

**MORRIS COUNTY MUNICIPAL JOINT INSURANCE FUND**

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

**BULLETIN MO 17-03**

**DATE:** January 2017

**TO:** Risk Management Consultants  
Morris County Municipal JIF

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

**RE:** Blanket Certificate – Verizon

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Each year Verizon will require evidence of insurance from member towns of the Morris County Municipal JIF for reasons such as the following:

- Installation and removal of decorative holiday lighting
- Hanging of banners

Enclosed is the revised Blanket Certificate for Fund Year 2017 that has been provided to Verizon, at a revised mailing address, on behalf of the member towns of the Morris County Municipal JIF. This certificate is to be used when any of the member towns are going to be hanging any holiday lighting or banners on any Verizon owned poles. This eliminates the need for certificates to be issued each time Verizon requires proof of insurance.

Please remind your respective towns of this procedure to ensure that certificates of insurance are not unnecessarily issued.

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

cc: Fund Commissioners  
Fund Administrator



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/14/2018

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the polici(es) must be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Conner Strong & Buckelew Companies, MEL/JIF Underwriting Unit 40 Lake Center Executive Park Marlton, NJ 08053	<b>CONTACT NAME:</b> MEL Underwriting Service Center <b>PHONE (A/C, No Ext):</b> _____ <b>FAX (A/C, No Ext):</b> (732) 736-5274 <b>EMAIL ADDRESS:</b> MELUnderwritingSvcCtr@connerstrong										
<b>INSURERS AFFORDING COVERAGE</b>											
<b>INSURED</b> Member Towns of the Morris County Municipal Joint Insurance Fund 9 Campus Drive Parsippany, NJ 07054	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: MORRIS COUNTY MUNICIPAL JOINT INSURANCE FUN</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER B: Municipal Excess Liability Joint Insurance Fund</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURER A: MORRIS COUNTY MUNICIPAL JOINT INSURANCE FUN	NAIC #	INSURER B: Municipal Excess Liability Joint Insurance Fund		INSURER C:		INSURER D:		INSURER E:	
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INSURER B: Municipal Excess Liability Joint Insurance Fund											
INSURER C:											
INSURER D:											
INSURER E:											

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC		Y	MOR170301-87	1/1/2017	1/1/2018	EACH OCCURRENCE	\$ 300,000
							DAMAGE TO RENTED PREMISES (EA Occurrence)	\$
							MED. EXP. (Any one person)	\$
							PERSONAL & ADV. INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS-COMP/OP AGG.	\$ †
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> OWNED		N	MOR170301-87	1/1/2017	1/1/2018	COMBINED SINGLE LIMIT (EA accident)	\$ 300,000
							BODILY INJURY (Per Person)	\$
							BODILY INJURY (Per Accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		Y	MEL01170187	1/1/2017	1/1/2018	EACH OCCURRENCE	\$ 4,700,000
							AGGREGATE	\$ 4,700,000
A	<input checked="" type="checkbox"/> WORKERS' COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	MOR170301-87	1/1/2017	1/1/2018	<input checked="" type="checkbox"/> WC STATU TORY LIMITS <input type="checkbox"/> OTH ER	
							E.L. EACH ACCIDENT	\$ 2,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 2,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (attach ACORD 101, Additional Remarks Schedule, if more space is required ANY ALTERATIONS WILL VOID THIS CERTIFICATE.**  
 See attached list of towns

<b>CERTIFICATE HOLDER</b> Verizon Telephone Company Highlands Engineering 290 W Mt Pleasant Ave., Bldg 4, Grnd Flr. Livingston, NJ 07039	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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## DESCRIPTIONS (CONTINUED FROM PAGE 1)

### Description of Operations Continuation:

The Certificate holder is amended to be included as "additional insured" the person(s) or organization(s) as shown in the description section of this certificate of insurance for General Liability & Excess Liability pursuant to the terms, conditions, limitations, and exclusions of the MORRIS JIF Casualty Insurance Policy. However, the designation as an "additional insured" shall only apply to claims which arise out of or are caused or alleged to have been caused in any manner from the member municipality's sole negligent acts while engaging in the activities of installation and removal of banners, decorations, lights and signs by a member municipality of the Morris County Municipal Joint Insurance Fund as per the MORRIS JIF membership listed below.

Township of Andover	Borough of Mendham
Borough of Bloomingdale	Township of Chatham
Township of Boonton	Borough of Netcong
Town of Boonton	Township of Washington
Borough of Butler	West Milford Township
Borough of Chatham	Borough of Mount Arlington
Borough of Chester	Borough of Ringwood
Township of Denville	Township of Pequannock
Town of Dover	Township of West Caldwell
Township of East Hanover	
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	
Borough of Wharton	
Limits are per municipality.	