## GLOUCESTER COUNTY INSURANCE COMMISSION AGENDA AND REPORTS THURSDAY, SEPTEMBER 24, 2015

## 2 S. BROAD STREET CONFERENCE ROOM B WOODBURY, NJ 9:30 AM

To attend the meeting via teleconference please dial 1- 866-921-5493 and enter passcode 6364276#

## OPEN PUBLIC MEETINGS ACT - STATEMENT OF COMPLIANCE

In accordance with the Open Public Meetings Act, notice of this meeting was given by:

- I. Sending sufficient notice to South Jersey Times and Courier Post, NJ
- II. Filing advance written notice of this meeting with the Commissioners of the Gloucester County Insurance Commission,
- III. Posting notice on the Public Bulletin Board of at the office of the County Clerk.

## GLOUCESTER COUNTY INSURANCE COMMISSION **AGENDA**

## **OPEN PUBLIC MEETING: SEPTEMBER 24, 2015** WOODBURY, NJ 9:30 AM

**Hardenbergh Insurance Group** 

		RDER - OPEN PUBLIC MEETING NOTIC	CE READ
	□ ROLL CALL OF COMMISS	SIONERS	
	<b>□</b> APPROVAL OF MINUTES:	June 24, 2015 Open Minutes	Appendix I
		June 24, 2015 Closed Minutes	
		July 22, 2015 Open Minutes	Appendix I
		July 22, 2015 Closed Minutes	Handout
	CORRESPONDENCE:		
	COMMITTEE REPORTS		
	☐ Safety Committee:		Verbal
_		MANAGER A MOR	
	EXECUTIVE DIRECTOR/AD		D 4 27
	Executive Director's Report		Pages 4-37
	EMPLOYEE BENEFITS - Com	ner Strong & Ruckelew	
		August	Pages 38-46
	TREASURER – Gary Schwarz		
	Resolution <b>48-15</b> July Bill List – l	Motion	Pages 47-48
	Resolution <b>49-15</b> July Health Bill	List - Motion	Page 49
	Resolution <b>50-15</b> August Bill List	t – Motion	Pages 50-51
	Resolution <b>51-15</b> August Health I	Bill List - Motion	Page 52
	Resolution <b>52-15</b> September Bill	List – Motion	Pages 53-54
		Ith Bill List - Motion	
	June & July Treasurer Reports		Pages 56-59
	CLAIMS SERVICE - Inservco In	nsurance Services. Inc.	
		sclosure of Liability Claims Check Register	Pages 60-61
		15 to 6/30/15	
		15 to 7/31/15	
		15 to 8/31/15	
		ed Services Group, Inc., Jennifer Pard Goldstei	
	CSG Monthly Summary Report.		Page 70
	CEL SAFETY DIRECTOR – J.A	A. Montgomery Risk Control	

□ RISK MANAGERS REPORT, UNDERWRITING SERVICES DIRECTOR

Monthly Report......Pages 71-72

Monthly Report......Pages 73-75

ATTORNEY - Long Marmero & Associates, LLPVerbal
OLD BUSINESS
NEW BUSINESS
PUBLIC COMMENT
CLOSED SESSION – Payment Authorization Requests (PARS/SARS)Pages 76-78
Resolution <u>55-15</u> Executive Session for purpose as permitted by the Open Public Meetings Act,
more specifically to discuss PARS related to pending or anticipated litigation as identified in the
list of claims prepared by third-party claim administrator Inservco Insurance Services, Inc. and
attached to this agenda also the possible settlement of Mark Frisby vs Gloucester County, and
Michael McLaughlin v Gloucester County.
Motion for Executive Session
Tioudin for Encount of South

## MEETING ADJOURNMENT

NEXT SCHEDULED MEETING: October 22, 2015, 9:30 AM, 2 S. Broad Street, Woodbury, NJ

## GLOUCESTER COUNTY INSURANCE COMMISSION

9 Campus Drive, Suite 216, Parsippany, NJ 07054 *Telephone* (201) 881-7632 *Fax* (201) 881-7633

Da	te:	September 24, 2015			
Μŧ	emo to:	Commissioners of the Gloucester County Insurance Commission			
Fro	om:	PERMA Risk Management Services			
Su	bject:	Executive Director's Report			
	Commission Treasurer – Effective October 1, 2015, Mr. Schwarz is retiring from the County. We would like to thank Mr. Schwarz for all of his support and dedication to the Commission and its members over the past years. We wish Mr. Schwarz happiness, success and good health as he begins his new adventure.				
	Appointment of Tracey Giordano (Pages 7-8) – Attached on page 7 is Resolution 43-1 appointing Tracey Giordano as the Commission Treasurer. Also attached on page 8 Resolution 44-15 Designating Authorized Signatures for the Commission Bank Accounts. The resolutions were reviewed and approved by the Commission Attorney. We welcome M Giordano and look forward to working with her.				
	☐ Motio	n to approve Resolution 43-15 Appointment of Commission Treasurer			
		n to approve Resolution 44-15 Designating Authorized Signatures for nission Bank Accounts			
	2014 audit was s report is valued Company will at provided as a l Commissioners a	ort as of December 31, 2014 Resolution (Pages 9-11) - A draft copy of the ent to the Commissioners and Commission Treasurer for their review. The as of 12/31/14. The Commission Auditor, Mr. Jim Miles, of Bowman & tend the meeting to present the audit. A copy of the draft audit will be nandout. We will be seeking approval of the 2014 Audit from the t the meeting. Included in the agenda on pages 9-11 is Resolution 45-15, Annual Audit Report for Period ending December 21, 2014 along with the Form.			
		n to approve Resolution 45-15 Certification of Annual Audit Report for d Ending December 31, 2014			
	12-14 is the Corr Audit and Resolu	on Plan for 2014 Audit – (Pages 12-14) - Included in the agenda on pages rective Action Plan for the Gloucester County Insurance Commission 2014 ation 46-15. Although there were no current findings the Corrective Action Plan accepting the Corrective Action Plan is required by State Law.			

☐ Motion to approve Resolution 46-15 authorizing of the Corrective Action Plan for the 2014 Annual Audit Report for Period Ending December 31, 2014
<b>Revised Risk Management Plan (Appendix II)</b> – Included in Appendix II of the agenda is an amended 2015 Risk Management Plan, Resolution 47-15. The applicable pages are included and the changes are highlighted in yellow. Page 9 of the plan was revised along with revisions to Addendum # 2 to reflect underinsured motorist coverage in addition to uninsured motorist coverage.
☐ Motion to approve Resolution 47-15, Revised Risk Management Plan
<b>Certificate of Insurance Report (Pages 15-20) -</b> Attached on pages 15-20 is the certificate of insurance issuance reports from the CEL listing those certificates issued for the period 6/19/15 to 9/15/15. There were 29 certificates of insurance issued during this period
GCIC Property and Casualty Financial Fast Track (Pages 21-23) - Included in the agenda on pages 21-23 are copies of the May, June and July Property & Casualty Financial Fast Track Reports. As of <b>July 31, 2105</b> the Commission has a surplus of \$2,851,491 Line 8 of the report, "Investment in Joint Venture" is the Gloucester County Insurance Commission's share of the equity in the CEL. Gloucester County Insurance Commission's current equity in the CEL is \$1,166,208.
NJ CEL Property and Casualty Financial Fast Track (Pages 24-26) – Included in the agenda on pages 24-26 are copies of the CEL Financial Fast Track Reports for the months of May, June, and July. As of <b>July 31, 2015</b> the Fund has a surplus of \$5,345,387.
<b>Health Benefits Financial Fast Track (Pages 27-29)</b> - Included in the agenda on pages 27-29 are copies of the Health Benefits Financial Fast Track for the months of April, May and June. As of <b>June 30, 2015</b> there is a surplus of <b>\$92,124</b>
Claims Tracking Reports (Pages 30-31) – Included in the agenda on pages 30-31 are copies of the Claim Activity Report and the Claims Management Report Expected Loss Ratio Analysis reports as of August 31, 2015. The Executive Director will review the reports with the Commission.
<b>NJ Excess Counties Insurance Fund (CELJIF) (Pages 32-34)</b> - The CEL last met on June 25, 2015. A summary report of the meeting is included in the agenda on pages 32-34. agenda. The CEL is meeting again this afternoon at 1:00. The October meeting is scheduled on the $22^{\text{nd}}$ .
<b>OPRA Form</b> ( <b>Page 35</b> ) – The Fund office has revised the OPRA form used for all of the County Insurance Commissions. Attached on page 35 is a copy of the first page of the form which amends the contact person, e-mail address and fax number.
<b>2015 Property &amp; Casualty Assessments</b> – The third and final assessment payment for 2015 is due on October 15, 2015. The Statement of Accounts were e-mailed on August 26, 2015 to

the member entities. The statement of accounts included a credit for the reconciliation of the 2015 Ancillary coverages. The policy premiums for the ancillary coverages came in less than the 2015 budget amounts. Payments can be made to the Gloucester County Insurance Commission and sent to the County of Gloucester, c/o Tracey Giordano. Treasurer, PO Box 337, Woodbury, NJ 08096.

- □ 2016 RFP's for Professional Services The RFP's for the positions of Executive Director, Risk Management Consultant, Underwriting Services Director, Third Party Administrator, Managed Care Provider and Defense Panel Attorneys will be issued in November and awarded at the December meeting.
- □ 2016 Renewal Applications and Updated Exposure Information The 2016 property and casualty budget is reliant on a number of factors including updated renewal applications and exposure data. We have received all of the updated exposure information and awaiting certain renewal applications. We thank Hardenbergh Group for all of their efforts with this project.
- □ NJCEJIF Membership Gloucester County's 3 year membership in the CEL JIF expires on December 31, 2015. The CEL has mailed out the applicable resolution to the County Administrator for execution. Chairman White advises the Resolution and Agreement will be presented to the Freeholders at their November meeting.
- □ Entity Membership in the Insurance Commission The three year membership for Gloucester County Insurance Commission is also due to expire at the end of the year. The Executive Director will be mailing the applicable Indemnity and Trust Agreement to the member entities for execution. As in the past, each member entity will need to pass a resolution authorizing its participation in the Gloucester County Insurance Commission.
- New Jersey Counties Excess Joint Insurance Fund Joint Insurance Claims Committees Best Practices Workshop (Pages 36-37) As a reminder the fourth annual Joint Insurance Claims Committees Best Practices Workshop will be held Tuesday, October 6, 2015. The Workshop will be held at the Conner Strong & Buckelew office in Marlton, NJ. A copy of the agenda for the workshop is included in the agenda on pages 36-37. An e-mail invitation was sent on September 18, 2015. If you are interested in attending please contact Eileen Haines at <a href="mailto:ehaines@connerstrong.com">ehaines@connerstrong.com</a>, 856-552-6804. Lunch will be provided at a fair market price per person for those attendees who wish to pay for their lunch. The price for lunch per person will be made available in advance of the Workshop.

## **RESOLUTION NO. 43-15**

## **GLOUCESTER COUNTY INSURANCE COMMISSION**

## APPOINTMENT OF TREASURER

**WHEREAS**, the GLOUCESTER COUNTY INSURANCE COMMISSION (hereinafter "GCIC") is duly constituted as an Insurance Commission pursuant to N.J.S.A. 40A:10-6 et seq.;

**WHEREAS,** pursuant to the GCIC Rules and Regulations, Article III – Organization, Commission Professionals, provisions 1, the GCIC does hereby appoint Tracey Giordano as GCIC Treasurer replacing Gary Schwarz, who will retire, effective October 1, 2015.

WHEREAS, Tracey Giordano will serve as Treasurer through the 2016 GCIC Reorganization.

**ADOPTED** by THE GLOUCESTER COUNTY INSURANCE COMMISSION at a properly noticed meeting held on September 24, 2015.

ADOPTE	ED:	
BY:		
G	ERALD A. WHITE, CHAIRMAN	
ATTEST	`:	
	THAFI RURKE VICE CHAIRMAN	

## **RESOLUTION NO. 44-15**

# GLOUCESTER COUNTY INSURANCE FUND COMMISSION DESIGNATING AUTHORIZED SIGNATURES FOR COMMISSION BANK ACCOUNTS

WHEREAS, the GLOUCESTER COUNTY INSURANCE COMMISSION (hereinafter "GCIC") is duly constituted as an Insurance Commission pursuant to N.J.S.A. 40A:10-6 et seq.; and

WHEREAS, the GCIC has deemed it necessary and appropriate to amend Resolution 12-15

**NOW THEREFORE BE IT RESOLVED** by the GCIC, that all funds of the GCIC shall be withdrawn from the official named depositories by check, which shall bear the signatures of at least one (1) of the following persons who are duly authorized pursuant to this resolution.

, , <u> </u>	•
GERALD A. WHITE	- Chairman
MICHAEL BURKE	- Vice Chairman
TAMARISK JONES	- Commissioner
TRACEY GIORDANO	- Treasurer
ADOPTED by THE GLOUCESTER COUNTY noticed meeting held on September 24, 2015.  ADOPTED:	INSURANCE COMMISSION at a properly
BY: GERALD A. WHITE, CHAIRMAN	
ATTEST:	
MICHAEL BURKE, VICE CHAIRMAN	

## **RESOLUTION 45-15**

## Resolution of Certification Annual Audit Report for Period Ending December 31, 2014

**WHEREAS**, N.J.S.A. 40A:5-4 requires the governing body of every local unit to have made an annual audit of its books, accounts and financial transactions, and

**WHEREAS,** the Annual Report of Audit for the year 2014 has been filed by the appointed Fund Auditor with the Secretary of the Fund as per the requirements of N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36, and a copy has been received by each member of the BOARD OF COMMISSIONERS, and

**WHEREAS,** the Local Finance Board of the State of New Jersey is authorized to prescribe reports pertaining to the local fiscal affairs, as per R.S. 52:27BB-34, and

WHEREAS, the Local Finance Board has promulgated a regulation requiring that the BOARD OF FUND COMMISSIONERS of the Fund shall, by resolution, certify to the Local Finance Board of the State of New Jersey that all members of the BOARD OF COMMISSIONERS have reviewed, as a minimum, the sections of the annual audit entitled:

General Comments and Recommendations

and

**WHEREAS,** the members of the BOARD OF COMMISSIONERS have personally reviewed, as a minimum, the Annual Report of Audit, and specifically the sections of the Annual Audit entitled:

General Comments and Recommendations

as evidenced by the group affidavit form of the BOARD OF COMMISSIONERS.

**WHEREAS,** such resolution of certification shall be adopted by the BOARD OF COMMISSIONERS no later than forty-five days after the receipt of the annual audit, as per the regulations of the Local Finance Board, and

**WHEREAS,** all members of the BOARD OF COMMISSIONERS have received and have familiarized themselves with, at least, the minimum requirements of the Local Finance Board of

the State of New Jersey, as stated aforesaid and have subscribed to the affidavit, as provided by the Local Finance Board, and

**WHEREAS,** failure to comply with the promulgations of the Local Finance Board of the State of New Jersey may subject the members of the BOARD OF COMMISSIONERS to the penalty provisions of R.S. 52:27BB-52 - to wit:

R.S. 52:27BB-52 - "A local officer or member of a local governing body who, after a date fixed for compliance, fails or refuses to obey an order of the director (Director of Local Government Services), under the provisions of this Article, shall be guilty of a misdemeanor and, upon conviction, may be fined not more than one thousand dollars (\$1,000.00) or imprisoned for not more than one year, or both, in addition shall forfeit his office."

**NOW, THEREFORE, BE IT RESOLVED,** that the BOARD OF COMMISSIONERS of the Gloucester County Insurance Commission hereby states that it has complied with the promulgation of the Local Finance Board of the State of New Jersey, dated July 30, 1968, and does hereby submit a certified copy of this resolution and the required affidavit to said Board to show evidence of said compliance.

I HEREBY CERTIFY THAT THIS IS A TRUE COPY OF THE

RESOLUTION PASSED AT THE MEETING HELD ON SEPTEMBER 24, 2015.

Gerald A.	White, Chairman	

# GROUP AFFIDAVIT FORM CERTIFICATION OF BOARD OF FUND COMMISSIONERS

## of the

## GLOUCESTER COUNTY INSURANCE COMMISION

We members of the BOARD OF COMMISSIONERS of the Gloucester County Insurance Commission, of full age, being duly sworn according to law, upon our oath depose and say:

- 1.) We are duly elected members of the BOARD OF COMMISSIONERS of the Gloucester County Insurance Commission.
- 2.) In the performance of our duties, and pursuant to the Local Finance Board Regulation, we have familiarized ourselves with the contents of the Annual Fund Audit filed with the Secretary of the Fund pursuant to N.J.S.A. 40A:5-6 and N.J.S.A. 40A:10-36 for the year 2014.
- 3.) We certify that we have personally reviewed and are familiar with, as a minimum, the sections of the Annual Report of Audit entitled:

## GENERAL COMMENTS – RECOMMENDATIONS

(L.S.) Gerald A. White	
(L.S.) Tamarisk Jones	
(L.S.)	
Attest:	
MICHAEL BURKE	
Vice Chairman	

The Secretary of the Fund shall set forth the reason for the absence of signature of any members of the BOARD OF COMMISSIONERS.

<u>Important</u>: This certificate must be sent to the Division of Local Government Services, CN 803, Trenton, NJ 08625

# **GLOUCESTER COUNTY INSURANCE COMMISSION CORRECTIVE ACTION PLAN FOR AUDIT YEAR ENDING DECEMBER 31, 2014**

# **Financial Statement Finding**

No Current Year Findings.

## **RESOLUTION NO. 46-15**

# RESOLUTION AUTHORIZING ACCEPTANCE OF THE CORRECTIVE ACTION PLAN FOR THE 2014 GLOUCESTER COUNTY INSURANCE COMMISSION AUDIT

**WHEREAS,** Local Finance Notice 92-15 requires that a Corrective Action Plan be approved and filed with the Division of Local Services for the Commission Audit for the year ending December 31, 2014; and

**WHEREAS,** this plan has been prepared and distributed to the Commissioners of the Gloucester County Insurance Commission; now, therefore,

**BE IT RESOLVED**, by the Commissioners of the County of Gloucester that the Corrective Action Plan for the Audit Year ending December 31, 2014; be approved and filed with the Division of Local Government and Services of the State of New Jerey.

**ADOPTED** by THE GLOUCESTER COUNTY INSURANCE COMMISSION at a properly noticed meeting held on September 24, 2015.

GERALD A. WHITE, CHAIRMAN	•
ATTEST:	
MICHAEL BURKE, VICE CHAIRMAN	

ADOPTED.

