

MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND

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

BULLETIN MEL 17-30

Date: September 14, 2017
To: Fund Commissioners of Member Joint Insurance Funds
From: Underwriting Manager, Conner Strong & Buckelew
Re: Public Officials Liability – Optional Excess Land Use Coverage

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.

QBE is offering optional excess limits for the “Land Use Claims” coverage of \$850,000 excess of the \$150,000 (automatically provided in QBE’s policy). This would total \$1,000,000 in coverage for “Land Use Claims”.

The optional excess “Land Use Claims” coverage is subject to QBE’s review and acceptance of the underwriting application addendum attached to this bulletin. Each member entity applying for coverage will be separately underwritten by QBE. QBE has the right to offer or deny the optional coverage, as well as charge the additional assessment needed to meet its underwriting requirements. If approved, coverage for the optional excess limit would be effective no earlier than the date of approval by QBE.

Please note, the MEL optional Excess Public Officials Liability coverage does not cover Land Use Claims.

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 documents and all issues shall be decided based on the policy documents.

cc: Risk Management Consultants
Fund Professionals
Fund Executive Directors

QBE Public Officials Application Addendum

Optional Excess Land Use Coverage

**** Complete a separate application for each board if you have separate planning and zoning boards. ****
This supplemental application must be completed and signed by the acting planning/zoning board Chairperson.

GENERAL INFORMATION

1. Demographics
 - a. Entity name: _____
 - b. JIF: _____
 - c. Population: _____
 - d. Board type: Planning Zoning Combined
 - e. Ratio of residential to non-residential: _____
2. How long has current legal counsel served the board in this capacity? _____
3. Do officials receive training with respect to the Religious Land Use and Institutionalized Persons Act (RLUIPA)? Yes No
4. How many variances were requested in the last 12 months? _____
 - a. How many have been granted? _____
5. Have you had any disputes, claims or complaints involving RLUIPA in the last 3 years? Yes No
6. How many applications were made to the board per annum? (Complete the table below)
 - a. The board attorney must provide a synopsis of all appeals in the last three (3) years. Include as a separate attachment.

	Current Year					1 Year Prior					2 Years Prior				
	Made	Approved	Denied	Appealed	Reversed	Made	Approved	Denied	Appealed	Reversed	Made	Approved	Denied	Appealed	Reversed
Religious															
Group Homes															
Cell Tower															
Afford. Housing															
All Other															

BOARD CHAIRPERSON

Name: _____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

How many years have you served as the Chairperson? _____

What is the name of your predecessor? _____

BOARD LEGAL ADVISOR

Name: _____

Law Firm: _____

Mailing address (if different): _____

City: _____ County: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

ATTACHMENTS

1. Please provide a copy of currently valued loss runs for the last five years.
2. Please provide an electronic version of your current zoning master plan / comprehensive plan.
3. Please provide an electronic version of your current zoning ordinances and policies and procedures.

WARRANTY AND ATTESTATION

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking insurance, has read and understands this Application, and declares that all statements set forth herein are true, complete and accurate. The undersigned further declares and represents that any occurrence or event taking place prior to the inception of the policy applied for, which may render inaccurate, untrue or incomplete any statement made herein will immediately be reported in writing to the insurer. The undersigned acknowledges and agrees that the applicant's submission and Insurer's receipt of such written report, prior to the inception of the policy applied for, is a condition precedent to coverage.

The signing of this Application does not bind the undersigned to purchase the insurance, nor does review of the Application bind the insurance company to issue a policy. The applicant does hereby agree that this policy, if issued, is issued in reliance upon the truth of this application, including all requested attachments, which will be incorporated into and made a part of this policy.



Board Chairperson Signature

Title

Date