

MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND

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

BULLETIN MEL 26-17

Date: January 1, 2026
To: Fund Commissioners of the Municipal Excess Liability Joint Insurance Fund
From: Underwriting Manager, Conner Strong & Buckelew
Re: Excess Workers Compensation Coverage – Use of Aircraft for Municipal Business

This bulletin does not apply to the Board of Education members of the Suburban Metro JIF.

This is an annual reminder that due to the requirements set by the MEL excess workers compensation insurer, in order for workers compensation coverage to apply for bodily injury or death to an employee, volunteer or public official for the following exposures, the JIF must be notified and the attached application must be completed and submitted for coverage consideration prior to the actual use of the aircraft. If approved for coverage there will be an additional assessment.

The “aircraft related” exposures affected by this requirement is when an employee entering into, alighting from or riding in any aircraft that is owned, leased, chartered or operated by the Member Entity or Member Entity’s employee, volunteer, or public official.

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.

cc: Risk Management Consultants
Fund Professionals
Fund Executive Directors

Municipal Excess Liability JIF

AIRCRAFT APPLICATION

NAME OF APPLICANT: _____

ADDRESS: _____

YOU ARE: ☐ INDIVIDUAL ☐ CORPORATION ☐ PARTNERSHIP ☐ OTHER, EXPLAIN _____

YOUR BUSINESS IS: _____

YOUR PRESENT AIRCRAFT INSURANCE COMPANY IS: _____ POLICY EXPIRES: _____

HAS APPLICANT HAD ANY ACCIDENTS OR INCIDENTS? ☐ NO ☐ YES (IF YES, EXPLAIN ON REVERSE)

HAS ANY INSURER CANCELLED OR REFUSED TO RENEW ANY AVIATION INSURANCE FOR YOU OR ANY OF YOUR PILOTS? ☐ NO ☐ YES (IF YES, EXPLAIN ON REVERSE)

AIRCRAFT INFORMATION

YEAR _____ MAKE AND MODEL _____ FAA "N" No. _____ CAPACITY: PASS. _____ CREW: _____

NO. OF ENGINES _____

STANDARD AIRWORTHINESS CATEGORY ☐ NO ☐ YES IS AIRCRAFT EQUIPPED WITH ANY MODIFICATIONS NOT PROVIDED BY MANUFACTURER (STOL KIT, PERFORMANCE DEVICES, ETC.) ☐ NO ☐ YES. IF YES, EXPLAIN: _____

AIRCRAFT IS A LANDPLANE ☐ NO ☐ YES (IF NO, DESCRIBE) _____ IS IT USUALLY HANGARED? ☐ NO ☐ YES

AIRCRAFT IS USUALLY BASED AT _____

PURCHASE DATE _____ PURCHASE PRICE (WITH EQUIPMENT) _____ CURRENT VALUE: \$ _____

ENGINE HOURS SINGLE _____ TWIN (L) _____ (R) _____ AIRFRAME HOURS _____

EXPLAIN YES ANSWERS ON REVERSE SIDE OF APPLICATION

WILL ANY CHARGE (OTHER THAN OPERATING EXPENSES) BE MADE FOR THE USE OF THE AIRCRAFT? ☐ NO ☐ YES

WILL THE AIRCRAFT BE USED FOR ANYTHING OTHER THAN TRANSPORTING PEOPLE? ☐ NO ☐ YES

WILL THE AIRCRAFT BE USED ANYPLACE OTHER THAN AT PAVED RUNWAY AIRPORTS? ☐ NO ☐ YES

WILL THE AIRCRAFT BE USED OUTSIDE THE CONTINENTAL UNITED STATES? ☐ NO ☐ YES

DO YOU OWN OR EXCLUSIVELY LEASE ANY OTHER AIRCRAFT? ☐ NO ☐ YES

DO YOU USE NON-OWNED AIRCRAFT? ☐ NO ☐ YES

WILL THE AIRCRAFT BE USED FOR STUDENT OR PILOT INSTRUCTION? ☐ NO ☐ YES

NAME OF INSTRUCTOR _____ FLIGHT SCHOOL _____

PILOT INFORMATION DATA REQUIRED ON ALL PILOTS WHO WILL OPERATE THE AIRCRAFT**PILOT No. 1**

NAME _____

BIRTH DATE _____ SOC. SEC. NO. _____

OCCUPATION _____

YEAR LEARNED TO FLY _____ LAST MEDICAL _____

LAST BFR _____ IN MAKE/MODEL A/C _____

 FAA PILOT CERTIFICATES HELD ☐ STU. ☐ PVT. ☐ COMM.
☐ ATP ☐ CFI ☐ _____

PILOT-IN-COMMAND HOURS _____

ALL AIRCRAFT			THIS MAKE & MODEL			
TOTAL	LAST 12 Mo.	LAST 90 DAYS	TOTAL	LAST 90 DAYS	S.E. RET. GR.	MULTI- ENGINE

HELICOPTERS			SEAPLANES		
TOTAL JET	TOTAL TURBO PROP	PISTON TOTAL	TURBINE TOTAL	S/E TOTAL	MULTI ENG. TOTAL

RECURRENT/TRANSITION COURSES: DESCRIBE & GIVE DATES OF LAST COURSES

ATTENDED

- CURRENT FSI PRO CARD OR SIMUFLITE CARD _____
- FAA PILOT PROFICIENCY AWARD PROGRAM PARTICIPANT? _____

If "Yes", WHAT PHASE HAVE YOU COMPLETES? _____

FOR WHAT TYPE AIRCRAFT? _____

DATE COMPLETED _____

PILOT No.2

NAME _____

BIRTH DATE _____ SOC. SEC. NO. _____

OCCUPATION _____

YEAR LEARNED TO FLY _____ LAST MEDICAL _____

LAST BFR _____ IN MAKE/MODEL A/C _____

 FAA PILOT CERTIFICATES HELD ☐ STU. ☐ PVT. ☐ COMM.
☐ ATP ☐ CFI ☐ _____

PILOT-IN-COMMAND HOURS _____

ALL AIRCRAFT			THIS MAKE & MODEL			
TOTAL	LAST 12 Mo.	LAST 90 DAYS	TOTAL	LAST 90 DAYS	S.E. RET. GR.	MULTI- ENGINE

HELICOPTERS			SEAPLANES		
TOTAL JET	TOTAL TURBO PROP	PISTON TOTAL	TURBINE TOTAL	S/E TOTAL	MULTI ENG. TOTAL

RECURRENT/TRANSITION COURSES: DESCRIBE & GIVE DATES OF LAST COURSES

ATTENDED

- CURRENT FSI PRO CARD OR SIMUFLITE CARD _____
- FAA PILOT PROFICIENCY AWARD PROGRAM PARTICIPANT? _____

If "Yes", WHAT PHASE HAVE YOU COMPLETES? _____

FOR WHAT TYPE AIRCRAFT? _____

DATE COMPLETED _____

EXPLAIN EACH "YES" ANSWER – WITH RESPECT TO EACH PILOT

AS PILOT, ANY INCIDENTS, ACCIDENTS; ANY CITATIONS FOR FAR VIOLATIONS OR LICENSE LIMITATIONS:

ANY PHYSICAL IMPAIRMENTS OR LIMITATIONS OR WAIVERS ON MEDICAL CERTIFICATE?

ANY FELONY CONVICTIONS OR LICENSE SUSPENSIONS ARISING OUT OF OPERATION OF A MOTOR VEHICLE?

ANY ARRESTS FOR OPERATION OF A MOTOR VEHICLE RECKLESSLY OR UNDER INFLUENCE OF ALCOHOL OR DRUGS?

WILL ANYONE, OTHER THAN YOU OR THE PILOTS SHOWN ABOVE, USE YOUR AIRCRAFT?

PILOT NO. 1

☐ NO ☐ YES

☐ NO ☐ YES

☐ NO ☐ YES

☐ NO ☐ YES

☐ NO ☐ YES

PILOT NO. 2

☐ NO ☐ YES

☐ NO ☐ YES

☐ NO ☐ YES

☐ NO ☐ YES

☐ NO ☐ YES

AIRCRAFT OWNERSHIP

I DO NOT OWN THE AIRCRAFT BY MYSELF ☐

NAMES AND ADDRESSES OF:

☐ CO-OWNER(S)

☐ MORTGAGEE(S)

☐ LESSOR(S)

AMOUNT OF ANY LIEN OR LOAN, EXCLUDING INTEREST AND/OR FINANCE CHARGES \$

DOES YOUR LIEN HOLDER REQUIRE LIEN HOLDER'S INTEREST INSURANCE (BREACH OF WARRANTY)? ☐ NO ☐ YES

INDICATE THE COVERAGES DESIRED.

COVERAGE

LIMITS OF COVERAGE

COMBINED LIABILITY COVERAGE FOR

BODILY INJURY & PROPERTY DAMAGE

\$

EACH OCCURRENCE

MEDICAL COVERAGE

\$

EACH PERSON

AIRCRAFT PHYSICAL \$

\$

DAMAGE COVERAGE NOT IN MOTION DEDUCTIBLE \$

IN MOTION DEDUCTIBLE: \$

LIMIT \$

USE THIS SPACE FOR ANSWERING QUESTIONS:

I/WE AUTHORIZE THE FOLLOWING AGENT/BROKER TO REPRESENT ME/US IN THE PLACING OF THIS INSURANCE:

DATE: SIGNATURE OF APPLICANT