## Wednesday, September 16, 2015

## Gloucester County Insurance Commission Certificate of Insurance Monthly Report

## From 6/19/15 to 9/16/15

Holder (H) / Insured Name (I)	Holder / Insured Address	Code	Operations	Date	Coverage
GCIC					
H- Washington Township Board of Education/Washington	Township School District; Chestnut Ridge Elemental School; Hurffville-Cross Keys Rd Sewell, NJ 08080	ry 238	Certificate holder is additional insured where obligated by viring written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to account of the contract of the c	ten	015 GL AU EX,M
I- County of Gloucester	2 South Broad Street Woodbury, NJ 08096	operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement as respects the Gloucester County Department of Health, Senior & Disabili Division of Health Services staff administering seasonal flu shots on site Ridge Elementary School on Monday, October 29, 2015.		ity Services - e at the Chestnut	
<ul> <li>H- Westville Board of Education &amp; Westville School District; c/o Parkview Elementary School</li> <li>I- County of Gloucester</li> </ul>	101 Birch St Westville, NJ 08903 2 South Broad Street Woodbury, NJ 08096	239	Certificate holder is additional insured where obligated by viring written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to accoperations by or on behalf of the Named Assured, and subject limitations on coverage contained in any such written contract written mutual aid agreement or other written agreement as respects the Gloucester County Department of Health, Services staff administering seasonal fle Elementary School, Westville School District on Thursday, O	ten cts or ct to the ct or enior & Disabili u shots on site	ity Services - e at the Parkview
<ul><li>H- Paulsboro Board of Education     District</li><li>I- County of Gloucester</li></ul>	c/o Paulsboro High School 662 N. Delaware Street Paulsboro, NJ 08066 2 South Broad Street Woodbury, NJ 08096	240	Certificate holder is additional insured where obligated by viring written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to accoperations by or on behalf of the Named Assured, and subject limitations on coverage contained in any such written contract written mutual aid agreement or other written agreement. As respects the Gloucester County Department of Health, Security Division of Health Services staff administering seasonal fluid Heights Elementary School, on Saturday, October 24, 2015.	ten  cts or  ct to the  ct or  enior & Disabil	lity Services -
H- City of Woodbury Board of Education/City of Woodbury I- County of Gloucester	School District; Woodbury High School 25 N. Broad Street Woodbury, NJ 08096 2 South Broad Street Woodbury, NJ 08096	242	Certificate holder is additional insured where obligated by viring written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to accoperations by or on behalf of the Named Assured, and subject limitations on coverage contained in any such written contract written mutual aid agreement or other written agreement. As respects the Gloucester County Department of Health, Services of Health Services staff administering seasonal flust High School on Monday, October 26, 2015.	ten  cts or  ct to the  ct or  enior & Disabil	lity Services -
H- Sunbelt Rental I- County of Gloucester	223 Paulsboro Rd Swedesboro, NJ 08085 2 South Broad Street Woodbury, NJ 08096	251	Evidence of insurance. All operations usual to County Governmental Entity as respects the rental of equipment.	7/14/201	5 GL EX

H- Township of Harrison I- County of Gloucester	PO Box 113 Harrisonville, NJ 08039 Att: Clean Communities Projects 2 South Broad Street Woodbury, NJ 08096	301	Evidence of insurance. All operations usual to County 7/24/2015 GL EX AU WC Governmental Entity with regard to participation of the Little Bits 4-H Club of Gloucester County, in a Clean Communities Clean Up Project on July 30th, from 6-9 pm at Stewart Park, 67 Ferrell Rd., Harrisonville, NJ. (SEE PAGE 2)
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- Township of Harrison  I- County of Gloucester	PO Box 113 Harrisonville, NJ 08039 Att: Clean Communities Projects 2 South Broad Street Woodbury, NJ 08096	301	Evidence of insurance. All operations usual to County 8/5/2015 GL EX AU WC Governmental Entity with regard to participation of the Little Bits 4-H Club of Gloucester County, in a Clean Communities Clean Up Project on Aug. 10, from 9 am -12 pm at Stewart Park, 67 Ferrell Rd., Harrisonville, NJ. Rain date is Aug. 12, 2015, 9 am to 12 pm. (SEE PAGE 2)
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- County of Camden, The State of New Jersey And the Camden County Workforce Investment	111 Marlkress Road, Suite 101 Cherry Hill, NJ 08003	357	Certificate holder is additional insured where obligated by virtue of a8/11/2015 GL EX AU WC written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or
I- Rowan College at Gloucester County	1400 Tanyard Road Sewell, NJ 08080		operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement regarding with respects to the Workforce Investment Act Training Provider Agreement between the County of Camden and Rowan College at Gloucester County.
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- Gloucester County Special Services Gloucester County Institute of Technology I- County of Gloucester	1360 Tanyard Rd. Sewell, NJ 08080 2 South Broad Street Woodbury, NJ 08096	439	Certificate holder is additional insured where obligated by virtue of a7/30/2015 GL AU EX MM written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement.  As respects the Gloucester County Department of Health, Senior & Disability Services - Division of health Services staff administering seasonal flu shots on site at the GCIT on Monday, October 17, 2015.
H- State of New Jersey  I- County of Gloucester	Department of Children & Families Southern Business 537 Office 5218 Atlantic Ave. Suite 204 Mays Landing, NJ 08330 2 South Broad Street Woodbury, NJ 08096		Certificate holder is additional insured where obligated by virtue of a6/26/2015 OTH written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement with respects to Special Child Health Services Grant, Grant #DFHS16CSE.

H- State of New Jersey  I- County of Gloucester	Department of Children & Families Southern Business 537 Office 5218 Atlantic Ave. Suite 204 Mays Landing, NJ 08330 2 South Broad Street Woodbury, NJ 08096	Certificate holder is additional insured where obligated by virtue of a6/26/2015 GL EX written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement with respects to Prevention Planning Services Grant 16YTHP from NJ Department of Children and Families, Division of Family and Community Partnership, Grant #DFHS16CSE.
H- State of New Jersey  I- County of Gloucester	Department of Children & Families Southern Business 537 Office 5218 Atlantic Ave. Suite 204 Mays Landing, NJ 08330 2 South Broad Street Woodbury, NJ 08096	Certificate holder is additional insured where obligated by virtue of a6/26/2015  written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement (see page 2)
H- State of New Jersey  I- County of Gloucester	Department of Children & Families Southern Business 537 Office 5218 Atlantic Ave. Suite 204 Mays Landing, NJ 08330 2 South Broad Street Woodbury, NJ 08096	with respects to Special Child Health Services Grant, Grant #DFHS16CSE.  Certificate holder is additional insured where obligated by virtue of a6/30/2015 GL EX written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement with respects to Prevention Planning Services Grant 16YTHP from NJ Department of Children and Families, Division of Family and Community Partnership.
H- Gloucester Co. 4-H Fair Assn. I- County of Gloucester	PO Box 149 Clayton, NJ 08312 741 2 South Broad Street Woodbury, NJ 08096	Evidence of insurance with regard to the Gloucester Co. 4-H Senior6/19/2015 GL EX AU WC Council 4-H Club sponsoring a dance at the Gloucester Co. 4-H Fairgrounds, 275 Bridgeton Pike, Mullica Hill, NJ 08062, on Aug. 8, 2015, from 6:30 pm to 10 pm. (see page 2)
		Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- Gloucester Co. 4-H Fair Assn. I- County of Gloucester	PO Box 149 Clayton, NJ 08312 741 2 South Broad Street Woodbury, NJ 08096	Evidence of insurance with regard to the Gloucester Co. 4-H Senior6/19/2015 OTH Council 4-H Club sponsoring a dance at the Gloucester Co. 4-H Fairgrounds, 275 Bridgeton Pike, Mullica Hill, NJ 08062, on Aug. 8, 2015, from 6:30 pm to 10 pm. (see page 2)
		Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392

H- Logan Township I- County of Gloucester	c/o Logan Township Municipal Building 125 Main Street Bridgeport, NJ 08014 2 South Broad Street Woodbury, NJ 08096	Certificate holder is additional insured where obligated by virtue of a7/30/2015 GL AU EX MM written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement.  As respects the Gloucester County Department of Health, Senior & Disability Services - Division of Health Services staff administering seasonal flu shots on site at the Logan Twp.
H- Woodbury Heights School District/ I- County of Gloucester	C/O Woodbury Heights Elementary School 100 Academy Ave. Woodbury Heights, NJ 08097 2 South Broad Street Woodbury, NJ 08096	Municipal Building in Bridgeport, NJ, Logan Township on Tuesday, October 6, 2015.  Certificate holder is additional insured where obligated by virtue of a7/30/2015 GL AU EX MM written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement.  As respects the Gloucester County Department of health, Senior & Disability Services - Division of Health Services staff administering flu shots on site at the Woodbury Heights Elementary School, on Wednesday, October 28, 2015.
H- County of Gloucester Board of Education I- Rowan College at Gloucester County	Board of Chosen Freeholders It's Department & Agencies et al PO Box 337 Woodbury, NJ 08096 1400 Tanyard Road Sewell, NJ 08080	Certificate holder is additional insured where obligated by virtue of a8/14/2015 GL EX AU WC written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement regarding with respects to Shared Service Agreement between the County of Gloucester and Rowan College at Gloucester County as the Operating Agency of the One-Stop Learning Link and Adult Literacy programs. Rowan College will serve as the Operating Agency of the Workforce Learning Link facility.
		CCompany E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- Gloucester County Institute of Technology	1360 Taynard Road Sewell, NJ 08080 Attn. Michael 1 McAleer-Director of Athletics	written contract or written mutual aid agreement or other written
I- Gloucester County College	1400 Tanyard Road (DO NOT USE) Sewell, NJ 08080	agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement with respects to the use of premises for the Rowan College at Gloucester County Women's Volleyball Team practices at GCIT's gymnasium August 28-November 12, 2015.
H- State of NJ – Dept. of Human Services	Division of Family Development Quakerbridge Plaza, 1 Bldg. 6 PO Box 0716 Trenton, NJ 08625-0716	written contract or written mutual aid agreement or other written
I- County of Gloucester	2 South Broad Street Woodbury, NJ 08096	agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement with respects to the Adult Protective Services Grant.

H- NJ State Mosquito Control Commission,	c/o NJDEP Office of Mosquito Control Coordination Mail Code 501-03, P.O. Box 420 Trenton, NJ 08625-0420	1243	Evidence of insurance. All operations usual to County 8/5/2015 PR Governmental Entity as respects the lease agreement with the NJ State Mosquito Control Commission.
I- County of Gloucester	2 South Broad Street Woodbury, NJ 08096		
H- NJ State Mosquito Control Commission	c/o NJDEP Office of Mosquito Control Coordination Mail Code 501-0303, P.O. Box 420 Trenton, NJ 08625-0420	1243	Evidence of insurance. All operations usual to County 8/5/2015 GL EX Governmental Entity as respects the lease agreement with the NJ State Mosquito Control Commission.
I- County of Gloucester	2 South Broad Street Woodbury, NJ 08096		
H- Clinical Health Care Associates	250 King of Prussia Road, 4th Floor Radnor, PA 1908 Attn: Ronald Barg, MD, President	37 1511	Certificate holder is additional insured on a primary and non 7/22/2015 GL,AU,EX, MM contributory basis on the referenced Commercial General Liability
I- Rowan College at Gloucester County	1400 Tanyard Road Sewell, NJ 08080		policy(ies) where obligated by virtue of a written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement as respects to RCGC staff and students per the clinical site agreement. Evidence of Insurance:  Rowan College at Gloucester County has a \$5,000 SIR on GL/Professional.  Excess GL/Professional Limits: Professional-\$10,000,000 Each Medical Incident; GL -\$10,000,000 Each Claim; Policy Aggregate - \$20,000,000.
H- East Greenwich Board of Education &  I- County of Gloucester	East Greenwich School District C/O: Dr. James Lynch, Superintendent Samuel Mickle School, 559 Kings Highway Mickleton 2 South Broad Street Woodbury, NJ 08096	1561 , NJ	Certificate holder is additional insured where obligated by virtue of a7/30/2015 GL AU EX MM written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement.  As respects the Gloucester County Department of Health, Senior & Disability Services - Division of Health Services staff administering seasonal flu shots on site at Samuel Mickle School to administer seasonal flu shots to the public on Tuesday, October 27, 2015.
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- Camden Diocese and Church of Our Lady	of Lourdes- Mary, Mother of Mercy Parish 500	1563	Certificate holder is additional insured where obligated by virtue of a8/5/2015GL EX
I- County of Gloucester	Greentree Road Glassboro, NJ 08028 2 South Broad Street Woodbury, NJ 08096		written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement.  As respects the Gloucester County Department of Health, Senior & Disability Services - Division of Health Services staff administering seasonal flu shots on site at Mary, Mother of Mercy Parish on Thursday, October 29, 2015.
H- Laureldale Fire & Rescue I- Rowan College at Gloucester County	2657 Route 50 Mays Landing, NJ 08330 1400 Tanyard Road Sewell, NJ 08080	1564	Evidence of insurance. All operations usual to County 8/5/2015 GL EX AU WC Governmental Entity as respects to an auto extrication class on how to use fire service equipment to perform rescue in accident situations. (see page 2)
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392

H- Borough of Westville – Westville Community Center I- County of Gloucester	c/o Mr. William Bittner (Business Admin.) 1035 1035Broadway Westville, New Jersey 08093 2 South Broad Street Woodbury, NJ 08096	1578	written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement as respects the Gloucester County Department of Health, Senior & Disability Service of Health Services staff administering seasonal flu shots on site at Westville Com Center in Westville, NJ, Logan Township, on Tuesday, November 24, 2015 betwee hours of 3:30 pm – 6:00 pm.	
H- People for Animals I- County of Gloucester	1200 N. Delsea Dr. Clayton, NJ 08312 2 South Broad Street Woodbury, NJ 08096	1579	Evidence of insurance.	9/4/2015 GL EX
H- Laboratory Corporation of America Holdings I- Rowan College at Gloucester County	69 First Avenue Raritan, NJ 08869 Attn: Linda Springsteel 1400 Tanyard Road Sewell, NJ 08080	1580	Evidence of insurance. All operations usual to County Govern Entity as respects to RCGC staff and students per the clinical agreement for the Phlebotomy Program. Rowan College at Gloucester County has a \$5,000 SIR on GL/Professional Exce GL/Professional Limits: Professional-\$10,000,000 Each Medic Incident GL-\$10,000,000 Each Claim: Policy Aggregate-\$20,000,000.  Company E: XS Worker Compensation Statutory x \$1, XS Employers Liability \$5,000,000 x \$1, Policy Term 1/1/15 to 1/1/16 Policy # SP4052	site ess al 000,000 61,000,000

			TY INSURANCE COM		
			FAST TRACK REPORT		
		AS OF	July 31, 2015		
		ALL YE	ARS COMBINED		
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
	RITING INCOME	476,809	3,337,665	26,550,463	29,888,12
. CLAIM EXI	PENSES				
F	Paid Claims	206,922	1,598,048	6,603,804	8,201,85
	Case Reserves	136,086	(235,218)	2,213,115	1,977,89
ı	BNR	(40,643)	222,124	1,544,673	1,766,79
	Discounted Claim Value	22,221	72,573	(238,569)	(165,99
TOTAL CLA	AIMS	324,586	1,657,526	10,123,023	11,780,54
EXPENSES					
	Excess Premiums	221,747	1,552,231	11,584,681	13,136,91
	Administrative	72,365	510,223	2,931,158	3,441,38
TOTAL EXI		294,113	2,062,454	14,515,839	16,578,29
	RITING PROFIT (1-2-3)	(141,889)	(382,316)	1,911,601	1,529,28
	ENT INCOME	0	0	7,237	7,23
		(141,889)			
-			(382,316)	1,918,838	1,536,52
	OPRIATION CANCELLATION	0	0	148,760	148,76
	ENT IN JOINT VENTURE	(66,246)	8,539	1,157,669	1,166,20
SURPLUS	(6 + 7 + 8)	(208,135)	(373,777)	3,225,267	2,851,49
JRPLUS (DEFI	CITS) BY FUND YEAR				
2010		(2,936)	41,709	461,573	503,28
2011		(35,127)	(9,008)	108,056	99,04
2012		(35,729)	(309,039)	954,800	645,76
2012		(23,472)	1,475	927,236	928,71
2013		56,446	168,493	773.601	928,71
				773,601	
2015		(167,317)	(267,406)		(267,40
OTAL SURPLU	JS (DEFICITS)	(208,135)	(373,777)	3,225,266	2,851,48
OTAL CASH					5,686,75
AIM ANALYS	SIS BY FUND YEAR				
FUND YEA	R 2010				
Paid	Claims	14,274	40,693	1,858,197	1,898,89
Case	Reserves	747	(43,393)	62,252	18,85
IBNR		(11,582)	(11,862)	24,817	12,95
Disco	ounted Claim Value	1,182	4,844	(6,108)	(1,26
TOTAL FY	2011 CLAIMS	4,621	(9,717)	1,939,158	1,929,44
FUND YEA	AR 2011				
Paid	Claims	8,477	124,279	2,370,813	2,495,09
	Reserves	16,471	(67,279)	349,235	281,95
IBNR		(13,917)	(38,573)	60,993	22,42
	ounted Claim Value	6,263	18,204	(30,880)	(12,67
	2011 CLAIMS	17,294	36,632	2,750,161	2,786,79
		17,234	30,032	2,730,161	2,780,73
FUND YEA		4= 100	56-110	4 00 4 0 = 0	
	Claims	17,198	567,112	1,034,270	1,601,38
	Reserves	(14,350)	(370,551)	744,800	374,24
IBNR		(13,494)	11,036	83,838	94,87
	ounted Claim Value	6,741	27,067	(43,824)	(16,75
TOTAL FY	2012 CLAIMS	(3,905)	234,664	1,819,084	2,053,74
FUND YEA	R 2013				
Paid	Claims	9,378	156,342	998,113	1,154,45
Case	Reserves	60,234	(119,053)	710,225	591,17
IBNR		(69,754)	(77,431)	286,042	208,61
	ounted Claim Value	8,396	30,463	(62,892)	(32,42
	2013 CLAIMS	8,254	(9,679)	1,931,488	1,921,80
		-, -	(-,,	,	,- =,-
FUND YEA			405.550	242 ::2	
	Claims	4,471	195,352	342,412	537,76
	Reserves	15,696	(130,620)	346,603	215,98
IBNR		(78,229)	(312,844)	1,088,983	776,13
	ounted Claim Value	13,563	52,654	(94,867)	(42,21
TOTAL FY	2014 CLAIMS	(44,499)	(195,457)	1,683,131	1,487,67
FUND YEA	AR 2015				
	Claims	153,125	514,270		514,27
	Reserves	57,288	495,679		495,67
Case		146,332	651,796		651,79
			001,700		031,73
IBNR			(60,660)		160.66
IBNR Disco	ounted Claim Value 2015 CLAIMS	(13,924) <b>342,820</b>	(60,660) <b>1,601,085</b>	0	(60,66 <b>1,601,08</b>

			NTY INSURANCE COM LL FAST TRACK REPORT		
		AS OF	June 30, 2015		
	1		EARS COMBINED		
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
	UNDERWRITING INCOME	420,994	2,860,856	26,550,463	29,411,31
	CLAIM EXPENSES				
	Paid Claims	446,729	1,391,125	6,603,804	7,994,93
	Case Reserves	(189,852)	(371,303)	2,213,115	1,841,81
	IBNR	(37,860)	262,767	1,544,673	1,807,44
	Discounted Claim Value	(18,312)	50,352	(238,569)	(188,21
	TOTAL CLAIMS	200,704	1,332,941	10,123,023	11,455,96
	EXPENSES				
	Excess Premiums	165,933	1,330,484	11,584,681	12,915,16
	Administrative	72,787	437,858	2,931,158	3,369,01
	TOTAL EXPENSES  UNDERWRITING PROFIT (1-2-3)	238,720 (18,430)	1,768,342 (240,427)	14,515,839	16,284,18 1,671,17
	INVESTMENT INCOME	(18,430)	(240,427)	7,237	7,23
	PROFIT (4 + 5)	(18,430)	(240,427)	1,918,838	1,678,41
	CEL APPROPRIATION CANCELLATION	0	0	148,760	148,76
	INVESTMENT IN JOINT VENTURE	(3,087)	74,785	1,157,669	1,232,45
	SURPLUS (6 + 7 + 8)	(21,517)	(165,642)	3,225,267	3,059,62
	RPLUS (DEFICITS) BY FUND YEAR				, , , , , , , , , , , , , , , , , , , ,
		22.752	44.545	464.573	F0C 21
	2010	22,752 42,359	44,645 26,120	461,573 108,056	506,21 134,17
	2011	(148,798)	(273,311)	954,800	681,48
	2012	18,565	24,947	927,236	952,18
	2014	(36,447)	112,047	773,601	885,64
	2015	80,052	(100,089)	773,001	(100,08
от	TAL SURPLUS (DEFICITS)	(21,517)	(165,642)	3,225,266	3,059,62
	TAL CASH		( 22/2 /	-, -,	5,959,75
LA	AIM ANALYSIS BY FUND YEAR				· · ·
	FUND YEAR 2010				
	Paid Claims	555	26,419	1,858,197	1,884,61
	Case Reserves	(555)	(44,140)	62,252	18,11
	IBNR	(14,400)	(280)	24,817	24,53
	Discounted Claim Value	(140)	3,662	(6,108)	(2,44
	TOTAL FY 2011 CLAIMS	(14,540)	(14,338)	1,939,158	1,924,82
	FUND YEAR 2011				
	Paid Claims	23,073	115,802	2,370,813	2,486,61
	Case Reserves	(16,654)	(83,750)	349,235	265,48
	IBNR	(32,408)	(24,656)	60,993	36,33
	Discounted Claim Value	(4,285)	11,941	(30,880)	(18,93
	TOTAL FY 2011 CLAIMS	(30,274)	19,337	2,750,161	2,769,49
	FUND YEAR 2012				
	Paid Claims	219,048	549,913	1,034,270	1,584,1
	Case Reserves	(162,677)	(356,201)	744,800	388,59
	IBNR	55,927	24,530	83,838	108,3
	Discounted Claim Value	(1,583)	20,327	(43,824)	(23,49
	TOTAL FY 2012 CLAIMS	110,715	238,569	1,819,084	2,057,6
	FUND YEAR 2013				
	Paid Claims	35,367	146,964	998,113	1,145,0
	Case Reserves	(51,612)	(179,288)	710,225	530,93
	IBNR Discounted Claim Value	3,966	(7,677)	286,042	278,30
	Discounted Claim Value TOTAL FY 2013 CLAIMS	(4,652) (16,932)	22,067 (17,934)	(62,892) 1,931,488	(40,82 <b>1,913,5</b> !
		(10,932)	(17,934)	1,731,488	1,913,5
	FUND YEAR 2014	22.22	100.00-	212.112	
	Paid Claims	39,326	190,882	342,412	533,2
	Case Reserves	(35,094)	(146,316)	346,603	200,2
	IBNR Discounted Claim Value	47,029 (10,242)	(234,615) 39,091	1,088,983	854,30 (55,7)
	TOTAL FY 2014 CLAIMS	41,019	(150,958)	(94,867) 1,683,131	1,532,1
		41,019	(130,338)	1,003,131	1,532,1
	FUND YEAR 2015				
	Paid Claims	129,361	361,145		361,14
	Case Reserves	76,740	438,391		438,3
	IBNR	(97,973)	505,464		505,40
	Discounted Claim Value	2,588 110,716	(46,736) <b>1,258,264</b>	0	(46,73 <b>1,258,2</b> 0
	TOTAL FY 2015 CLAIMS				

		FINANCIA	L FAST TRACK REPORT	Г	
		AS OF	May 31, 2015		
		ALL Y	EARS COMBINED		
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
	WRITING INCOME	487,972	2,439,862	26,550,463	28,990,3
CLAIM	EXPENSES	407.026	044 206	6 602 005	7.540.3
	Paid Claims	187,926	944,396	6,603,805	7,548,2
	Case Reserves IBNR	(108,716)	(181,451) 300,627	2,213,115	2,031,6
	Discounted Claim Value	100,192	68,664	1,544,673 (238,569)	1,845,3
TOTAL O		180,842	1,132,237	10,123,024	(169,9 <b>11,255,2</b>
EXPENS		180,842	1,132,237	10,123,024	11,233,2
Ext. Exte	Excess Premiums	232,910	1,164,551	11,584,681	12,749,2
	Administrative	(207,643)	365,160	2,935,554	3,300,7
TOTAL E	EXPENSES	25,268	1,529,711	14,520,235	16,049,9
UNDER	WRITING PROFIT (1-2-3)	281,863	(222,086)	1,907,204	1,685,1
INVEST	MENT INCOME	0	0	7,237	7,2
PROFIT	(4 + 5)	281,863	(222,086)	1,914,441	1,692,3
CEL APP	ROPRIATION CANCELLATION	0	0	148,760	148,7
INVEST	MENT IN JOINT VENTURE	3,112	77,872	1,157,575	1,235,4
SURPLU	S (6+7+8)	284,975	(144,214)	3,220,776	3,076,5
RPLUS (DE	FICITS) BY FUND YEAR				
2010		12,506	21,893	461,573	483,4
2010		16,249	(16,240)	108,056	91,8
2012		(11,546)	(124,512)	954,800	830,2
2013		23,290	6,382	927,236	933,6
2014		(4,388)	148,405	769,111	917,5
2015		248,864	(180,142)		(180,1
TAL SURP	LUS (DEFICITS)	284,975	(144,214)	3,220,776	3,076,5
TAL CASH					6,375,8
AIM ANAL	YSIS BY FUND YEAR				
FUND Y	EAR 2010				
Pai	d Claims	4,273	25,864	1,858,197	1,884,0
Cas	e Reserves	(27,722)	(43,585)	62,252	18,6
IBN	IR	19,540	14,121	24,817	38,9
Dis	counted Claim Value	359	3,802	(6,108)	(2,3
TOTAL F	Y 2011 CLAIMS	(3,550)	201	1,939,158	1,939,3
FUND Y	EAR 2011				
Pai	d Claims	5,198	92,729	2,370,813	2,463,5
Cas	se Reserves	(30,228)	(67,096)	349,235	282,1
IBN		21,543	7,752	60,993	68,7
	counted Claim Value	313	16,226	(30,880)	(14,6
	Y 2011 CLAIMS	(3,175)	49,611	2,750,161	2,799,7
	EAR 2012				
	d Claims	50,664	330,866	1,034,270	1,365,
	se Reserves	(33,512)	(193,524)	744,800	551,2
IBN		(458)	(31,396)	83,838	52,4
	counted Claim Value	1,496	21,909	(43,824)	(21,9
	Y 2012 CLAIMS	18,189	127,854	1,819,084	1,946,9
	EAR 2013				
	d Claims	11,589	111,598	998,113	1,109,7
	se Reserves	(10,308)	(127,676)	710,225	582,5
IBN		(13,058)	(11,643)	286,042	274,3
	counted Claim Value Y 2013 CLAIMS	1,764 (10,014)	26,718	(62,892)	(36,1
		(10,014)	(1,002)	1,931,488	1,930,4
	EAR 2014				
	d Claims	16,597	151,556	342,412	493,9
	se Reserves	7,800	(111,222)	346,603	235,3
IBN		(54,437)	(281,643)	1,088,983	807,3
	counted Claim Value Y 2014 CLAIMS	3,653	49,333 (191,977)	(94,867) <b>1,683,131</b>	(45,5 1,491,1
		(26,388)	(131,377)	1,003,131	1,491,1
	EAR 2015				
	d Claims	99,605	231,784		231,7
	se Reserves	(14,746)	361,652		361,6
IBN		127,063	603,437		603,4
	counted Claim Value	(6,143)	(49,324)	_	(49,3 <b>1,147,</b> 5
	Y 2015 CLAIMS	205,780	1,147,549	0	

		FINANCIAL FAS	ST TRACK REPORT		
		AS OF	July 31, 2015		
			COMBINED		
		THIS	YTD	PRIOR	FUND
		MONTH	CHANGE	YEAR END	BALANCE
ι.	UNDERWRITING INCOME	1,714,218	12.427.300	54,944,240	67,371,540
2.	CLAIM EXPENSES	1,71-4,210	12,427,300	3-1,3-1-1,2-10	07,371,340
	Paid Claims	10,850	440,903	411,505	852,408
	Case Reserves	30,571	1,573,822	683,536	2,257,356
	IBNR	105,505	477,202	8,429,959	8,907,161
	Discounted Claim Value	(15,831)	(1,722)	(1,189,781)	(1,191,502
	TOTAL CLAIMS	131,095	2,490,205	8,335,219	10,825,423
3.	EXPENSES				
	Excess Premiums	1,284,416	9,008,265	36,749,433	45,757,698
	Administrative	129,583	924,456	4,081,008	5,005,46
	TOTAL EXPENSES	1,413,999	9,932,721	40,830,441	50,763,162
1.	UNDERWRITING PROFIT (1-2-3)	169,123	4,374	5,778,580	5,782,95
5.	INVESTMENT INCOME	2,110	17,438	152,545	169,983
5.	STATUTORY PROFIT (4+5)	171,234	21,812	5,931,125	5,952,93
7.	Cancelled Appropriations	0	0	607,551	607,55
3.	STATUTORY SURPLUS (6-7)	171,234	21,812	5,323,574	5,345,387
iU	RPLUS (DEFICITS) BY FUND YEAR				
	2010	23,027	87,755	680,166	767,92
	2011	27,702	107,347	994,756	1,102,10
	2012	34,823	(366,448)	822,655	456,207
	2013	4,342	(42,099)	1,310,706	1,268,60
	2014	53,442	(176,503)	1,515,291	1,338,78
	2015	27,898	411,760		411,760
ГО	TAL SURPLUS (DEFICITS)	171,234	21,812	5,323,574	5,345,38
ГС	TAL CASH				9,256,520
CL	AIM ANALYSIS BY FUND YEAR				
	FUND YEAR 2010				
	Paid Claims	1,696	15,989	142,195	158,184
	Case Reserves	(1,697)	(18,815)	24,085	5,270
	IBNR	(24,123)	(101,298)	463,719	362,42
	Discounted Claim Value	1,270	17,825	(41,484)	(23,659
	TOTAL FY 2011 CLAIMS	(22,854)	(86,299)	588,515	502,21
		(22,03-1)	(86,233)	300,313	302,21
	FUND YEAR 2011 Paid Claims	0	0	144,097	144,09
		4,000	259,102		261,77
	Case Reserves IBNR	(34,310)	(399,412)	2,671 1,113,232	713,820
	Discounted Claim Value	2,918	35,555	(121,623)	(86,06
	TOTAL FY 2011 CLAIMS	(27,392)	(104,755)	1,138,377	1,033,62
	FUND YEAR 2012	(27,332)	(10-,733)	1,130,377	1,033,02
		FFO	202 106	125,213	427.400
	Paid Claims Case Reserves	550 (549)	302,196 289,995	653,695	427,409 943,690
			(282,579)		1,238,51
	IBNR Discounted Claim Value	(40,388) 5,946	60,147	1,521,091 (240,518)	(180,37
	TOTAL FY 2012 CLAIMS	(34,442)	369,760	2,059,481	2,429,24
		(3-,2)	303,700	2,033,701	<u>-,-+</u> -2,24.
	FUND YEAR 2013	7,334	7.334	0	7.00
	Paid Claims		7,334 452,835	2.025	7,334
	Case Reserves IBNR	39,022 (49,601)	(488,415)	2,025 2,322,975	454,860 1,834,560
	Discounted Claim Value	1,805	77,005	(311,625)	(234,620
	TOTAL FY 2013 CLAIMS	(1,441)	48, <b>759</b>	2,013,375	2,062,134
		(1,441)	70,733	2,013,373	2,002,13
	FUND YEAR 2014	1.370	115 202		115 221
	Paid Claims  Case Reserves	1,270	115,383	1.059	115,383
	IBNR	(10,217) (28,778)	264,671 (292,780)	1,058 3,008,942	265,729 2,716,16
	Discounted Claim Value	9,050	116,037	(474,530)	(358,49
	TOTAL FY 2014 CLAIMS	(28,676)	203,311	2,535,470	2,738,78
		(20,0/0)	203,311	2,333,470	2,130,18.
	FUND YEAR 2015				
	Paid Claims	0	0		336.03
	Case Reserves	13	326,033		326,033
	IBNR	282,706	2,041,686		2,041,686
_	Discounted Claim Value	(36,819)	(308,289)		(308,289
	TOTAL FY 2015 CLAIMS	245,900	2,059,430	0	2,059,430

			NEW JERSEY COL			
				TRACK REPORT		
				ine 30, 2015		
			THIS	YTD	PRIOR	FUND
			MONTH	CHANGE	YEAR END	BALANCE
1.	UNDERWRITING INC	COME	1,599,967	10,713,083	54,944,240	65,657,323
2.	CLAIM EXPENSES		_,,		0 1,0 1 1,0 1 1	
	Paid Claims		52,826	430,053	411,505	841,558
	Case Reserv	res .	1,077,399	1,543,251	683,536	2,226,785
	IBNR		(418,688)	371,697	8,429,959	8,801,656
		Claim Value	(48,343)	14,109	(1,189,781)	(1,175,671)
	TOTAL CLAIMS		663,195	2,359,110	8,335,219	10,694,328
3.	EXPENSES		4 205 222	7 722 040	26 740 422	44 472 202
	Excess Prem		1,285,323 135,500	7,723,849	36,749,433	44,473,282 4,875,881
	Administrat TOTAL EXPENSES	ive	1,420,823	794,873 <b>8,518,722</b>	4,081,008 <b>40,830,441</b>	49,349,163
4.	UNDERWRITING PR	OFIT (1-2-3)	(484,050)	(164,749)	5,778,580	5,613,832
5.	INVESTMENT INCOM		2,345	15,328	152,545	167,873
6.	STATUTORY PROFIT		(481,705)	(149,421)	5,931,125	5,781,705
7.	Cancelled Appropria		0	0	607,551	607,551
_	STATUTORY SURPLU		(481,705)	(149,421)	5,323,574	5,174,154
	RPLUS (DEFICITS) BY I					
301	W. FOS (DELICITS) BA I	JND TEAK				
	2010		(18,403)	64,728	680,166	744,894
	2011		(97,001)	79,646	994,756	1,074,402
	2012		(230,099)	(401,272)	822,655	421,383
	2013		(82,434)	(46,441)	1,310,706	1,264,265
	2014		24,809	(229,944)	1,515,291	1,285,347
	2015		(78,578)	383,862		383,862
тот	TAL SURPLUS (DEFICI	TS)	(481,705)	(149,421)	5,323,574	5,174,153
то	TAL CASH					9,397,774
CLA	IM ANALYSIS BY FU	ND YEAR				
	FUND YEAR 2010					
	Paid Claims		1,696	14,293	142,195	156,488
	Case Reserves		(1,696)	(17,118)	24,085	6,967
	IBNR		19,170	(77,175)	463,719	386,544
	Discounted Clai	m Value	(587)	16,555	(41,484)	(24,929)
	TOTAL FY 2011 CLAIF	VIS	18,583	(63,445)	588,515	525,070
	<b>FUND YEAR 2011</b>					
	Paid Claims		0	0	144,097	144,097
	Case Reserves		256,761	255,102	2,671	257,773
	IBNR		(150,487)	(365,102)	1,113,232	748,130
	Discounted Clai		(8,951)	32,637	(121,623)	(88,986)
	TOTAL FY 2011 CLAIR	VIS	97,323	(77,363)	1,138,377	1,061,014
	FUND YEAR 2012					
	Paid Claims		50,559	301,646	125,213	426,859
	Case Reserves		257,807	290,544	653,695	944,239
	IBNR Dissounted Clai	m Malue	(65,483)	(242,190)	1,521,091	1,278,901
	Discounted Clai		(12,379) 230,504	54,201 <b>404,201</b>	(240,518) 2,059,481	(186,317) <b>2,463,682</b>
			230,304	404,201	2,033,461	2,-03,082
	FUND YEAR 2013		0	0	0	0
	Paid Claims Case Reserves		349,101	413,814	2,025	415,839
	IBNR		(261,699)	(438,814)	2,322,975	1,884,161
	Discounted Clai	m Value	(4,439)	75,200	(311,625)	(236,425)
	TOTAL FY 2013 CLAIR		82,964	50,200	2,013,375	2,063,575
	FUND YEAR 2014		,	.,		, -
	Paid Claims		571	114,113	0	114,113
	Case Reserves		139,418	274,889	1,058	275,947
	IBNR		(179,034)	(264,002)	3,008,942	2,744,940
	Discounted Clai	m Value	12,436	106,987	(474,530)	(367,543)
	TOTAL FY 2014 CLAIF	vis	(26,609)	231,987	2,535,470	2,767,457
	FUND YEAR 2015					
	Paid Claims		0	0		0
	Case Reserves		76,008	326,020		326,020
	IBNR		218,844	1,758,980		1,758,980
	Discounted Clai		(34,423)	(271,470)		(271,470
	TOTAL FY 2015 CLAIR	VIS	260,430	1,813,530	0	1,813,530

		NEW JERSEY COL	TRACK REPORT		
		AS OF	May 31, 2015		
	<del>                                     </del>		COMBINED		
		THIS	YTD	PRIOR	FUND
		MONTH	CHANGE	YEAR END	BALANCE
1.	UNDERWRITING INCOME	4 822 622	9,113,115	54,944,240	
1. 2.	CLAIM EXPENSES	1,822,623	9,113,113	54,944,240	64,057,355
۷.	Paid Claims	2,616	377,226	411,505	788,731
	Case Reserves	302,106	465,852	683,536	1,149,386
	IBNR	64,254	790,384	8,429,959	9,220,343
	Discounted Claim Value	(28,119)	62,452	(1,189,781)	(1,127,328
	TOTAL CLAIMS	340.857	1,695,915	8,335,219	10,031,133
3.	EXPENSES	2 10,001	2,000,020	2,000,000	,
	Excess Premiums	1,371,824	6,438,526	36,749,433	43,187,959
	Administrative	132,138	659,373	4,081,008	4,740,381
	TOTAL EXPENSES	1,503,963	7,097,899	40,830,441	47,928,340
4.	UNDERWRITING PROFIT (1-2-3)	(22,197)	319,301	5,778,580	6,097,882
5.	INVESTMENT INCOME	2,808	12,983	152,545	165,528
6.	STATUTORY PROFIT (4+5)	(19,389)	332,284	5,931,125	6,263,410
7.	Cancelled Appropriations	О	0	607,551	607,551
8.	STATUTORY SURPLUS (6-7)	(19,389)	332,284	5,323,574	5,655,859
su	RPLUS (DEFICITS) BY FUND YEAR				
	2010	22,524	83,131	680,166	763,297
	2011	46,964	176,647	994,756	1,171,403
	2012	(187,638)	(171,172)	822,655	651,483
	2013	8,382	35,993	1,310,706	1,346,699
	2014	30,668	(254,754)	1,515,291	1,260,537
	2015	59,711	462,439		462,439
TO	TAL SURPLUS (DEFICITS)	(19,389)	332,284	5,323,574	5,655,858
TO	TAL CASH				10,779,863
	AIM ANALYSIS BY FUND YEAR				
CLA					
	FUND YEAR 2010				
	Paid Claims	1,696	12,597	142,195	154,792
	Case Reserves	(1,700)	(15,422)	24,085	8,663
	IBNR	(23,558)	(96,345)	463,719	367,374
	Discounted Claim Value	1,255	17,142	(41,484)	(24,342
	TOTAL FY 2011 CLAIMS	(22,307)	(82,028)	588,515	506,487
	FUND YEAR 2011				
	Paid Claims	0	0	144,097	144,097
	Case Reserves	(1)	(1,659)	2,671	1,012
	IBNR	(51,207)	(214,615)	1,113,232	898,617
	Discounted Claim Value	4,632	41,587	(121,623)	(80,036
	TOTAL FY 2011 CLAIMS	(46,576)	(174,687)	1,138,377	963,690
	FUND YEAR 2012				
	Paid Claims	11	251,087	125,213	376,300
	Case Reserves	239,990	32,737	653,695	686,432
	IBNR	(45,647)	(176,708)	1,521,091	1,344,383
	Discounted Claim Value	(6,229)	66,580	(240,518)	(173,938
	TOTAL FY 2012 CLAIMS	188,125	173,697	2,059,481	2,233,178
	FUND YEAR 2013				
	Paid Claims	0	0	0	C
	Case Reserves	64,713	64,713	2,025	66,738
	IBNR	(74,440)	(177,115)	2,322,975	2,145,860
	Discounted Claim Value	1,983	79,639	(311,625)	(231,986
	TOTAL FY 2013 CLAIMS	(7,744)	(32,764)	2,013,375	1,980,611
	FUND YEAR 2014				
	Paid Claims	909	113,542	0	113,542
	Case Reserves	(902)	135,471	1,058	136,529
	IBNR	(38,786)	(84,968)	3,008,942	2,923,974
	Discounted Claim Value	8,954	94,551	(474,530)	(379,979
	TOTAL FY 2014 CLAIMS	(29,825)	258,596	2,535,470	2,794,066
	FUND YEAR 2015				
	Paid Claims	0	0		C
	Case Reserves	6	250,012		250,012
	IBNR	297,893	1,540,136		1,540,136
	Discounted Claim Value	(38,715)	(237,047)		(237,047
	TOTAL FY 2015 CLAIMS	259,184	1,553,100	0	1,553,100

