

**MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND**

9 Campus Drive  
Parsippany, NJ 07054  
Telephone (856)552-4660

**BULLETIN MEL 17-25**

**Date:** January 1, 2017  
**To:** Fund Commissioners of Member Joint Insurance Funds  
**From:** Underwriting Manager, Conner Strong & Buckelew  
**Re:** Public Officials and Employment Practices Liability

**The bulletin does not apply to the workers compensation only members of the NJPHA JIF and the members of the First Responders Joint Insurance Fund.**

The primary Public Officials and Employment Practices Liability coverage with QBE is provided to all participating MEL member JIFs for the 2017 term, as follows:

All deductibles and coinsurances differ per member, but the following is a general summary of the coverage provided:

|   |                                  |
|---|----------------------------------|
| Combined, Per Claim / Aggregate                 | \$2,000,000                      |
| Civil Union / Marriage, Defense Only, Aggregate | \$25,000                         |
| Land Use Claims                                 | \$150,000                        |
| Employed Attorney and Wage Coverage             | Available                        |
| Coinsurance, Percentage                         | 20%                              |
| Coinsurance, Loss Amount                        | \$250,000                        |
| Retention, Per Claim                            | \$20,000                         |
| Public Officials Retroactive Dates              |                                  |
| Five Continuous Years of Membership             | Full Prior Acts                  |
| New Members with Full Prior Acts                | Full Prior Acts                  |
| New Members without Full Prior Acts             | Existing or One Year Retroactive |
| Employment Practices Retroactive Dates          |                                  |
| Members as of 1/1/97                            | 10/1/93                          |
| Members After 1/1/97 with Prior Coverage        | 10/1/03                          |
| Members After 1/1/97 without Prior Coverage     | Membership Date                  |

If you have any questions concerning this bulletin, please contact your Risk Management Consultant, JIF Executive Director or the Underwriting Manager.

The above description is a general discussion of the coverage and limits provided by the FUND. However, the actual terms and conditions are defined in the policy document and all issues shall be decided based on the policy document.

cc: Risk Management Consultants  
Fund Professionals  
Fund Executive Directors

**APPLICATION FOR EMPLOYMENT PRACTICES LIABILITY COVERAGE**  
**Municipal Excess Liability Joint Insurance Fund**  
**c/o QBE North America**  
**9 Campus Drive, Suite 216**  
**Parsippany, NJ 07054**

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**UNDERWRITTEN BY QBE NORTH AMERICA**

Employment Practices Liability Coverage is written on a claims-made basis. Except, as otherwise provided, this policy will cover only claims first made against the Insured during the Coverage Period. Please read the policy carefully.

The limit of liability of this policy will be \$2,000,000 each loss and annual aggregate for each Coverage Period subject to the policy retention and Coinsurance provision.

The Defense Cost provision of this policy stipulates that the Limits of Liability may be completely exhausted by the cost of legal defense. Any retention may be similarly reduced or exhausted by Defense Costs.

**1. GENERAL INFORMATION**

Member Public Entity \_\_\_\_\_  
Address \_\_\_\_\_ JIF \_\_\_\_\_

**2. MATERIAL CHANGE**

Signing of this application does not bind the Member Public Entity or **QBE North America**. If there is any material change in the answers to the questions prior to the policy inception date, the Member Public Entity will notify the **QBE North America** Company in writing and any outstanding quotation may be modified or withdrawn.

**3. UNDERWRITING INFORMATION**

**YES NO**

Have you adopted a Loss Control/Risk Management Plan? \_\_\_\_\_  
(If yes, attach a copy of the LC/RMP Plan **including the completed checklist** and applicable Ordinance/Resolution #)

Does said Loss Control/Risk Management Plan address the **minimum requirements as set forth in the MELJIF "Checklist for Members without Previously Approved Loss Control Plans"**? \_\_\_\_\_

**4. LOSS HISTORY**

Please attach a listing of all employment related lawsuits as well as administrative proceedings (e.g. EEOC) commenced during the past 3 years. Describe the type of allegation, the court or agency involved and any determination, judgment, defense cost or settlement for each.

Is the Member Public Entity presently subject to any judicial or administrative order, decree, judgment or conciliation agreement relating to employment?  Yes  No. If yes, please attach a copy.

**5. PRIOR INSURANCE**

Does the Member Public Entity currently have employment practices liability or similar insurance?  
 Yes  No. If no, skip to Section 8 and answer the warranty statement. If yes, provide the following:

| Insurer | Limits   | Deductible | Policy Period |
|---------|----------|------------|---------------|
| _____   | \$ _____ | \$ _____   | _____         |

Has the Member Public Entity or any Insured given written notice under the provisions of any prior or current employment practices liability or similar insurance of specific facts or circumstances which might give rise to a claim being made against any Insured?

Yes  No. If yes, attach details.

**6. PRIOR KNOWLEDGE/WARRANTY**

It is important that you complete this paragraph. The Mayor and Council are not aware of any facts or circumstances which he or she knows or should have reason to know might give rise to a future claim that would fall within the scope of the proposed coverage, except: (If no exceptions please state). \_\_\_\_\_

It is agreed that if such facts or circumstances exist, whether or not disclosed, any claim or action arising from them is excluded from this proposed coverage and forms the basis for a rescission of this policy.

**7. FALSE INFORMATION**

Any person who, knowingly and with intent to defraud any insurance company, Joint Insurance Fund, **QBE North America** 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.

**8. 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 signing of this application is a warranty on behalf of the Insured, which the **QBE North America** is relying upon and is affording coverage pursuant to any policy, which 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 which may be issued.

This section of the application must be signed by the Governing Body and Administrator of the Member Public Entity and attested.

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

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

\_\_\_\_\_  
Administrator Signature  
Name:  
Date: