MORRIS COUNTY MUNICIPAL JOINT INSURANCE FUND

9 Campus Drive Parsippany, NJ 07054 Telephone (201) 881-7632 / Facsimile (201) 881-7633

BULLETIN MO 17-01

DATE: January 2017

TO: Fund Commissioners

Morris County Municipal JIF

FROM: Underwriting Manager

Conner Strong & Buckelew

RE: Certificate of Insurance

Member Towns of the Morris County Municipal JIF

Enclosed is the updated Master Blanket Certificate for the period of January 1, 2017 to January 1, 2018. This certificate is evidence of insurance for general liability, auto liability, excess liability and workers compensation. The certificate is to be used when one member contracts with another member town each of the Morris County Municipal JIF. This eliminates the need for certificates to be issued each time two member towns contract with each other. This certificate is on file with the JIF Administrator and each member town.

Also enclosed is the suggested hold harmless wording for "use of facilities" and suggested hold harmless wording for "use of services."

If you have any questions, please call your Risk Manager, Executive Director or Underwriting Manager.

cc: Risk Management Consultant

Fund Administrator

USE OF FACILITIES HOLD HARMLESS AGREEMENT

Betv	veen the Borough/Township/C	ity of		_and	
Boro	ough/Township/City of			_	
WIT	NESSETH:				
1.	attorneys' fees and expenses employees, agents, voluntee	d against any s incurred by t rs, or other re	agrees to release, indemnify Borough/Township/City of loss, damage, or liability, including the latter entity and their respective presentatives, arising out of or in located at		
2.	• •	ne Master Ce	rtificate of Insurance on file with the lits of liability are described below:		
	Workers Compensation/Employers Liability: Statutory/\$2,000,000				
	General Liability:		\$300,000 per occurrence CSL		
	Automobile Liability:		\$300,000 per occurrence CSL		
	Excess Liability:		\$4,700,000 per occurrence CSL		
3.	The facilities will be used as follows:				
	Purpose:				
	Event Date:		_Rain Date:		
	Dated:	_Signed:	Borough/Township/City		
	Witness:		_		

USE OF SERVICES HOLD HARMLESS AGREEMENT

Bet	ween the Borough/Township/City o	of	_and			
Bor	ough/Township/City of					
WIT	TNESSETH:					
1.	indemnify and hold harmless the from and against any loss, dam expenses incurred by the latter of	agrees to release, Borough/Township/City of age, or liability, including attorneys' fees and entity and their respective employees, agents, wes, arising out of or in any manner relating to bed below.				
2.	The applicant is named on the Master Certificate of Insurance on file with the Morris JIF and each entity above. The limits of liability are described below:					
	General Liability:	\$300,000 per occurrence CSL				
	Non-Owned Auto Liability:	\$300,000 per occurrence CSL				
	Excess Liability:	\$4,700,000 per occurrence CSL				
3.	Services:					
	Dates:	Rain Dates:				
	Dated:Sig	gned:				
		Borough/Township/City				
	Witness:					



CERTIFICATE OF LIABILITY INSURANCE

12/14/2016

HO	S CERTIFICATE IS ISSUED AS A MA LDER. THIS CERTIFICATE DOES NO FORDED BY THE POLICIES BELOW.	T AFFIRM THIS CER	ATIVELY OR NEC	ATIVELY AMEND, EXTENUE OF CONTRACT OF CONT	ND OR ALTER	THE COVERAGE ONTRACT BETWEEN TH	E	
IMF	UING INSURER(\$), AUTHORIZED RE PORTANT: If the certificate holder is an ject to the terms and conditions of the fer rights to the certificate holder in lieu	ADDITION policy,certa	NAL INSURED, the	polici(es) must be endorse	ed.IF SUBROG	ATION IS WAIVED,	95	
PRODUCER Conner Strong & Buckelew Companies.				CONTACT NAME: MEL Underwriting Service Center PHONE FAX				
ME	L/JIF Underwriting Unit Lake Center Executive Park			(A/C, No Ext): EMAIL ADDRESS: MELUN	derwritingSvcCni	(A/C, No Ext) (732) 736-5274		
	riton, NJ 08053						N	AIC #
INSURED				INSURERS AFFORDING COVERAGE INSURER A: MORRIS COUNTY MUNICIPAL JOINT INSURANCE FUN				NAIC #
Member Towns of the Morris County Municipal Joint Insurance Fund				xcess Liability	Joint Insurance Fund			
			INSURER C:			-		
9 Campus Drive Parsippany, NJ 07054				INSURER E:				
OV	ERAGES		CERTIFIC	ATE NUMBER:		REVISION NUMBER:	11/2	
	THIS IS TO CERTIFY THAT THE POLICIES INDICATED, NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY P EXCLUSIONS AND CONDITIONS OF SUC	QUIREMEN PERTAIN, TH	IT, TERM OR COND HE INSURANCE AFF	TION OF ANY CONTRACT OF ORDED BY THE POLICIES D	R OTHER DOCU ESCRIBED HER	MENT WITH RESPECT TO A EIN IS SUBJECT TO ALL TH	VHICH THIS	
IS TR	TYPE OF INSURANCE	ADDL SUBR		POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMIT	8	
	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$ 300,00	0
1	COMMERCIAL GENERAL LIABILITY	Y	MOR170301-87	1/1/2017	1/1/2018	DAMAGE TO RENTED PREMISES (Ea Occurrence)	s	
	CLAIMS MADE X OCCUR.	CLAIMS MADE X OCCUR.		1000000000		MED. EXP. (Any one person)	\$	
1						PERSONAL & ADV. INJURY	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: X Polloy Project LOC					GENERAL AGGREGATE	s t	
1	X Polloy Project LOC AUTOMOBILE LIABILITY	N	Contract to the last	1 1111	11.1	PRODUCTS-COMP/OP AGG. COMBINED SINGLE LIMIT	1757-0504	98
Α	X ANY AUTO SCHEDULED AUTOS AUTOS NON-OWNED HIRED AUTOS		MOR170301-87	7 1/1/2017	1/1/2018	(EA accident) BODILY INJURY (Per Person)	\$ 300,00	0
						BODILY INJURY (Per Accident)	S	
						PROPERTY DAMAGE (Per accident)		
	UMBRELLA LIAB X OCCUR		Statesana			EACH OCCURRENCE	s 4,700,0	000
3	EXCESS LIAB CLAIMS MADE	Y	MEL01170187	1/1/2017	1/1/2018	AGGREGATE	s 4,700,0	
	WORKERS' COMPENSATION AND		MOR170301-87	1/1/2017	1/1/2018	wc statu OTH		
•	EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE		MOINT/0001-07	17112017	17172010	X TORYLIMITS ER		
	OFFICER/MEMBER EXCLUDED? Mandatory in NH NIA					E.L. DISEASE - EA EMPLOYEE	\$ 2,000,0 \$ 2,000,0	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	s 2,000,0	
	DESCRIPTION OF OPERATIONS below RIPTION OF OPERATIONS / LOCATIONS / VEHI ATTACHED LIST OF MEMBER TOW				A CONTRACTOR OF THE PARTY OF TH			
				•				
EF	TIFICATE HOLDER		20	CANCELLATION				
Member I owns of the Morris County				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE				
Municipal Joint Insurance Fund				WITH THE POLICY PROVISIONS.				
9	Campus Drive			AUTHORIZED REPRESENTATIVE	E ASSESSED			

DESCRIPTIONS (CONTINUED FROM PAGE 1)

Description of Operations Continuation:

Township of Andover Borough of Mendham Township of Chatham Borough of Netcong Borough of Bloomingdale Township of Boonton Town of Boonton Township of Washington Borough of Butler West Milford Township Borough of Chatham Borough of Chester Borough of Mount Arlington Borough of Ringwood Township of Pequannock Township of Denville Town of Dover Township of West Caldwell Township of East Hanover Borough of Wharton Borough of Essex Fells Borough of Florham Park Township of Hanover Borough of Hawthorne Borough of Hopatcong Borough of Lincoln Park Township of Long Hill Borough of Kinnelon Borough of Madison Township of Mendham Township of Millburn Township of Montville Borough of Morris Plains Township of Mount Olive Borough of Mountain Lakes Borough of North Caldwell Township of Randolph Borough of Rockaway Township of Rockaway Township of Sparta Borough of Stanhope