## **GLOUCESTER COUNTY INSURANCE COMMISSION**

## **HEALTH INSURANCE DIVISION**

# FINANCIAL FAST TRACK REPORT AS OF JUNE 30, 2015

## ALL YEARS COMBINED

		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
<b>1</b> .	UNDERWRITING INCOME	49,008	293,501	81,958,140	82,251,641
2.	CLAIM EXPENSES				
	Paid Claims	39,437	262,151	72,836,964	73,099,115
	IBNR	7_	915	39,508	40,423
	Total Claims	39,444	263,067	72,876,472	73,139,539
3.	EXPENSES				
	Excess Premiums	-	-	3,585,466	3,585,466
	Administrative	6,003	35,883	5,405,764	5,441,647
	Total Expenses	6,003	35,883	8,991,230	9,027,113
4.	UNDERWRITING PROFIT (1-2-3)	3,561	(5,449)	90,438	84,989
5.	INVESTMENT INCOME	-	-	7,136	7,136
6.	STATUTORY PROFIT (4+5)	3,561	(5,449)	97,574	92,125
9.	STATUTORY SURPLUS (6+7-8)	3,561	(5,449)	97,574	92,125

## SURPLUS (DEFICITS), CASH, BY FUND YEAR

2010	SURPLUS	-	-	1,882,101	1,882,101
	CASH	0	0	1,882,099	1,882,099
2011	SURPLUS	-	-	(1,616,746)	(1,616,746)
	CASH	(0)	(0)	(1,616,745)	(1,616,745)
2012	SURPLUS	-	188	(163,556)	(163,368)
	CASH	189	189	(163,556)	(163,367)
2013	SURPLUS	-	-	291	291
	CASH	0	O	4,592	4,592
2014	SURPLUS	1,903	31,944	(4,517)	27,427
	CASH	-	(0)	33,331	33,331
2015	SURPLUS	1,658	(37,581)	-	(37,581)
	CASH	36,392	36,392	-	36,392
2015	SURPLUS	3,561	(5,449)	97,573	92,124
TOTA	AL CASH	36,581	36,580	139,721	176,301

## CLAIM ANALYSIS BY FUND YEAR

FUND YEAR 2010				
Paid Claims	-	_	22,551,041	22,551,041
IBNR	-	_	-	· -
Total Claims			22,551,041	22,551,041
FUND YEAR 2011				
Paid Claims	-	-	34,451,946	34,451,946
IBNR	-	-	-	-
Total Claims		-	34,451,946	34,451,946
FUND YEAR 2012				
Paid Claims	-	(188)	14,793,883	14,793,695
IBNR	<u> </u>		<u> </u>	-
Total Claims	-	(188)	14,793,883	14,793,695
FUND YEAR 2013				
Paid Claims	-	-	542,862	542,862
IBNR	<u> </u>		1,661	1,661
Total Claims		-	544,523	544,523
FUND YEAR 2014				
Paid Claims	-	-	497,232	497,232
IBNR	(1,903)	(31,944)	37,847	5,903
Total Claims	(1,903)	(31,944)	535,079	503,135
FUND YEAR 2015				
Paid Claims	39,437	262,340	-	262,340
IBNR	1,911	32,859	-	32,859
Less Specific Excess	-	-	-	-
Less Aggregate Excess	<u> </u>			-
Total Claims	41,347	295,199	-	295,199
COMBINED TOTAL CLAIMS	(1,903)	(32,132)	72,876,472	73,139,539

This report is based upon information which has not been audited nor certified

by an actuary and as such may not truly represent the condition of the fund.

24-Jul-15 Print date

## GLOUCESTER COUNTY INSURANCE COMMISSION **HEALTH INSURANCE DIVISION**

# FINANCIAL FAST TRACK REPORT AS OF MAY 31, 2015

## ALL YEARS COMBINED

		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME	48,919	244,493	81,958,140	82,202,633
2.	CLAIM EXPENSES				
	Paid Claims	48,731	222,715	72,836,964	73,059,679
	IBNR	(421)	908	39,508	40,416
	Total Claims	48,310	223,623	72,876,472	73,100,095
3.	EXPENSES				
	Excess Premiums	-	-	3,585,466	3,585,466
	Administrative	5,985	29,880	5,405,764	5,435,644
	Total Expenses	5,985	29,880	8,991,230	9,021,110
4.	UNDERWRITING PROFIT (1-2-3)	(5,376)	(9,010)	90,438	81,428
5.	INVESTMENT INCOME	=	=	7,136	7,136
6.	STATUTORY PROFIT (4+5)	(5,376)	(9,010)	97,574	88,564
9.	STATUTORY SURPLUS (6+7-8)	(5,376)	(9,010)	97,574	88,564

## SURPLUS (DEFICITS), CASH, BY FUND YEAR

2010 SURPLUS	-	-	1,882,101	1,882,101
CASH	0	0	1,882,099	1,882,099
2011 SURPLUS	-	-	(1,616,746)	(1,616,746)
CASH	(0)	(0)	(1,616,745)	(1,616,745)
2012 SURPLUS	188	188	(163,556)	(163,368)
CASH	189	189	(163,556)	(163,367)
2013 SURPLUS	-	-	291	291
CASH	0	0	4,592	4,592
2014 SURPLUS	2,401	30,040	(4,517)	25,523
CASH	-	(0)	33,331	33,331
2015 SURPLUS	(7,965)	(39,238)	-	(39,238)
CASH	43,263	43,263	-	43,263
2015 SURPLUS	(5,376)	(9,010)	97,573	88,563
TOTAL CASH	43,452	43,452	139,721	183,173

## CLAIM ANALYSIS BY FUND YEAR

FUND YEAR 2010				
Paid Claims	-	-	22,551,041	22,551,041
IBNR	-	-	=	-
Total Claims		-	22,551,041	22,551,041
FUND YEAR 2011				
Paid Claims	=	-	34,451,946	34,451,946
IBNR	=	-	-	-
Total Claims	-		34,451,946	34,451,946
FUND YEAR 2012				
Paid Claims	(188)	(188)	14,793,883	14,793,695
IBNR	<u> </u>	<u> </u>	=	-
Total Claims	(188)	(188)	14,793,883	14,793,695
FUND YEAR 2013				
Paid Claims	=	-	542,862	542,862
IBNR	<u> </u>	<u> </u>	1,661	1,661
Total Claims	-	-	544,523	544,523
FUND YEAR 2014				
Paid Claims	=	-	497,232	497,232
IBNR	(2,401)	(30,040)	37,847	7,807
Total Claims	(2,401)	(30,040)	535,079	505,039
FUND YEAR 2015				
Paid Claims	48,919	222,903	=	222,903
IBNR	1,980	30,949	=	30,949
Total Claims	50,899	253,851	-	253,851
COMBINED TOTAL CLAIMS	(2,589)	(30,228)	72,876,472	73,100,095

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16-Jul-15 Print date

## GLOUCESTER COUNTY INSURANCE COMMISSION

## **HEALTH INSURANCE DIVISION**

## FINANCIAL FAST TRACK REPORT

## AS OF APRIL 30, 2015

## ALL YEARS COMBINED

		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
<b>1</b> .	UNDERWRITING INCOME	48,664	195,574	81,958,140	82,153,714
2.	CLAIM EXPENSES				
	Paid Claims	40,231	173,984	72,836,964	73,010,948
	IBNR	390	1,329	39,508	40,837
	Total Claims	40,621	175,313	72,876,472	73,051,785
3.	EXPENSES				
	Excess Premiums	-	-	3,585,466	3,585,466
	Administrative	5,851	23,895	5,405,764	5,429,659
	Total Expenses	5,851	23,895	8,991,230	9,015,125
4.	UNDERWRITING PROFIT (1-2-3)	2,192	(3,634)	90,438	86,804
5.	INVESTMENT INCOME	-	-	7,136	7,136
6.	STATUTORY PROFIT (4+5)	2,192	(3,634)	97,574	93,940
9.	STATUTORY SURPLUS (6+7-8)	2,192	(3,634)	97,574	93,940

## SURPLUS (DEFICITS), CASH, BY FUND YEAR

2010 SURPLUS	-	-	1,882,101	1,882,101
CASH	0	0	1,882,099	1,882,099
2011 SURPLUS	-	-	(1,616,746)	(1,616,746)
CASH	(0)	(0)	(1,616,745)	(1,616,745)
2012 SURPLUS	-	-	(163,556)	(163,556)
CASH	0	0	(163,556)	(163,556)
2013 SURPLUS	-	-	291	291
CASH	0	0	4,592	4,592
2014 SURPLUS	1,405	27,639	(4,517)	23,122
CASH	-	(0)	33,331	33,331
2015 SURPLUS	787	(31,273)	-	(31,273)
CASH	40,548	40,548	-	40,548
2015 SURPLUS	2,192	(3,634)	97,573	93,939
TOTAL CASH	40,548	40,548	139,721	180,269

## CLAIM ANALYSIS BY FUND YEAR

FUND YEAR 2010				
Paid Claims	-	-	22,551,041	22,551,041
IBNR	-	-	-	· · · · ·
Total Claims			22,551,041	22,551,041
FUND YEAR 2011				
Paid Claims	-	=	34,451,946	34,451,946
IBNR			<u> </u>	-
Total Claims		-	34,451,946	34,451,946
FUND YEAR 2012				
Paid Claims	-	-	14,793,883	14,793,883
IBNR	<u> </u>		<u> </u>	-
Total Claims		-	14,793,883	14,793,883
FUND YEAR 2013				
Paid Claims	-	-	542,862	542,862
IBNR	<u> </u>		1,661	1,661
Total Claims	-	-	544,523	544,523
FUND YEAR 2014				
Paid Claims	-	-	497,232	497,232
IBNR	(1,405)	(27,639)	37,847	10,208
Total Claims	(1,405)	(27,639)	535,079	507,440
FUND YEAR 2015				
Paid Claims	40,231	173,984	-	173,984
IBNR	1,795	28,968	-	28,968
Less Specific Excess	-	-	-	-
Less Aggregate Excess	<u> </u>	<u> </u>	-	-
Total Claims	42,026	202,952	-	202,952
COMBINED TOTAL CLAIMS	(1,405)	(27,639)	72,876,472	73,051,785

This report is based upon information which has not been audited nor certified

by an actuary and as such may not truly represent the condition of the fund.

Print date 23-Jun-15

		er County Insu		ssion			
		CLAIM ACTIVIT	TY REPORT				
AS OF	August 31, 2015						
COVERAGE LINE-PROPERTY							
CLAIM COUNT - OPEN CLAIMS							
Year	2010	2011	2012	2013	2014	2015	TOTAL
July-15	0	0	0	0	0	8	8
August-15	0	0	0	0	0	5	5
NET CHGE	0	0	0	0	0	-3	-3
Limited Reserves							\$4,311
Year	2010	2011	2012	2013	2014	2015	TOTAL
July-15	\$0	\$0	\$0	\$0	\$0	\$22,023	\$22,023
August-15	\$0	\$0	\$0	\$0	\$0	\$21,553	\$21,553
NET CHGE	\$0	\$0	\$0	\$0	\$0	(\$470)	(\$470)
Ltd Incurred	\$83,686	\$211,641	\$57,908	\$149,379	\$81,245	\$105,736	\$689,596
COVERAGE LINE-GENERAL LIABILITY							
CLAIM COUNT - OPEN CLAIMS							
Year	2010	2011	2012	2013	2014	2015	TOTAL
July-15	1	4	7	4	7	20	43
August-15	2	5	7	6	7	22	49
NET CHGE	1	1	0	2	0	2	6
Limited Reserves							\$12,785
Year	2010	2011	2012	2013	2014	2015	TOTAL
July-15	\$14,000	\$74,643	\$191,888	\$265,660	\$25,430	\$58,107	\$629,728
August-15	\$18,612	\$57,876	\$182,757	\$276,660	\$25,430	\$65,109	\$626,445
NET CHGE	\$4,612	(\$16,767)	(\$9,130)	\$11.000	\$0	\$7,002	(\$3,283)
Ltd Incurred	\$381,975	\$713,730	\$462,785	\$288.996	\$29,229	\$29,229	\$1,905,943
COVERAGE LINE-AUTOLIABILITY	<b>Q</b> 001,010	<b>V</b> ,	¥ 102,1 00	4=00,000	<b>4</b> =0,==0	<b>V</b> =0,==0	<b>4</b> .,,.
CLAIM COUNT - OPEN CLAIMS							
Year	2010	2011	2012	2013	2014	2015	TOTAL
	0	0	2012		0		
July-15				1		4	7
August-15	0	0	2	1	0	3	6
NET CHGE	0	0	0	0	0	-1	-1
Limited Reserves	2010	0044	2012	2013	2014	2015	\$5,650
Year Luby 45		2011					TOTAL ©44.506
July-15	\$0 \$0	\$0 \$0	\$22,599	\$7,908	\$0 \$0	\$11,000	\$41,506
August-15	* * *		\$19,992	\$7,908		\$6,000	\$33,900
NET CHGE	\$0 \$0.570	\$0	(\$2,607)	\$0	\$0	(\$5,000)	(\$7,607)
Ltd Incurred	\$9,579	\$123,807	\$293,489	\$20,525	\$3,950	\$9,276	\$460,625
COVERAGE LINE-WORKERS COMP.							
CLAIM COUNT - OPEN CLAIMS	0040	0011	0010	0040	0044	0045	TOTAL
Year	2010	2011	2012	2013	2014	2015	TOTAL
July-15	1	11	26	17	14	40	109
August-15	1	10	26	16	14	38	105
NET CHGE	0	-1	0	-1	0	-2	-4
Limited Reserves	0040	0044	0040	0040	0044	0045	\$11,531
Year	2010	2011	2012	2013	2014	2015	TOTAL
July-15	\$4,860	\$207,313	\$159,762	\$317,603	\$190,554	\$404,549	\$1,284,640
August-15	\$4,488	\$183,708	\$159,139	\$273,767	\$184,485	\$405,160	\$1,210,746
NET CHGE	(\$372)	(\$23,606)	(\$623)	(\$43,836)	(\$6,068)	\$612	(\$73,894)
Ltd Incurred	\$1,448,938	\$1,729,423	\$1,167,879	\$1,260,393	\$642,996	\$869,642	\$7,119,270
	TOTA	LALLINI	ESCOMBIN	<u>IED</u>			
	CLAIM	COUNT - (	OPEN CLA	IMS			
Year	2010	2011	2012	2013	2014	2015	TOTAL
July-15	2	15	35	22	21	72	167
August-15	3	15	35	23	21	68	165
NET CHGE	1	0	0	1	0	-4	-2
Limited Reserves							\$11,471
Year	2010	2011	2012	2013	2014	2015	TOTAL
July-15	\$18,860	\$281,956	\$374,248	\$591,171	\$215,984	\$495,679	\$1,977,897
August-15	\$23,100	\$241,583	\$361,888	\$558,335	\$209,915	\$497,822	\$1,892,643
NET CHGE	\$4,240	(\$40,373)	(\$12,361)	(\$32,836)	(\$6,068)	\$2,144	(\$85,254)
NEI CHGE	Ψτ,Ζτ0	(Ψτυ,στο)					

