Other				
Auto Liability				
Auto PD				
Crime				
TOTALS				

NOTE: PLEASE INCLUDE COPIES OF YOUR CURRENT INSURANCE POLICIES.