						Gloricos	ter County T	iciiranea Com	mission							
								surance Con SEMENT RE								
								RATIO ANA								
						AS OF			August 31, 2015	5						
FUND YEAR 2010 LO	SSES CAPPED AT RE	TENTION														
		Curr	ent	68			Last	Month	67			Last	Year	56		
	Budget	Unlimited	Limited	Actual		MONTH	Unlimited	Limited	Actual		MONTH	Unlimited	Limited	Actual		MONTH
		Incurred	Incurred	31-Aug-15		TARGETED	Incurred	Incurred	31-Jul-15		TARGETED	Incurred	Incurred	30-Aug-14		TARGETED
PROPERTY	196,392	83,686	83,686	42.61%	196,392	100.00%	83,686	83,686	42.61%	196,392	100.00%	123,874	123,874	63.07%	196,392	100.00%
GEN LIABILITY	813,038	381,975	381,975	46.98%	788,056	96.93%	376,546	376,546	46.31%	788,591	96.99%	354,416	354,416	43.59%	787,827	96.90%
AUTO LIABILITY	57,553	9,579	9,579	16.64%	55,964	97.24%	9,579	9,579	16.64%	55,947	97.21%	9,579	9,579	16.64%	54,760	95.15%
WORKER'S COMP	1,044,196	1,448,938	1,448,938	138.76%	1,044,196	100.00%	1,448,938	1,448,938	138.76%	1,044,196	100.00%	1,495,264	1,495,264	143.20%	1,041,800	99.77%
TOTAL ALL LINES	2,111,178	1,924,177	1,924,177	91.14%	2,084,608	98.74%	1,918,749	1,918,749	90.89%	2,085,126	98.77%	1,983,133	1,983,133	93.93%	2,080,779	98.56%
NET PAYOUT %	\$1,901,077				90.05%											
FUND YEAR 2011 LO	SSES CAPPED AT RE															
		Curr		56				Month	55				Year	44		
	Budget	Unlimited	Limited	Actual		MONTH	Unlimited	Limited	Actual		MONTH	Unlimited	Limited	Actual		MONTH
		Incurred	Incurred	31-Aug-15		TARGETED	Incurred	Incurred	31-Jul-15		TARGETED	Incurred		30-Aug-14		TARGETED
PROPERTY	234,258	211,641	211,641	90.35%	234,258	100.00%	211,641	211,641	90.35%	234,258	100.00%	230,286	230,286	98.30%	234,258	100.00%
GEN LIABILITY	969,800	713,730	713,730	73.60%	939,729	96.90%	711,730	711,730	73.39%	938,910	96.81%	712,515	712,515	73.47%	914,733	94.32%
AUTO LIABILITY	68,650	123,807	123,807	180.35%	65,319	95.15%	123,807	123,807	180.35%	65,120	94.86%	121,873	121,873	177.53%	62,506	91.05%
WORKER'S COMP	1,260,640	1,729,423	1,729,423	137.19%	1,257,747	99.77%	1,729,870	1,729,870	137.22%	1,257,371	99.74%		1,761,693	139.75%	1,249,519	99.12%
TOTAL ALL LINES	2,533,348	2,778,601	2,778,601	109.68%	2,497,053	98.57%	2,777,048	2,777,048	109.62%	2,495,659	98.51%	2,826,367	2,826,367	111.57%	2,461,016	97.14%
NET PAYOUT %	\$2,537,017				100.14%											
FUND YEAR 2012 LC	SSES CADDED AT DE	TENTION														
POND TEAR 2012 LC	733L3 CAFFED AT RE	Curr	ent	44	_		Last	Month	43			last	Year	32		
	Budget	Unlimited	Limited	Actual		MONTH	Unlimited	Limited	Actual		MONTH	Unlimited	Limited	Actual		MONTH
	budget	Incurred	Incurred	31-Aug-15		TARGETED	Incurred	Incurred	31-Jul-15		TARGETED	Incurred	Incurred	30-Aug-14		TARGETED
PROPERTY	239,354	57,908	57,908	24.19%	239,354	100.00%	57.908	57,908	24.19%	239,354	100.00%	70.557	70,557	29.48%	239,354	100.00%
GEN LIABILITY	969,800	462,785	462,785	47.72%	914,733	94.32%	459,001	459,001	47.33%	910,696	93.91%	209,335	209,335	21.59%	846,100	87.24%
AUTO LIABILITY	68,650	293,489	293,489	427.51%	62,506	91.05%	293,489	293,489	427.51%	62,222	90.64%	269,883	269,883	393.13%	58,030	84.53%
WORKER'S COMP	1,292,157	1,167,879	1,167,879	90.38%	1,280,758	99.12%	1,165,232	1,165,232	90.18%	1,279,490	99.02%	1,151,417	1,151,417	89.11%	1,255,863	97.19%
TOTAL ALL LINES	2,569,961	1,982,061	1,982,061	77.12%	2,497,351	97.17%	1,975,630	1,975,630	76.87%	2,491,763	96.96%	1.701.191	1,701,191	66.20%	2,399,347	93.36%
NET PAYOUT %	\$1,620,173	, , , , , ,	, , , , ,		63.04%		, , , , , , , , , , , , , , , , , , , ,	,,								
FUND YEAR 2013 LO	SSES CAPPED AT RE	TENTION .														
		Curr	ent	32			Last	Month	31			Last	Year	20		
	Budget	Unlimited	Limited	Actual		MONTH	Unlimited	Limited	Actual		MONTH	Unlimited	Limited	Actual		MONTH
		Incurred	Incurred	31-Aug-15		TARGETED	Incurred	Incurred	31-Jul-15		TARGETED	Incurred		30-Aug-14		TARGETED
PROPERTY	243,372	149,379	149,379	61.38%	243,372	100.00%	149,379	149,379	61.38%	243,372	100.00%	159,379	159,379	65.49%	237,831	97.72%
GEN LIABILITY	969,800	288,996	288,996	29.80%	846,100	87.24%	277,996	277,996	28.67%	838,130	86.42%	45,986	45,986	4.74%	719,329	74.17%
AUTO LIABILITY	68,650	20,525	20,525	29.90%	58,030	84.53%	20,525	20,525	29.90%	57,496	83.75%	10,025	10,025	14.60%	48,233	70.26%
WORKER'S COMP	1,292,157	1,260,393	1,260,393	97.54%	1,255,863	97.19%	1,297,726	1,297,726	100.43%	1,252,090	96.90%		1,197,672	92.69%	1,156,500	89.50%
TOTAL ALL LINES	2,573,979	1,719,292	1,719,292	66.80%	2,403,365	93.37%	1,745,626	1,745,626	67.82%	2,391,088	92.89%	1,413,062	1,413,062	54.90%	2,161,893	83.99%
NET PAYOUT %	\$1,160,958				45.10%											
FUND VEAD 2044 L	SCEC CARRED AT RE	TENTION			-										-	
FUND YEAR 2014 LO	DSSES CAPPED AT RE	Curr		20			1	Month	19				Year	8		
	Budget	Unlimited	Limited	Actual		MONTH	Unlimited	Limited	Actual		MONTH	Unlimited	Limited	Actual		MONTH
	Buuget	Incurred	Incurred	31-Aug-15	+	TARGETED	Incurred	Incurred	31-Jul-15		TARGETED	Incurred	Incurred		-	TARGETED
PROPERTY	243,372	81,245	81,245	33.38%	237,831	97.72%	81,245	81,245	33.38%	237,043	97.40%	87,241	87,241	35.85%	148,457	61.00%
GEN LIABILITY	774,800	29,229	29,229	3.77%	574,692	74.17%	29,229	29,229	3.77%	563,286	72.70%	46,856	46,856	6.05%	232,440	30.00%
AUTO LIABILITY	68,650	3,950	3,950	5.75%	48,233	70.26%	3,950	3,950	5.75%	46,966	68.41%	3,950	3,950	5.75%	20,595	30.00%
WORKER'S COMP	1,107,261	642,996	642,996	58.07%	991,015	89.50%	639,324	639,324	57.74%	974,873	88.04%	360,243	360,243	32.53%	287,888	26.00%
TOTAL ALL LINES	2,194,083	757,420	757,420	34.52%	1,851,770	84.40%	753,748	753,748	34.35%	1,822,168	83.05%	498,290	498,290	22.71%	689,380	31.42%
NET PAYOUT %	\$547,505	/5/,420	/5/,420	34.32%	24.95%	04.40%	/33,/48	/55,/48	34.33%	1,022,168	63.03%	490,290	496,290	22./1%	1 085,580	31.42%
HEI PAIGOI /	\$347,305				24.9370	1				T						
FUND YEAR 2015 LC	SSES CAPPED AT RE	TENTION														
		Curr	ent	8			Last	Month	7			Last	Year	-4		
	Budget	Unlimited	Limited	Actual		MONTH	Unlimited	Limited	Actual		MONTH	Unlimited	Limited	Actual		MONTH
		Incurred	Incurred	31-Aug-15		TARGETED	Incurred	Incurred	31-Jul-15		TARGETED	Incurred		30-Aug-14		TARGETED
PROPERTY	230,000	105,736	105,736	45.97%	140,300	61.00%	106,206	106,206	46.18%	121,900	53.00%	0	0	N/A	N/A	N/A
GEN LIABILITY	680,000	65,109	65,109	9.57%	204,000	30.00%	58,107	58,107	8.55%	170,000	25.00%	0	0	N/A	N/A	N/A
AUTO LIABILITY	91,000	9,276	9,276	10.19%	27,300	30.00%	14,276	14,276	15.69%	22,750	25.00%	0	0	N/A	N/A	N/A
WORKER'S COMP	1,157,000	869,642	869,642	75.16%	300,820	26.00%	831,312	831,312	71.85%	219,830	19.00%	0	0		N/A	N/A
TOTAL ALL LINES	2,158,000	1,049,763	1,049,763	48.65%	672,420	31.16%	1,009,901	1,009,901	46.80%	534,480	24.77%	0	0		N/A	N/A
	\$551,941	,	, ,,		25.58%				1	· · · · · ·						

## NEW JERSEY COUNTIES EXCESS JOINT INSURANCE FUND

9 Campus Drive – Suite 216 Parsippany, NJ 07054-4412 Telephone (201) 881-7632 Fax (201) 881-7633

**Date:** June 25, 2015

**To:** Executive Committee

Gloucester County Insurance Commission

From: PERMA Risk Management Services

**Subject:** New Jersey Counties Excess Meeting Report

**NJCE Secretary:** The Board of Fund Commissioners elected Commissioner John Kelly of Ocean County as Secretary.

**PERMA Staff Announcement:** After 30 years of service Mary Lou Doner, Vice President of Claims is retiring on July 1, 2015; PERMA is pleased to announce that Robyn Walcoff will join the operation as the Vice President of Claims.

**Commission Membership:** Executive Director reported that Camden County Insurance Commission and Gloucester County Insurance Commission are scheduled to renew their membership with the Fund as of January 1, 2016. Renewal documents will be sent to each respective County.

**Professional Contracts** – **Actuary:** Executive Director reported the Fund's contract with The Actuarial Advantage will expire on 6/30/15. The Board of Fund Commissioners authorized the fund office to issue a Request for Price Quotes and report the responses received at the next meeting.

**December 31, 2014 Audit:** The Fund Auditor submitted and reviewed a draft financial audit for the period ending December 31, 2014. Fund Auditor noted there was no recommendations or findings and would prepare the final report for the next meeting. The Board adopted resolution 20-15 authorizing the fund office to file the draft audit and request an extension to submit the final report to the Department of Community Affairs.

**2016 Renewal:** As previously reported, the fund office is implementing a new data collection procedure designed to be more dynamic to provide relevant information to underwriters. The fund office is working with the local Insurance Commissions and County members to roll out the process in June; the initial deadline to complete the general liability and property information is set for August and all remaining exposure data by September in order to present a budget by the October meeting.

New Jersey Counties Excess Joint Insurance Fund–Joint Insurance Claims Committees Best Practices Workshop: Ms. Michelle Leighton is coordinating a joint meeting of the Member Insurance Commissions of the NJCE JIF with a tentative date scheduled for October 6,

<u>2015</u>. A planning committee will be formulated to discuss the agenda, format and location of the meeting. Ms. Leighton will reach out to last year's committee members to participate in the planning. Please hold the date of October 6<sup>th</sup> open for the workshop.

**Department of Banking & Insurance Examination:** Under the Statute and Regulations the DOBI may conduct an audit of joint insurance funds anytime within 5 years. The review includes but is not limited to an examination of the assets and liabilities, financial condition and method of conducting business of the fund. Executive Director reported the DOBI recently completed a review of the NJCE as of 12/31/13; the final report will be distributed when available.

**PERMA Office Location:** PERMA has moved offices within its current building and has an updated suite number. While all other contact information remains the same, the new address is:

PERMA Risk Management Services 9 Campus Drive, **Suite 216** Parsippany, NJ 07054-4412

**NJCE Financials:** The Financial Fast Track as of April 30, 2015 showed the fund's statutory surplus of \$5.6 million.

**NJCE Website:** The fund's website, <u>www.njce.org</u>, continues to be updated on an as-needed basis with fund information.

**Marketing Report:** Included in the agenda was a report by Mr. Frank Proctor on marketing updates as well as new business activities. Mr. Proctor reported the following:

- Schools: Seven schools from Burlington, Camden, Gloucester and Atlantic Counties were quoted for membership. Unfortunately, as in the past, the Fund was unable to be competitive with what is currently being offered through the New Jersey Schools Insurance Group.
- Additional Counties: Morris County already has a Commission set up within its Country structure; an initial meeting was held to determine potential membership in the Fund with positive feedback and could be quoted should the opportunity arise. Cape May County was quoted for membership a few years ago, but at the time was not competitive and is currently being reviewed to quote membership for a 1/1/16 date. Essex County was quoted for a 6/1/15 date, but was not competitive since the County currently has higher self-insured retentions in their current program.
- Colleges: Mr. Proctor reported on the prospective development of an underlying College JIF to bring the majority of NJ Community Colleges into the Fund by 1/1/16; enclosed separately from the agenda was a related presentation. Mr. Proctor reported that a majority of the State Community Colleges have workers' compensation coverage through the NJ Community College Pool while all other lines of coverage are through Borden Perlman a brokerage firm in Mercer County. The intent would be to roll the current NJ Community College Pool into the NJCE program to allow colleges to obtain excess coverage through the NJCE. The Board of Fund Commissioners expressed support of this initiative.

**Safety National 2016 Excess Workers' Compensation Renewal:** Underwriting Manager presented a report on the renewal of Excess Workers' Compensation and Employers' Liability coverage through Safety National, which currently insures all counties (except Hudson) with an underlying retention of \$1,000,000.

Underwriting Manager reported Safety National has agreed to extend the same rate per \$100 of payroll to January 1, 2017 with the following adjustment effective January 1, 2016: Safety will require retention of \$1,150,000 for Workers' Compensation codes 7720 Police and 7710 Firemen. The Board of Fund Commissioners authorized the Underwriting Manager to secure an extension of the current rate per \$100 of payroll to 1/1/17 with the adjustments made to retentions for Workers' Compensation codes 7720 Police and 7710 Firemen.

**Risk Control:** Safety Consultant's report included the risk control activities from April through July 2015. Safety Consultant reported Brit has \$10,000 of grant money available to split and members may want to consider the purchase of body cameras for police personnel to reduce potential exposure. Commissioners expressed concerns of privacy, OPRA and records retentions with respect to body cameras; Safety Consultant was requested to provide a checklist of potential issues for each county to review with legal counsel and sheriff's department. Executive Director clarified the grant money can be split among members, but the NJCE does not set policy on County operations.

Claims Status/Other Claim Matters: The Board of Fund Commissioners adopted a resolution authorizing the need for closed session; AmeriHealth Casualty Services discussed claims with large open reserves during Closed Session.

**Next Meeting:** The next scheduled meeting of the NJCE fund is September 24, 2015 at 1:00PM at the Camden County Emergency Training Center. If a meeting is scheduled in the interim then a notice will be sent to members, advertised and posted on the fund's website.

<b>Burlington Co. Com</b>
Camden Co. Com.
Cumberland Co. Com.
Claucester Co Com

☐ Gloucester Co. Com.☐ N.J. Counties Excess

☐ Salem Co. Com
☐ Marcar Co. Ins. Fund

Mercer Co. Ins. Fund Com.Atlantic Co. Ins. Com

PLEASE <u>SELECT ONE FUND PER FORM</u> BY PLACING CHECK MARK NEXT TO THE JOINT INSURANCE FUND OR COMMISSION

## OPEN PUBLIC RECORDS ACT REQUEST FORM

9 Campus Drive, Suite 216
Parsippany, NJ 07054
Phone No: 201-881-7632 Fax No: 856-830-1448
Email: opra@permainc.com
PERMA: Attn: Bradford C. Stokes

## **Important Notice**

The last page of this form contains important information related to your rights concerning government records. Please read it carefully.

Requestor Information –	<u> </u>	nated to your rights concerning government	Payment Information
Requestor information –	riease riiit		Maximum Authorization Cost \$
First Name	MI Last N	lame	Select Payment Method
E-mail Address			Cash Check Money Order
Mailing Address			
City	State Zip		Fees: Letter size pages - \$0.05 per page Legal size pages - \$0.07
Telephone	FAX		per page Other materials (CD, DVD,
Preferred Delivery: Preferred Delivery: Up	On-Site US Mail Inspect	Fax E-mail	etc) – actual cost of materials
If you are requesting records co 2C:28-3, I certify that I HAVE / I Jersey, any other state, or the Un	HAVE NOT been convicted of any inc	ase circle one: Under penalty of N.J.S.A. dictable offense under the laws of New	Delivery: Delivery / postage fees additional depending upon delivery type.
Signature		Date	Extras: Special service charge dependent upon request.
AGENCY USE ONLY	AGENCY USE	ONLY A	GENCY USE ONLY

## LIABILITY AND WORKERS' COMPENSATION COST CONTAINMENT STRATEGIES OCTOBER 6, 2015 AGENDA

8:30 - 9:00 Registration

9:00 - 9:05

## Introductions and Opening Remarks

Michelle M. Leighton, AIC, Vice President, Senior Claim Consultant, Conner Strong & Buckelew

9:05 - 9:15

## Past Successes and Future Initiatives

Joseph P. Hrubash, Vice President, Insurance Commission Executive Director, PERMA Risk Management Services

9:15 - 10:15

## A Team Approach to Managing Risks in Jails

Howard L. Goldberg, Esquire, First Assistant County Counsel, County of Camden

Danielle Batchelor, Esquire, Claim Consultant, Conner Strong & Buckelew

Glenn A. Prince, Public Sector Associate Director, J. A. Montgomery Risk Control

10:15 - 10:30 Break

10:30 - 11:15

An Overview of Managed Care for Workers' Compensation and Current Trends in Workers' Compensation Pharmacy

Jennifer M. Dragoun, M.D., Vice President & Chief Medical Officer, AmeriHealth Casualty

DEDMAA

4

### LIABILITY AND WORKERS' COMPENSATION COST CONTAINMENT STRATEGIES OCTOBER 6, 2015 AGENDA

11:15 - 12:00

Cyber Liability – Network Security and Privacy

Shiraz Saeed, Product Specialist – Cyber Liability, Financial Lines, AIG Property Casualty

12:00 - 12:30

Small Group Break-Out Session: Alternative Approaches for Enhancing the Partnership with your Third Party Administrator

Charity D. Richart, AIC, AIS, Senior Associate Claim Consultant, Conner Strong & Buckelew

Ashley M. Madormo, Associate Claim Consultant, Conner Strong & Buckelew

Break-out groups will strategize on best practices and develop collaborative solutions to enhance communication protocols and better define service expectations.

12:30 - 1:30

Q&A, Lunch & Networking

2





### **CLIENT ACTIVITY REPORT**

### **JUNE 2015**

### GCHIC - Gloucester County Health Insurance Commission

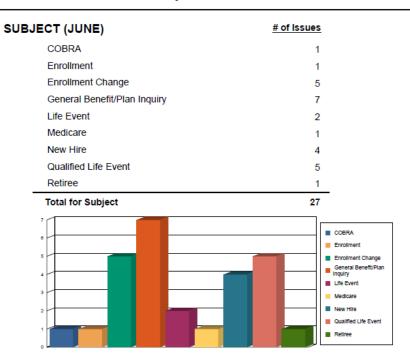
This is your monthly BeneService Advocacy Activity Report providing de-identified details regarding calls, emails or other inquiries received and acted upon by Conner Strong & Buckelew. Note that the data is de-identified to protect the confidentiality of the individual participant pursuant to HIPAA. Furthermore, this reflects cases and inquiries under activity. Some cases are closed immediately while other, depending on their complexity, may take additional time to bring to closure. Conner Strong & Buckelew manages all activity and ensures all cases are acted upon, followed up and brought to closure in as timely a basis as possible.



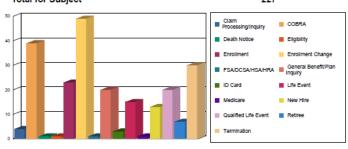
### CLIENT ACTIVITY SUMMARY REPORT

From: 6/1/2015 To: 6/30/2015

#### GCHIC - Gloucester County Health Insurance Commission



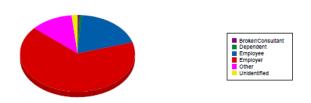
SUBJECT (YTD)	# of Issues
Claim Processing/Inquiry	4
COBRA	39
Death Notice	1
Eligibility	1
Enrollment	23
Enrollment Change	49
FSA/DCSA/HSA/HRA	1
General Benefit/Plan Inquiry	20
ID Card	3
Life Event	15
Medicare	1
New Hire	13
Qualified Life Event	20
Retiree	7
Termination	30
Total for Subject	227

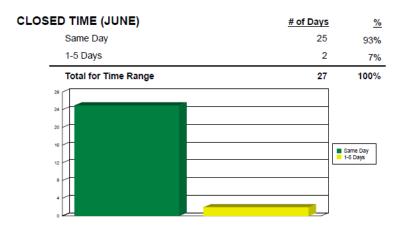


Tot	al for Call Source	27
Em	ployer	18
Em	ployee	9
CALL SOU	RCE (JUNE)	# of Issues



CALL SOURCE (YTD)	# of Issues
Broker/Consultant	1
Dependent	2
Employee	43
Employer	150
Other	27
Unidentified	4
Total for Call Source	227





CLOSED TIME (YTD)	# of Days	<u>%</u>
Same Day	218	96%
1-5 Days	7	3%
6-10 Days	1	0%
Over 10 Days	1	0%
Total for Time Range	227	100%
240 200 160 120 40		Same Day 1-5 Days 6-10 Days Over 10 Days



### **CLIENT ACTIVITY REPORT**

### **JULY 2015**

### GCHIC - Gloucester County Health Insurance Commission

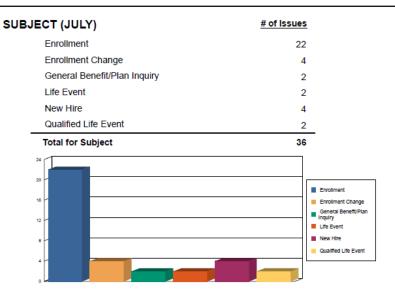
This is your monthly BeneService Advocacy Activity Report providing de-identified details regarding calls, emails or other inquiries received and acted upon by Conner Strong & Buckelew. Note that the data is de-identified to protect the confidentiality of the individual participant pursuant to HIPAA. Furthermore, this reflects cases and inquiries under activity. Some cases are closed immediately while other, depending on their complexity, may take additional time to bring to closure. Conner Strong & Buckelew manages all activity and ensures all cases are acted upon, followed up and brought to closure in as timely a basis as possible.



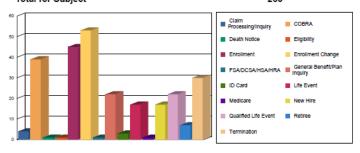
#### CLIENT ACTIVITY SUMMARY REPORT

From: 7/1/2015 To: 7/31/2015

### GCHIC - Gloucester County Health Insurance Commission



SUBJECT (YTD)	# of Issues
Claim Processing/Inquiry	4
COBRA	39
Death Notice	1
Eligibility	1
Enrollment	45
Enrollment Change	53
FSA/DCSA/HSA/HRA	1
General Benefit/Plan Inquiry	22
ID Card	3
Life Event	17
Medicare	1
New Hire	17
Qualified Life Event	22
Retiree	7
Termination	30
Total for Subject	263



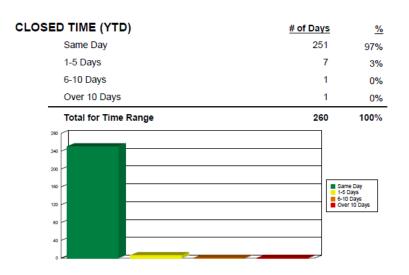
	Total for Call Source	36
_	Other	1
	Employer	33
	Employee	2
CALLS	SOURCE (JULY)	# of Issues



CALL SOURCE (YTD)	# of Issues
Broker/Consultant	1
Dependent	2
Employee	45
Employer	183
Other	28
Unidentified	4
Total for Call Source	263



Total for Time Range	33	100%
Same Day	33	100%
CLOSED TIME (JULY)	# of Days	<u>%</u>



### GLOUCESTER COUNTY INSURANCE COMMISSION BILLS LIST

**Resolution No. 48-15 JULY 2015** 

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

**BE IT RESOLVED** that the Gloucester County Insurance Commission's hereby authorizes the Commission Treasurer to issue warrants in payment of the following claims; and

**FURTHER**, that this authorization shall be made a permanent part of the records of the Commission.

FUND YEAR 2 CheckNumber	015 <u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
<b>000408</b> 000408	INSERVCO INSURANCE SERVICES	CLAIMS ADMIN - 07/2015	6,650.00 <b>6,650.00</b>
000409			
000409	PERMA RISK MANAGEMENT SERVICES	POSTAGE FEE 06/2015	11.50
000409	PERMA RISK MANAGEMENT SERVICES	EXECUTIVE DIRECTOR FEE 07/2015	11,385.17
			11,396.67
000410			
000410	HARDENBERGH INSURANCE GROUP	UNDERWRITING MANAGER - 07/2015	4,680.00
			4,680.00
000411			
000411	THE ACTUARIAL ADVANTAGE	ACTUARIAL SERVICES FEE 07/2015	650.25
			650.25
000412			
000412	MARSHALL, DENNEHEY, WARNER,	LEGAL SERV FOR ANCILLARY COV - 06/2015	1,595.54
			1,595.54
000413			
000413	BROWN & CONNERY, LLP	LEGAL SERV FOR ANCILLARY COV - 06/2015	5,516.81
000413	BROWN & CONNERY, LLP	LEGAL SERV FOR ANCILLARY COV - 06/2015	7,928.32
000413	BROWN & CONNERY, LLP	LEGAL SERV FOR ANCILLARY COV - 06/2015	1,203.23
			14,648.36
000414	1 0 V 0 V 1 D 1 D 1 D 1 0 1 1 0 0 0 V 1 D 2 0		• • • • • • •
000414	LONG MARMERO & ASSOCIATES, LLP	ATTORNEY FEE 07/15/2015	2,850.00
			2,850.00
000415	DODEDT GOOL DINO	DELIABILIDAE MEDICAL DRESCRIPTION ACIONE	1 142 62
000415	ROBERT SCOLPINO	REIMBURSE MEDICAL, PRESCRIPTION, 06/2015	1,143.63
00044			1,143.63
000416	WOLA WEAGER	DEMANDED MEDICAL DRECONDEION 07/0017	571.00
000416	VIOLA YEAGER	REIMBURSE MEDICAL, PRESCRIPTION, 06/2015	571.82
00044=			571.82
000417	JUNE ATKINSON	DEIMBLIDGE MEDICAL DDESCRIPTION 06/2015	571 93
000417	JUINE ATKINSUN	REIMBURSE MEDICAL,PRESCRIPTION, 06/2015	571.82
000410			571.82
<b>000418</b> 000418	HARDENBERGH INSURANCE GROUP	RMC FEE 07/2015	21,320.00
000410	TE REPERDENCE INSURANCE GROUP	KIVIC I LL U//2013	21,320.00 21,320.00
			41,340.00

66,078.09

TOTAL PAYMENTS FY 2015

### TOTAL PAYMENTS ALL FUND YEARS \$66,078.09

Chairperson		
Attest:	Dated:	
I hereby certify the availability of	ifficient unencumbered funds in the proper accounts to fully pay the above	e claims.
	Treasurer	

### GLOUCESTER COUNTY INSURANCE COMMISSION HEALTH INSURANCE FUND BILLS LIST

Resolution No. 49-15 JULY 2015

WHEREAS, the Treasurer has certified that funding is available to pay the following bills.

**BE IT RESOLVED** that the Gloucester County Insurance Commission Health Insurance Fund's hereby authorizes the Commission Treasurer to issue warrants in payment of the following claims; and

**FURTHER**, that this authorization shall be made a permanent part of the records of the Commission.

# FUND YEAR 2015 CheckNumber VendorName Comment InvoiceAmount W0715 W0715 CONNER STRONG & BUCKELEW CSB CONSULTING FEE 01/2015 530.50 W0715 CONNER STRONG & BUCKELEW PERMA CONSULTING FEE 01/2015 2,820.00

TOTAL PAYMENTS FY 2015 3,350.50

3,350.50

### TOTAL PAYMENTS ALL FUND YEARS \$ 3,350.50

Chairperson		
Attest:	D. J.	
I hereby certify the availal above claims.	Dated:ility of sufficient unencumbered funds in t	he proper accounts to fully pay the
	Treasurer	

### GLOUCESTER COUNTY INSURANCE COMMISSION BILLS LIST

Resolution No. 50-15 AUGUST 2015

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

**BE IT RESOLVED** that the Gloucester County Insurance Commission's hereby authorizes the Commission Treasurer to issue warrants in payment of the following claims; and

**FURTHER**, that this authorization shall be made a permanent part of the records of the Commission.

FUND YEAR 2	015		
CheckNumber		<u>Comment</u>	<b>InvoiceAmount</b>
000419			
000419	INSERVCO INSURANCE SERVICES	CLAIM ADMIN - 08/2015	6,650.00 <b>6,650.00</b>
000420			
000420	PERMA RISK MANAGEMENT SERVICES	EXECUTIVE DIRECTOR FEE 08/2015	11,385.17
000404			11,385.17
<b>000421</b> 000421	HARDENBERGH INSURANCE GROUP	UNDERWRITING SERVICES FEE 08/2015	4,680.00
000421	HARDENBERGH INSURANCE GROUP	UNDERWRITING SERVICES FEE 06/2015	<b>4,680.00</b>
000422			4,000.00
000422	THE ACTUARIAL ADVANTAGE	ACTUARIAL SERVICES FEE 08/2015	650.25
			650.25
000423			
000423	COURIER-POST	ACCT: CHL-091699 - 7-16-15 - 07/22 METG	6.75
000404			6.75
<b>000424</b> 000424	BROWN & CONNERY, LLP	LEGAL SERV FOR ANCILLARY COV - 08/10/15	258.66
000424	BROWN & CONNERY, LLP	LEGAL SERV FOR ANCILLARY COV - 08/10/15  LEGAL SERV FOR ANCILLARY COV - 08/10/15	4,229.83
000424	BROWN & CONNERY, LLP	LEGAL SERV FOR ANCILLARY COV - 8/10/2015	120.00
			4,608.49
000425			
000425	LONG MARMERO & ASSOCIATES, LLP	ATTORNEY FEE 08/13/2015	2,580.00
			2,580.00
<b>000426</b> 000426	ROBERT SCOLPINO	DEIMBURGE MEDICAL DRESCRIPTION 07/2015	1 142 62
000426	ROBERT SCOLPINO	REIMBURSE MEDICAL, PRESCRIPTION 07/2015	1,143.63 <b>1,143.63</b>
000427			1,143.03
000427	VIOLA YEAGER	REIMBURSE MEDICAL, PRESCRIPTION 07/2015	571.82
			571.82
000428			
000428	SOUTH JERSEY TIMES	ACCT: 1158710 - 07/17/2015 - 07/22 MTG	24.51
000420			24.51
<b>000429</b> 000429	JUNE ATKINSON	REIMBURSE MEDICAL, PRESCRIPTION 07/2015	571.82
000429	JUNE ATKINSON	REINIBURSE MEDICAL,I RESCRII 110N 07/2013	571.82
			371.02
000430			
000430	RUTGERS SCHOOL OF PUBLIC HEALT	COST FOR OSHA - 07/6-8/15	80.00
000421			80.00
<b>000431</b> 000431	HARDENBERGH INSURANCE GROUP	RMC FEE 08/2015	21,320.00
000-131	IN INDENDERON INSURANCE OROUT	1011C 1 EE 00/2013	21,320.00 21,320.00
			,

### TOTAL PAYMENTS ALL FUND YEARS \$54,272.44

Chairperson		
Attest:		
	Dated:	
I hereby certify the availability of s	sufficient unencumbered funds in the prop	er accounts to fully pay the above claim
	Treasurer	

### GLOUCESTER COUNTY INSURANCE COMMISSION HEALTH INSURANCE FUND BILLS LIST

Resolution No. 51-15 AUGUST 2015

WHEREAS, the Treasurer has certified that funding is available to pay the following bills:

**BE IT RESOLVED** that the Gloucester County Insurance Commission Health Insurance Fund's hereby authorizes the Commission Treasurer to issue warrants in payment of the following claims; and

**FURTHER**, that this authorization shall be made a permanent part of the records of the Commission.

### **FUND YEAR 2015**

CheckNumber	<u>VendorName</u>	Comment	<u>InvoiceAmount</u>
W0815			
W0815	CONNER STRONG & BUCKELEW	CSB CONSULTING FEE 08/2015	530.50
W0815	CONNER STRONG & BUCKELEW	PERMA CONSULTING FEE 08/2015	2,820.00
			3,350.50

TOTAL PAYMENTS FY 2015 3,350.50

### TOTAL PAYMENTS ALL FUND YEARS \$ 3,350.50

	_
Chairperson	
Attest:	
Attest.	Dated:
I hereby certify the availability of sufficient un	nencumbered funds in the proper accounts to fully pay the above claims.
	Treasurer

### GLOUCESTER COUNTY INSURANCE COMMISSION BILLS LIST

Resolution No. 52-15 SEPTEMBER 2015

WHEREAS, the Treasurer has certified that funding is available to pay the following bills::

**BE IT RESOLVED** that the Gloucester County Insurance Commission's hereby authorizes the Commission Treasurer to issue warrants in payment of the following claims; and

**FURTHER**, that this authorization shall be made a permanent part of the records of the Commission.

FUND YEAR 20 CheckNumber	<u>15</u> <u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
<b>000432</b> 000432	NEW JERSEY COUNTIES EXCESS JIF	CEL 2ND 2015 INSTALLMENT	990,635.41 <b>990,635.41</b>
<b>000433</b> 000433	INSERVCO INSURANCE SERVICES	CLAIMS ADMIN - 09/2015	6,650.00 <b>6,650.00</b>
<b>000434</b> 000434	PERMA RISK MANAGEMENT SERVICES	EXECUTIVE DIRECTOR FEE 09/2015	11,385.17 <b>11,385.17</b>
<b>000435</b> 000435	HARDENBERGH INSURANCE GROUP	UNDERWRITING MANAGER - 09/2015	4,680.00 <b>4,680.00</b>
<b>000436</b> 000436	THE ACTUARIAL ADVANTAGE	ACTUARIAL SERVICES - 09/2015	650.25 <b>650.25</b>
000437 000437 000437 000437 000437 000437	BROWN & CONNERY, LLP BROWN & CONNERY, LLP BROWN & CONNERY, LLP BROWN & CONNERY, LLP BROWN & CONNERY, LLP	LEGAL SERV FOR ANCILLARY COV - 8/31/2015 LEGAL SERV FOR ANCILLARY COV - 8/31/2015	2,809.07 2,800.27 684.53 80.00 40.00
<b>000438</b> 000438	LONG MARMERO & ASSOCIATES, LLP	ATTORNEY FEE 09/15/2015	<b>6,413.87</b> 1,860.00 <b>1,860.00</b>
<b>000439</b> 000439	ROBERT SCOLPINO	REIMBURSE MEDICAL PRESCRIPTION - 08/2015	1,143.63 <b>1,143.63</b>
<b>000440</b> 000440	VIOLA YEAGER	REIMBURSE MEDICAL PRESCRIPTION - 08/2015	571.82 <b>571.82</b>
<b>000441</b> 000441	JUNE ATKINSON	REIMBURSE MEDICAL PRESCRIPTION - 08/2015	571.82 <b>571.82</b>
<b>000442</b> 000442	HARDENBERGH INSURANCE GROUP	RMC FEE 09/2015	21,320.00 <b>21,320.00</b>

53

1,045,881.97

TOTAL PAYMENTS FY 2015

### TOTAL PAYMENTS ALL FUND YEARS \$1,045,881.97

Chairperson		
Attest:		
	Dated:	
I hereby certify the availability	sufficient unencumbered funds in the proper accounts to fully pay the above claim	ims
	Treasurer	

### GLOUCESTER COUNTY INSURANCE COMMISSION HEALTH INSURANCE FUND BILLS LIST

Resolution No. 53-15 SEPTEMBER 2015

WHEREAS, the Treasurer has certified that funding is available to pay the following bills.

**BE IT RESOLVED** that the Gloucester County Insurance Commission Health Insurance Fund's hereby authorizes the Commission Treasurer to issue warrants in payment of the following claims; and

FURTHER, that this authorization shall be made a permanent part of the records of the Commission.

### **FUND YEAR 2015**

CheckNumber	VendorName	Comment		InvoiceAmount
W0915				
W0915	CONNER STRONG & BUCKELEW	CSB CONSULTING FE	EE 08/2015	530.50
W0915	CONNER STRONG & BUCKELEW	PERMA CONSULTING	G FEE 08/2015	2,820.00
				3,350.50
	TOTAL PAYN	MENTS FY 2015	3,350.50	

### TOTAL PAYMENTS ALL FUND YEARS \$ 3,350.50

Chairperson	-
Attest:	D. C. I
I hereby certify the availability of sufficient un	Dated:nencumbered funds in the proper accounts to fully pay the above claims.
	<del></del>
	Treasurer

SU	MMARY OF CASH AND INVESTM	ENT INSTRUMENTS			
GI	OUCESTER COUNTY INSURANCE	ECOMMISSION			
ΑL	L FUND YEARS COMBINED				
CU	JRRENT MO NTH	June			
CU	JRRENT FUND YEAR	2015			
		Description:	Instrument #1	Instr #2	Instr #3
		ID Number:	GCIC Deposit	GCIC WC CI	GCIC Liability
		Maturity (Yrs)	0	0	0
		Purchase Yield:	0	0	0
		mo m. z			
		TO TAL for All			
		Accts & instruments	C 424 = 0 40	(20 724 40)	(20.252.45)
_	pening Cash & Investment Balance	\$6,375,882.64	6,434,759.19	(38,524.10)	(20,352.45)
ΟĮ	pening Interest Accrual Balance	\$0.00	•	-	•
-	Interest Accrued and/or Interest Cost	\$0.00	¢0.00	<b>\$0.00</b>	<b>#0.00</b>
			\$0.00	\$0.00	\$0.00
	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00
	Accretion	\$0.00	\$0.00	\$0.00	\$0.00
_	Interest Paid - Cash Instr.s	\$0.00	\$0.00	\$0.00	\$0.00
-	Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00
	Unrealized Gain (Loss)	\$0.00	\$0.00	\$0.00	\$0.00
-	Net Investment Income	\$0.00	\$0.00	\$0.00	\$0.00
	Deposits - Purchases	\$612,351.28	\$90,911.97	\$286,271.69	\$235,167.62
10	(Withdrawals - Sales)	(\$1,028,475.99)	(\$579,694.19)	(\$241,634.77)	(\$207,147.03)
_		******	******		<b>*=</b>
	ding Cash & Investment Balance	\$5,959,757.93	\$5,945,976.97	\$6,112.82	\$7,668.14
	ding Interest Accrual Balance	\$0.00	\$0.00	\$0.00	\$0.00
	s Outstanding Checks	\$473,677.33	\$206,980.12	\$71,800.62	\$194,896.59
_	ess Deposits in Transit)	(\$198,181.11)	\$0.00	(\$65,932.60)	(\$132,248.51)
Bal	ance per Bank	\$6,235,254.15	\$6,152,957.09	\$11,980.84	\$70,316.22

SU	MMARY OF CASH AND INVESTM	ENT INSTRUMENTS			
	OUCESTER COUNTY INSURANCE				
	L FUND YEARS COMBINED	- COMMISSION			
	URRENT MONTH	July			
	URRENT FUND YEAR	2015			
	(1101)2 11111		Instrument #1	Instr #2	Instr #3
		-		GCIC WC Clai	
		Maturity (Yrs)	0	0	0
		Purchase Yield:	0	0	0
		2 41211450 212141	ŭ		Ĭ.
		TO TAL for All			
		Accts & instruments			
On	ening Cash & Investment Balance	\$5,959,757.93	5,945,976.97	6,112.82	7,668.14
_	ening Interest Accrual Balance	\$0.00	•	•	-,000121
U P	anng meresericerum zummee	φσισσ			
1	Interest Accrued and/or Interest Cost	\$0.00	\$0.00	\$0.00	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$0.00	\$0.00	\$0.00	\$0.00
6	Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00
7	Unrealized Gain (Loss)	\$0.00	\$0.00	\$0.00	\$0.00
8	Net Investment Income	\$0.00	\$0.00	\$0.00	\$0.00
9	Deposits - Purchases	\$207,672.48	\$0.00	\$116,718.13	\$90,954.35
10	(Withdrawals - Sales)	(\$480,673.05)	(\$273,000.57)	(\$116,718.13)	(\$90,954.35)
End	ding Cash & Investment Balance	\$5,686,757.36	\$5,672,976.40	\$6,112.82	\$7,668.14
End	ding Interest Accrual Balance	\$0.00	\$0.00	\$0.00	\$0.00
Plu	s Outstanding Checks	\$100,695.41	\$25,250.00	\$11,212.68	\$64,232.73
(Le	ess Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00
Bal	ance per Bank	\$5,787,452.77	\$5,698,226.40	\$17,325.50	\$71,900.87

#### GLOUCESTER COUNTY INSURANCE COMMISSION SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED **Current Fund Year: 2015** Month Ending: June WC TOTAL Prop Liab Auto NJ CEL Admin OPEN BALANCE 695,930.24 3,891,293.29 (22,187.22)1,294,432.36 0.00 0.00 0.00 287,828.72 228,586.01 6,375,883.40 RECEIPTS 0.00 0.00 Assessments 7,524.80 2,709.59 1,390.46 13,121.88 0.00 53,262.21 11,105.10 89,114.04 Refunds 1,797.93 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1,797.93 0.00 0.00 Invest Pymnts 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Invest Adj 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 Subtotal Invest 0.00 32,253.97 0.00 0.00 0.00 Other \* 6,709.95 22,615.37 2,127.86 0.00 (72,469.04)8,761.89 TOTAL 16,032.68 25,324.96 3,518.32 45,375.85 0.000.000.00(19,206.83)19,866.99 90,911.97 **EXPENSES** 1,000.00 239,004.69 0.00 0.00 0.00 0.00 0.00 448,526.80 Claims Transfers 202,105.10 6,417.01 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 58,509.88 58,509.88 Expenses Other \* 0.00 0.00 0.00 0.00 0.000.00 0.00 0.00 0.00 0.00 TOTAL 6,417.01 0.00 0.00 58,509.88 506,481.68 1,000.00 202,105.10 239,004.69 0.00 0.00

0.00

0.00

0.00

268,621.89

189,943.12

5,959,758.69

END BALANCE

710,962.92

3,714,513.15

(25,085.91)

1,100,803.52

SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
		GLOUCESTER COUNTY INSURANCE COMMISSION								
Current Fund Year:	2015									
Month Ending:	July									
	Prop	Liab	Auto	WC			NJ CEL	Admin	TO TAL	
OPEN BALANCE	710,962.92	3,714,513.15	(25,085.91)	1,100,803.52	0.00	0.00	268,621.89	189,943.12	5,959,758.69	
RECEIPTS										
Assessments	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Invest Pymnts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Subtotal Invest	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
EXPENSES										
Claims Transfers	72,445.32	16,989.83	2,630.13	114,857.20	0.00	0.00	0.00	0.00	206,922.48	
Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	66,078.09	66,078.09	
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTAL	72,445.32	16,989.83	2,630.13	114,857.20	0.00	0.00	0.00	66,078.09	258,726.21	
END BALANCE	638,517.60	3,697,523.32	(27,716.04)	985,946.32	0.00	0.00	268,621.89	123,865.03	5,686,758.12	

### **RESOLUTION 54-15**

### GLOUCESTER COUNTY INSURANCE COMMISSION AUTHORIZING DISCLOSURE OF LIABILITY CLAIMS CHECK REGISTER

**WHEREAS,** the GLOUCESTER COUNTY INSURANCE COMMISSION (hereinafter "GCIC") is duly constituted as an Insurance Commission pursuant to N.J.S.A. 40A:10-6 et seq.; and

**WHEREAS,** the GCIC is subject to the requirements of the Open Public Meetings Act, N.J.S.A. 10:4-6 et seq.; and

**WHEREAS**, the Open Public Meetings Act requires all meetings of public bodies be open to the public; and

**WHEREAS**, the Open Public Meetings Act further provides a public body may permissibly exclude the public from a portion of a meeting at which the public body discusses items per the Open Public Meetings Act at N.J.S.A. 10:4-12.b.(1) thru (9) recognized as requiring confidentiality, and

**WHEREAS**, it is necessary and appropriate for the GCIC to discuss certain matters in a meeting not open to the public consistent with N.J.S.A. 10:4-12.b.(7); and

**WHEREAS,** the GCIC is a public agency which must comply with the Open Public Records Act (OPRA) N.J.S.A. 47: 1A-1 to -13; and

**WHEREAS,** the GCIC must comply with OPRA and reported New Jersey Case Law interpreting same; and

**WHEREAS**, the GCIC did hold a closed session from which the public was excluded on June 25, 2105 at which time certain items were discussed as were referenced in a separate resolution authorizing said closed session and it being determined certain liability & property claim payment information can be made public at this time; and

**NOW THEREFORE BE IT RESOLVED** by the Commissioners of said Gloucester County Insurance Commission pursuant to both the Open Public Meetings Act and the Open Public Records Act as follows:

The attached financial transaction logs generated by third party administrator Inservco Insurances Inc. for the periods 6/1/15 to 6/30/15, 7/1/15 to 7/31/15 and 8/1/15 to 8/31/15 and related to all non-workers compensation payments are hereby approved for distribution to the listed claimants and for disclosure to the general public.

<b>ADOPTED</b> by THE GLOUCESTER COUNTY INSURANCE COMMIS properly noticed meeting held on September 24, 2015.	SSION	at	a
ADOPTED:			
GERALD A. WHITE, CHAIRMAN			
ATTEST:			
MICHAEL BURKE, VICE CHAIRMAN			

# Gloucester Co Ins Commission - 353 Financial Transaction Log - Liability Claim Payments Monthly / Detail / By Coverage / By Payment Type / By Check Number

#### 06/01/2015 Thru 06/30/2015

Type Check#	Claim#	Claimant Name	From Date	To Date	Payee Name	Trans. Date	Payment Descripti	on	Amt. Requested	Amt. Pald
						I n	servco	Report	Termin	ology
Reporting Name		Business Name			Business Description					
Amount/Amt Paid		Amount Paid			Amount actually paid or received					
Amount/Amt Requeste	d	Amount Requested			Amount requested to be paid					
As Of Date/To Date		Report End Date			Ending date of transactions on rep	ort; usually month end	ı			
Payment Type		Type			Types of transactions-Computer, I	Manual, Refund, Reco	very, Stop Pay, Vold			
Report Begin Date		Report Begin Date			Beginning date of transactions on r	report; usually beginni	ng of month or incept	ion		
Trans Date		Transaction Date			Issue date for computer Issued pay	ments and add date f	or all other type entri	5		

Date: 7/1/2015 Firancia/Transaction

# Gloucester Co Ins Commission - 353 Financial Transaction Log - Liability Claim Payments Monthly / Detail / By Coverage / By Payment Type / By Check Number 06/01/2015 Thru 06/30/2015

=	=	$\overline{}$								
Туре	Check#	Claim#	Claimant Name	From Date	To Date	Payee Name	Trans. Date	Payment Description	Ant. Requested	Amt. Paid
Cove	erage: Auto L	Liability								
С	4780	3530000629 002	CRAM, MICHAEL	4/8/2015	5/22/2015	RICHARDSON GALELLA AUSTERN	M6/12/2015	LEGAL FEE - INV #3843	1,924.99	1,924.99
С	4793	3530000836 001	DELAWARE RIVER PORT A	U4/15/2015	5/5/2015	CHANCE & MCCANN LLC	6/12/2015	INV# 11765	1,288.51	1,288.51
С	4797	3530001291 001	FALLON, JOSEPH	2/10/2015	2/10/2015	JOSEPH FALLON	6/12/2015	Reimbursement of Deductible	500.00	500.00
С	4804	3530000836 001	DELAWARE RIVER PORT A	U4/15/2015	5/15/2015	CHANCE & MCCANN LLC	6/26/2015	LEGAL FEE - INV #11765	1,288.51	1,288.51
С	4806	3530001315 001	GUAY, LARRY			LARRY O GUAY	6/26/2015	FULL & FINAL SETTLEMENT	500.00	500.00
Total	for Coverag	ge: Auto Liability	у				Number of 6	entries: 5	5,502.01	5,502.01
Cowe	rane: Auto P	Physical Damage	•							
COVE	4801	2530001277 001	GLOUCESTER COUNTY UT	113/6/2016	3/6/2015	GLOUCESTER COUNTY UTILITIES	6/26/2015	2013 Sierra GMC Pick-Up Plate#Y802CG	1,000.00	1,000.00
-	-	January Wil	SECONDIFICATION OF THE SECONDIFICATION		202013	STANGER IN SOURI I SHELLED	Java013	Deductible	, .,000.00	.,000.00
R	1498440	3530001277 001	GLOUCESTER COUNTY UT	113/6/2015	3/6/2015	PMA MANAGEMENT CORP	6/17/2015	Subro recovery	-1,797.93	-1,797.93
Total	for Coverage	ge: Auto Physica	al Damage				Number of e	entries: 2	-797.93	-797.93
			-							
Comm	rane: Carre	al Habitis								
Cove	erage: Genera 4777	3530000425 001	WALSH, JOAN	1/2/2015	1/28/2015	RICHARDSON GALELLA AUSTERN	86H2I2046	INV# 3717	3.349.63	3.349.63
c	4778	3530000425 001 3530000425 001	WALSH, JOAN WALSH, JOAN	3/2/2015	3/31/2015	RICHARDSON GALELLA AUSTERN		INV# 3/1/	2,658.93	2,658.93
c	4778	3530000425 001 3530000425 001	WALSH, JOAN WALSH, JOAN	5/26/2015	5/26/2015	RICHARDSON GALELLA AUSTERN		INV# 3/8/	2,658.93 15.00	2,658.93 15.00
c	47/9	3530000425 001 3530000758 001	MALSH, JOAN ACE PALLET CORP	2/6/2015	3/26/2015	MADDEN & MADDEN PA	W6/12/2015 6/12/2015	LEGAL FEE - STMT #2	1,440.00	1,440.00
c	4782	3530000758 001	ACE PALLET CORP	5/11/2015	5/19/2015	MADDEN & MADDEN PA	6/12/2015	CLIENT ID#70200-029M STMNT#3	405.00	405.00
c	4783	3530000758 001	LAMANTEER, MICHAEL	5/27/2015	5/27/2015	MADDEN & MADDEN PA	6/12/2015	70200-018M STMNT#16	30.00	30.00
c	4784	3530000457 001	ESTATE OF PETER FIOREN		1/19/2015	MADDEN & MADDEN PA	6/12/2015	IN/# 13	2.392.00	2.392.00
c	4785	3530000457 001	ANDERSON, ALBERT	8/5/2014	1/29/2015	MADDEN & MADDEN PA	6/12/2015	INV#1	35.528.75	35.528.75
c	4786	3530001117 001	ESTATE OF PETER FIGREN		6/25/2014	MADDEN & MADDEN PA	6/12/2015	INV#9	524.98	524.98
c	4787	3530000457 001	ESTATE OF PETER FIORE		9/22/2014	MADDEN & MADDEN PA	6/12/2015	IN/# 11	1,590,00	1,590,00
c	4788	3530000457 001	ESTATE OF PETER FIOREN		11/24/2014	MADDEN & MADDEN PA	6/12/2015	IN/# 12	7,500.00	7,500.00
c	4789	3530001117 001	ANDERSON, ALBERT	4/7/2015	5/29/2015	MADDEN & MADDEN PA	6/12/2015	CLIENT ID 70200-025M 8TMNT#3	7,701.35	7,701.35
c	4790	3530000457 001	ESTATE OF PETER FIOREN		8/28/2014	MADDEN & MADDEN PA	6/12/2015	STATEMENT 10	1,470.00	1,470.00
c	4791	3530000457 001	ESTATE OF PETER FIOREN		9/5/2014	MASTROIANNI & FORMAROLI INC		INV# 102682	505.95	505.95
c	4792	3530001117 001	ANDERSON, ALBERT	8/18/2014	8/18/2014	NEW JERSEY LEGAL COPY	6/12/2015	INV# 118838	588.87	588.87
С	4794	3530000234 001	GOSS, JOHN	4/17/2015	5/21/2015	CHANCE & MCCANN LLC	6/12/2015	INV# 11767	555.00	555.00
С	4795	3530000694 001	RUNQUIST, CHRISTINE	4/22/2015	5/19/2015	CHANCE & MCCANN LLC	6/12/2015	INV 11766	612.50	612.50
c	4796	3530000558 001	MULVIHILL, NICOLE	4/22/2015	5/22/2015	CHANCE & MCCANN LLC	6/12/2015	INV# 11768	247.50	247.50
c	4798	3530000425 001	WALSH, JOAN	3/4/2015	3/14/2015	RICHARDSON GALELLA AUSTERN		INV# 3353	137.37	137.37
С	4802	3530000860 001	CLOSKY JR, JAMES	4/1/2015	4/1/2015	MADDEN & MADDEN PA	6/26/2015	INV# 70200-030M	45.00	45.00
С	4805	3530000694 001	RUNQUIST, CHRISTINE			CHRISTINE RUNQUIST &	6/26/2015	FULL & FINAL SETTLEMENT	25,000.00	125,000.00

Date: 7/1/2015 FinancialTransaction



Page: 2

# Gloucester Co Ins Commission - 353 Financial Transaction Log - Liability Claim Payments Monthly / Detail / By Coverage / By Payment Type / By Check Number 06/01/2015 Thru 06/30/2015

Туре	Check#	Claim#	Claimant Name	From Date	To Date	Payee Name	Trans. Date	Payment Description	Ant. Requested	Amt. Paid
Cove	rage: Gener	al Liability								
V	4753	3530000426 001	DAWOUD, ALY	2/17/2015	2/26/2015	MADDEN & MADDEN PA	6/17/2015	INV# 14	-255.00	-255.00
Tota	for Coverag	je: General Llab	IIIty				Number of	entries: 22	192,042.83	192,042.83
Cove	rage: Police	Professional								
С	4773	3530000807 001	GOODLET, CHARLES	12/2/2014	12/30/2014	RICHARDSON GALELLA AUSTER	M6/12/2015	INV# 3685	2,669.75	2,669.75
C	4774	3530000807 001	GOODLET, CHARLES	5/7/2015	5/29/2015	RICHARDSON GALELLA AUSTER	M6/12/2015	INV# 3845	495.00	495.00
С	4775	3530000807 001	GOODLET, CHARLES	3/2/2015	3/24/2015	RICHARDSON GALELLA AUSTER	M6/12/2015	INV# 3785	1,046.71	1,046.71
С	4776	3530000807 001	GOODLET, CHARLES	2/5/2015	2/27/2015	RICHARDSON GALELLA AUSTER	M6/12/2015	INV# 3750	1,573.18	1,573.18
C	4799	3530000547 001	DEAN, TAHARQA	4/30/2015	5/29/2015	RICHARDSON GALELLA AUSTER	MI5/26/2015	LEGAL FEE - INV #3844	1,815.00	1,815.00
C	4800	3530000807 001	GOODLET, CHARLES	6/17/2015	6/17/2015	RIGGS INVESTIGATIVE SERVICE	8 6/26/2015	INVOICE #15-040007	1,509.13	1,509.13
С	4803	3530000547 001	DEAN, TAHARQA	5/5/2015	5/22/2015	MADDEN & MADDEN PA	6/26/2015	CLIENT ID 32052-000M STMNT#17	953.50	953.50
Tota	for Coverag	je: Police Profe	ssional				Number of	entries: 7	10,062.27	10,062.27
Cove	rage: Un/Un	derinsured Mot	orists(NJ)							
С	11705	3530000919 001	RANDOLPH, BRIAN	5/7/2015	5/29/2015	RICHARDSON GALELLA AUSTER	M6/12/2015	Inv# 3846	915.00	915.00
Tota	for Coverag	e: Un/Underins	ured Motorists(NJ)				Number of	entries: 1	915.00	915.00
Total for Gloucester Co ins Commission - 353 Number of entries: 37 207,724.18 207,724.										207,724.18



Date: 7/1/2015 FinancialTransaction

### Financial Transaction Log - Liability Claim Payments Monthly / Detail / By Coverage / By Payment Type / By Check Number 07/01/2015 Thru 07/31/2015

Type orders seeme seement trained to the registrate trained registrates regist	Туре	Check#	Claim#	Claimant Name	From Date	To Date	Payee Name	Trens. Date	Payment Description	Ant. Requested	Amt. Peld
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Inservoo Report Terminology

Reporting Name	Business Name	Business Description
Amount/Ant Peld	Amount Peld	Amount actually paid or received
Amount/Anrt Requested	Amount Requested	Amount requested to be paid
As Of Date/To Date	Report End Date	Ending date of transactions on report, usually month end
Payment Type	Туре	Types of transactionsComputer, Manual, Refund, Recovery, Stop Pay, Vold
Report Begin Date	Report Begin Date	Beginning date of trensections on report; usually beginning of month or inception
Trans Date	Trensaction Date	Insue dide for computer issued payments and add dide for all other time entities.



Date: 8/2/2015 FinancialTransaction

### Financial Transaction Log - Liability Claim Payments

### Monthly / Detail / By Coverage / By Payment Type / By Check Number

07/01/2015 Thru 07/31/2015

_											
Туре	Check#	Claim#		Claimant Name	From Date	To Date	Payee Name	Trens, Date	Payment Description	Ant. Requested	Ant. Peld
Cove	rage: Auto Lial	bility									
С	4807	3530000629	002	CRAM, MICHAEL	6/2/2015	6/2/2015	RICHARDSON GALELLA AUSTERMUHL	7/10/2015	LEGAL FEE - INV #3888	30.00	30.00
С	4810	3530000836	001	DELAWARE RIVER PORT AUTH	4/15/2015	6/5/2015	CHANCE & MCCANNILLC	7/10/2015	LEGAL FEE - INV #11804	515.20	515.20
C	4813	3530001340	001	FRATZ, AMY	2/15/2015	2/15/2015	AMY FRATZ	7/10/2015	Full Final Settlement of All Claims	324.00	324.00
С	4821	3530001350	001	AVERONA, MICHAEL	3/5/2015	3/5/2015	MICHAEL S AVERONA	7/24/2015	FULL FINAL SETTLEMENT OF ALL CLAIMS	650.00	650.00
Total	for Coverage:	Auto Liability	,					Number of e	ntries: 4	1,519.20	1,519.20
Cove	rage: Auto Phy	sical Damag	e								
С	4812	3530001354	001	GCIA	6/15/2015	6/15/2015	GCIA	7/10/2015	2015 FORD EXPLORER PLATE#EMEVE	2,435.73	1,935.73
С	4816	3530001367	001	GLOUCESTER COUNTY	0/29/2015	6/29/2015	GLOUCESTER COUNTY	7/24/2015	2014 FORD P-150 PLATB#CG8AEF	5,588.90	4,568.90
									VIN#EKG00001		
C	4818	3530001368	001	GLOUCESTER COUNTY	6/23/2015	6/23/2015	GLOUCESTER COUNTY	7/24/2015	2013 FREIGHTLINER AMBULANCE	6,773.96	5,773.96
									PLATE#R64903		
Total	for Coverage:	Auto Physica	al Dam	age				Number of e	ntries: 3	14,778.59	12,278.59
Cove	rage: General l	Liability									
C	4808	3530000762	001	ESTATE OF AUTUMN PASOUALE	4/3/2015	5/27/2015	ARCHER & GREINER	7/10/2015	LEGAL FEE - INV #4015087	470.12	470.12
C	4811	3530000558	001	MULVIHILI, NICOLE	5/27/2015	6/22/2015	CHANCE & MCCANN LLC	7/10/2015	LEGAL FEE - INV #11823	690.75	690.75
С	4815	3530001091	001	REED, WILBERT	8/8/2014	8/25/2014	RICHARDSON GALELLA AUSTERMUHL	7/24/2015	LEGAL FEE - INV #3536	145.10	145.10
С	4819	3530000234	001	9088, JOHN	68/2015	6/29/2015	CHANCE & MCCANN LLC	7/24/2015	LEGAL FEE - INV #11829	12,696.36	12,696.36
Total	for Coverage:	General Liab	ility					Number of e	ntries: 4	14,002.33	14,002.33
Cove	rage: Police Pr	ofessional									
С	4809	3530000547	001	DEAN, TAHARQA	6/5/2015	6/5/2015	QUAL-LYNX	7/10/2015	Missed appt fee reintb (#X22590)	947.50	947.50
C	4814	3530000807	001	GOODLET, CHARLES	6/1/2015	6/30/2015	RICHARDSON GALELLA AUSTERMUHL	7/24/2015	LEGAL FEE - INV #3890	2,040.00	2,040.00
Total	for Coverage:	Police Profes	ssiona	I				Number of e	ntries: 2	2,987.50	2,987.50
Cove	rage: Property										
c	4817	3530001255	001	GLOUCESTER COUNTY	2/15/2015	2/16/2015	GLOUCESTER COUNTY	7/24/2015	Settlement of Property Loss less deductible	51,995,97	51,995,97
c	4820	3530001345		GCIA	6/1/2015	6/1/2015	GCIA	7/24/2015	Property loss less \$1K deductible	8,170.76	8,170.76
Total	for Coverage:	Property						Number of e	ntries: 2	60,166.73	60,166.73
Cove C	rage: Un/Under 11964	rinsured Mot 3530000919		NJ) RANDOLPH, BRIAN	6/1/2015	6/30/2015	RICHARDSON GALELIA AUSTERMUHL	7/10/2015	LEGAL FEE - INV #3801	1,110.93	1,110.93
C	11904	3530000919	001	HANDOUPH, BRIAN	0/1/2015	6/30/2015	RICHARDSON GALELLA AUSTERMUHL	7/10/2015	LEGAL PEE - INV #38V1	1,110.93	1,

Date: 8/2/2015 FinancialTransaction



Page 2

### Financial Transaction Log - Liability Claim Payments

#### Monthly / Detail / By Coverage / By Payment Type / By Check Number 07/01/2015 Thru 07/31/2015

Type Check#	Claim#	Claimant Name	From Date	To Date	Payee Name	Trens. Date Payment Description	Ant. Requested	Ant. Peld
Total for Coverage	ge: Un/Underins	ured Motorists(NJ)				Number of entries: 1	1,110.93	1,110.93

Total for Gloucester Co Ins Commission - 353 Number of entries: 16 94,565.28 92,065.28



Date: 8/2/2015 Financial Transaction

### Financial Transaction Log - Liability Claim Payments

### Monthly / Detail / By Coverage / By Payment Type / By Check Number 08/01/2015 Thru 08/31/2015

1,790	WI NUMBER OF	COLLEG	Out to the to	TIGHTOGE	10 000	1 ayes mans	11000.000	1 djilicii beza pari		Color Londonness	Partie I was
=							- 1	nservco	Report	Termino	Logv
	orting Name		Business Name			Business Description			,		
Amoun	rtiArrt Peld		Amount Peld			Amount actually paid or received					
Amoun	ntArnt Requested		Amount Requested			Amount requested to be paid					
As Of I	Date/To Date		Report End Date			Ending date of transactions on repo	ort, usually month end				
_	ent Type		Type			Types of trensactions-Computer, I	Manual, Refund, Recovery, Sto	p Pay, Vold			
Report	Begin Date		Report Begin Date			Beginning date of transactions on a	eport, usually beginning of mor	nth or inception			
Tens	Date		Transaction Date			Issue date for computer Issued pay	ments and add date for all other	er type entries			



Date: 9/1/2015 Financial Transaction

## Gloucester Co Ins Commission - 353 Financial Transaction Log - Liability Claim Payments Monthly / Detail / By Coverage / By Payment Type / By Check Number

08/01/2015 Thru 08/31/2015

Type	Check#	Claim#		Calmant Name	From Date	To Date	Payee Name	Trens, Date	Payment Description	Ant. Requested	Ant. Pal
Cove	rage: Auto Lia	bility									
:	4830	3530000629	002	CRAM, MICHAEL	7/6/2015	7/30/2015	RICHARDSON GALELLA AUSTERMUHL	8/21/2015	LEGAL FEE - INV #3927	2,201.95	2,201.9
otal	for Coverage	Auto Liabilit	у					Number of e	ntries: 1	2,201.95	2,201.9
ove	rage: General	Liability									
	4827	3530000762	001	ESTATE OF AUTUMN PASOUALE	6/15/2015	6/26/2015	ARCHER & GREINER PC	87/2015	INVOICE #4017821	2,112.50	2,1125
	4828	3530000558	001	MULVIHILI, NICOLE	6/29/2015	7/28/2015	CHANCE & MCCANN LLC	8/7/2015	LEGAL FEE - INV #11911	225.00	225.0
	4829	3530000234	001	9088, JOHN	6/18/2015	6/18/2015	CHANCE & MCCANN LLC	8/7/2015	LEGAL FEE - INVOICE #11910	43.97	43.9
	4836	3530000762	001	ESTATE OF AUTUMN PASQUALE	6/19/2015	7/31/2015	ARCHER & GREINER PC	8/21/2015	LEGAL FEE - INV #4020418	2,475.85	2,475.8
	4837	3530000762	001	ESTATE OF AUTUMN PASQUALE	12/5/2014	12/29/2014	ARCHER & GREINER PC	8/21/2015	LEGAL FEE - INV #4008204	4,316.88	4,316.8
	4838	3530000604	001	RUNOUIST, CHRISTINE	9/29/2012	12/15/2014	JOHN D KRISCIUNAS JR DC PC	8/21/2015		3,783.96	3,783.9
	4839	3530000234	001	GOSS, JOHN	6/15/2015	6/16/2015	CHANCE & MCCANN LLC	8/21/2015	LEGAL FEE - INV #11920	311.39	311.3
tal	for Coverage	General Liab	ility					Number of e	entries: 7	13,269.55	13,269.5
	_										
ve	rage: Police P	rofessional									
_	4822	3530000547	001	DEAN, TAHARQA	6/1/2015	6/25/2015	RICHARDSON GALELLA AUSTERMUHL	8/7/2015	hu#3889	1,005.74	1,665.7
	4823	3530000547	001	DEAN, TAHARQA	11/3/2014	11/25/2014	RICHARDSON GALELLA AUSTERMUHL	8/7/2015	LEGAL FEE - INV #3646	2,329,85	2 329.8
	4824	3530000547	001	DEAN, TAHARQA	10/2/2014	10/31/2014	RICHARDSON GALELLA AUSTERMUHL	8/7/2015	LEGAL FEE - INV #3626	10,395.34	10,395.3
	4825	3530000547	001	DEAN, TAHARQA	9/2/2014	10/1/2014	RICHARDSON GALELLA AUSTERMUHL	8/7/2015	LEGAL FEE - INV #3586	3,681.34	3,681.3
	4826	3530000547	001	DEAN, TAHARQA	7/6/2015	7/6/2015	MADDEN & MADDEN PA	8/7/2015	LEGAL FEE - STATEMENT #19	200.00	200.0
	4831	3530000187	001	BELL, JEFFREY	9/3/2014	9/3/2014	RICHARDSON GALELLA AUSTERMUHL	8/21/2015	INVOICE #3554	5.81	5.0
	4832	3530000187	001	BELL, JEFFREY	7/30/2014	7/30/2014	RICHARDSON GALELLA AUSTERMUHL	8/21/2015	INVOICE #3500	15.50	15.5
	4833	3530000187	001	BELL, JEFFREY	5/2/2015	5/30/2015	RICHARDSON GALELLA AUSTERMUHL	8/21/2015	INVOICE #3412	51.48	51.A
	4834	3530000187	001	BELL, JEFFREY	4/7/2015	4/8/2015	RICHARDSON GALELLA AUSTERMUHL	8/21/2015	INVOICE #3381	385.90	385.0
	4835	3530000547	001	DEAN, TAHARQA	7/6/2015	7/31/2015	MADDEN & MADDEN PA	8/21/2015	LEGAL FEE - STMT #19	495.00	495.0
tal	for Coverage	Police Profes	ssiona	ı				Number of e	entries: 10	19,228.06	19,228.0
	-										
	esea: He/Hed	erinsured Mot		N D							
-	12285			RANDOLPH, BRIAN	7/7/2015	7/29/2015	RICHARDSON GALELLA AUSTERMUHL	8/21/2015	LEGAL FEE - INV#3931	405.00	405.0
ıtal	for Coverage	Un/Underins	ured N	Interists (NJ)				Number of e	intriac 1	405.00	405.0
	io coverage	. Caronacana	arcu II	iounia a (no)				Number of 6	manca. 1		
_										25.44.55	25.45
otal	for Glouceste	r Co Ins Com	missio	on - 353				Number of e	ntries: 19	35,104.56	35,104.5

Date: 9/1/2015 FinancialTransaction



Page 2



#### Gloucester County Insurance Commission Bill Review / PPO Savings 2015



Carrier	Month	Total Bills	In-network Bills Penetration Rate	Total Provider Charge	In-network Charges Penetration Rate	Total Allowed¹	CSG Negotiated Reductions <sup>2</sup>	PPO Reductions <sup>3</sup>	Bill Review Reductions <sup>4</sup>	Total Reductions	Total Access Fees	Net Reductions
Inservco	January	27	96%	\$10,356.81	90%	\$6,002.97	\$0.00	\$2,345.45	\$2,008.39	\$4,353.84	\$604.51	\$3,749.33
	February	63	81%	\$63,245.04	73%	\$32,720.07	\$1,635.00	\$15,253.19	\$13,636.78	\$30,524.97	\$3,163.94	\$27,361.03
	March	63	94%	\$152,951.44	95%	\$83,998.00	\$11,153.00	\$21,480.89	\$36,319.55	\$68,953.44	\$9,333.17	\$59,620.27
	April	60	82%	\$127,736.73	96%	\$50,889.87	\$750.02	\$23,544.11	\$52,552.73	\$76,846.86	\$9,981.53	\$66,865.33
	May	49	82%	\$86,705.77	82%	\$56,780.07	15,381.76	\$7,828.76	\$6,715.18	\$29,925.70	\$3,985.63	\$25,940.07
	June	67	95%	\$279,640.86	99%	\$124,748.79	14,143.61	\$27,458.83	\$113,289.63	\$154,892.07	\$21,684.90	\$133,207.17
	July	55	78%	\$33,815.68	58%	\$19,841.46	1,500.00	\$4,745.33	\$7,728.89	\$13,974.22	\$1,959.12	\$12,015.10
	August	53	89%	\$31,973.86	92%	\$14,550.20	\$50.00	\$15,404.45	\$1,969.21	\$17,423.66	\$2,439.32	\$14,984.34
YTD Total		437	87%	\$786,426.19	91%	\$389,531.43	\$44,613.39	\$118,061.01	\$234,220.36	\$396,894.76	\$53,152.12	\$343,742.64

Monthly Summary	<u>June</u>	July	August
Total Savings (before fees):	\$154,892.07	\$13,974.22	\$17,423.66
Percent Savings:	55%	41%	54%
NET SAVINGS:	\$133,207.17	\$12,015.10	\$14,984.34
Percent NET SAVINGS:	48%	36%	47%

YTD Summary	
Total Savings (before fees):	\$396,894.76
Percent Savings:	50%
NET SAVINGS:	\$343,742.64
Percent NET SAVINGS:	44%

#### Report Footnotes:

¹Recommended amount for payment

<sup>2</sup>Discounts negotiated by CSG on out of network bills

<sup>3</sup>Discounts applied in accordance with CHN PPO contracts

\*U&C and CSG Code Review reductions applied



# GLOUCESTER COUNTY INSURANCE COMMISSION SAFETY DIRECTOR'S REPORT

**TO:** Fund Commissioners

**FROM:** J.A. Montgomery Risk Control, Safety Director

**DATE:** September 16, 2015

# June – September 2015 RISK CONTROL ACTIVITIES

### MEETINGS ATTENDED / TRAINING / LOSS CONTROL VISITS CONDUCTED

- June 25: Attended the GCIC meeting in Woodbury.
- July 22: One session of Reasonable Suspicion was conducted for GCIA.
- July 28: One session of Reasonable Suspicion was conducted for GCIA.
- August 3: One session of Emergency Action Plan training was conducted for the GCIA Shady Lane.
- August 3: One session of Barn Safety was conducted for the GCIA Dream Park.
- August 7: One session of Emergency Action Plan training was conducted for the GCIA Shady Lane.
- August 12: One session of Emergency Action Plan training was conducted for the GCIA Shady Lane.
- August 13: One session of Emergency Action Plan training was conducted for the GCIA Shady Lane.
- **September 8:** Attended the GCIC Claims Committee via conference call.
- **September 15:** Attended the GCIC Safety Committee meeting in West Deptford.

### **UPCOMING MEETINGS / TRAINING / LOSS CONTROL VISITS PLANNED**

• **September 24:** Plan to attend the GCIC meeting in Woodbury.

### **CEL MEDIA LIBRARY**

The following GCIC Agencies utilized the CEL Media Library in 2014:

MONTH	AGENCY	# of Videos
January	GCUA/GCIA	6
February	GCIC – Gloucester County	0
March	GCIC – Gloucester County	4
April	GCIC – Gloucester County	0
May	GCIC – Gloucester County	0
June	GCIC – Gloucester County	0
July	GCIC – Gloucester County	0
August	GCIC – Gloucester County	0
September	GCIA – Improvement Authority	2
October	GCIC – Gloucester County	0
November	GCIA – Improvement Authority	2
December	GCIC – Gloucester County	0

### 14 videos were utilized in 2014

The following GCIC Agencies utilized the CEL Media Library in 2015:

		3
MONTH	AGENCY	# of Videos
January		0
February		0
March		0
April		1
May		0
June		3
July		0
August		0
September (as of 9/16)		0



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TO: Commissioners of the Gloucester County Insurance Commission (GCIC)

CC: Joseph Hrubash, GCIC Executive Director

FROM: Christopher Powell and Bonnie Ridolfino, Risk Management Consultant

DATE: September 21, 2015

RE: Risk Management / Underwriting Services Director's Report

Below is a summary of services performed from June 22, 2015 through September 17, 2015:

#### I. Meetings

A. Attended GCIC Meeting on June 25, 2015

- B. Participated in the GCIC Claims Committee Meeting July 14 & September 8, 2015
- C. Participated in the GCIC Safety and Accident Committee Meeting September 15, 2015
- D. Participated in the GCIC BRIT On Line Training Conference Call August 17, 2015

#### II. Risk Management Services

#### A. BRIT On-Line Training Status Report

We facilitated a conference call with the on line administrators on 8/17/15 to assess the on line training program. Feedback has been generally favorable; there were a few administrative suggestions that we will be submitting to JA Montgomery who will submit to the BRIT representative. Several administrators indicated that they have not had an opportunity to assign training, however committed to do so within the next 90 days. We will schedule another conference call in 6 months. To date 929 classes have been completed.

#### B. BRIT Safety Grant Application

A verbal update will be given at the meeting.

#### C. 2016 Safety Kick-off Meeting

The Safety and Accident Review Committee met on September 15, 2015 and have requested that the Supervisor's Accident Investigation form be converted to an online form in which Supervisors can complete and submit electronically to the County Safety Department as well as J.A. Montgomery.

We will be working with the GCIC webmaster to implement this and if there is any cost associated, will request such from the Commission prior to proceeding.

We would like to introduce the new on line procedure at the 2016 Safety Kick Off Meeting.

#### D. 2016 Underwriting Schedules and Renewal Applications

We have met with each member to review the schedules and applications to ensure they represent each entity's current exposures. All information has been submitted to the NJCEL except for a couple of applications which we expect to submit to the NJCEL by Friday.

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#### III. Underwriting Services Director Services:

A. Ancillary Coverages

The following coverages for members could not be placed through the GCIC/NJCEJIF for its master programs at this time and it has been determined the following bonds/policies need to be renewed.

Member	Coverage	Carrier	Exp. Date	Expiring Premium
GCIA	Volunteer Accident	National Union	9/7/15	\$500
	CDC	Fire		

Coverage through National Union Fire non-renewed and replaced with QBE for an annual cost of \$450 per the Authority's request. The terms were broader.

GCIA Child Development Center

Package Markel Insurance Co. 9/12/15 \$7,150 Umbrella Markel Insurance Co. 9/12/15 \$2219.80

The Commissioners authorized our agency to renew coverage at the June 25, 2015 meeting contingent upon the renewal premium not exceeding a 10% increase. The final package premium was \$7,227 (1% increase) and the umbrella premium was \$2161.28 (2% decrease).

RC@GC Volunteer/Intern/ACT Starr Indemnity 9/30/15 \$559
Accident

The member requested the following changes to the renewal: extend the policy term to 12/31/16; increase the # of participants and increase the medical expense limit from \$25,000 to \$250,000. The carrier offered a renewal premium of \$1,900 to include these changes. The College wants to bind coverage with all changes.

Action Requested: Motion to authorize the Underwriting Services Director to bind for the

RC@GC's volunteer accident policy through Star Indemnity effective 9/30/15

to expire 12/31/16 for a total cost of \$1,900.

GC Antique Inland Marine Travelers 10/7/15 \$4,840

The carrier provided a flat renewal. All other terms and conditions are per expiring.

Action Requested: Motion to authorize the Underwriting Services Director to bind for the

County's antique inland marine policy through Travelers effective 10/7/15 for an

annual premium of 4,840.

GCIA Volunteer Accident Starr Indemnity 10/9/15 \$350

**Nursing Home** 

We are still awaiting renewal terms from the carrier. We do not anticipate the renewal to exceed \$500.

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**Action Requested:** Motion to authorize the Underwriting Services Director to bind for the

Authority's volunteer accident policy for the nursing home through Starr Indemnity effective 10/9/15 for an annual premium not to exceed \$500.

RC@GC UST Storage Tank Commerce and 10/22/15 \$2,105.78

Industry

The carrier provided a renewal quote of \$2,272.80 (5% increase). All other terms and conditions are per expiring.

Action Requested: Motion to authorize the Underwriting Services Director to bind for the

College's UST policy through Commerce and Industry effective 10/22/15 at an

annual premium of \$2,272.50.

Library Notary Bond CNA 11/17/15 \$125.12

The carrier provided a flat renewal. All terms and conditions are per expiring.

Action Requested: Motion to authorize the Underwriting Services Director to bind for the

GCLC's notary bond through CNA effective 11/17/15 at the annual premium

of \$125.12.

#### **RESOLUTION 55-15**

# GLOUCESTER COUNTY INSURANCE COMMISSION AUTHORIZING A CLOSED SESSION TO DISCUSS PAYMENT AUTHORIZATION REQUESTS (PARS) & SETTLEMENT (SARS) RELATED TO PENDING OR ANTICIPATED LITIGATION

**WHEREAS**, the GLOUCESTER COUNTY INSURANCE COMMISSION (hereinafter "GCIC") is duly constituted as an Insurance Commission pursuant to N.J.S.A. 40A:10-6 et seq.; and

**WHEREAS,** the GCIC is subject to the requirements of the Open Public Meetings Act, N.J.S.A. 10:4-6 et seq.; and

**WHEREAS**, the Open Public Meetings Act requires all meetings of public bodies be open to the public; and

**WHEREAS,** the Open Public Meetings Act further provides a public body may permissibly exclude the public from a portion of a meeting at which the public body discusses items per the Open Public Meetings Act at N.J.S.A. 10:4-12.b.(1) thru (9) recognized as requiring confidentiality; and

**WHEREAS**, it is necessary and appropriate for the GCIC to discuss certain matters in a meeting not open to the public consistent with N.J.S.A. 10:4-12.b.(7); and

**NOW THEREFORE BE IT RESOLVED** by the Commissioners of said Gloucester County Insurance Commission pursuant to the Open Public Meetings Act as follows:

The GCIC shall hold a closed session from which the public shall be excluded on September 24, 2015.

The general nature of the items to be discussed at said closed session shall include the following: the appropriateness of payment of statutorily required workers' compensation benefits, settlement authority if any or continuing defense of pending or anticipated litigation, discussion of litigation strategy, position the GCIC will take in said litigation, strengths and weaknesses of GCIC's position in said litigation.

The specific litigation is identified by the claim number assigned by Inservco in its capacity as the third-party claims administrator, name of the claimant, date of loss, workers' compensation petition number and/or court assigned docket number which is set forth in the attached list which list is also appended to the GCIC monthly meeting agenda for September 24, 2015 which agenda has been timely posted per the Open Public Meetings Act.

The minutes of said closed session shall be made available for disclosure to the public consistent with N.J.S.A. 10:4-13 when the items which are the subject of the closed session discussions are resolved and the reasons for confidentiality as to both the GCIC and the claimant no longer exist.

<b>ADOPTED</b> by THE GLOUCESTER COUNTY INSURANCE COMMISSION at a properly noticed meeting held on September 24, 2015.
ADOPTED:
GERALD A. WHITE, CHAIRMAN
ATTEST:
MICHAEL BURKE, VICE CHAIRMAN

#### PAYMENT AUTHORIZATION REQUESTS (PARS) & SETTLEMENT (SARS)

Claim #	<u>Claimant</u>	Type of Claim	PAR/SAR	<u>C.P or DO #</u>
3530001313	Kathleen Hasselman	Worker Compensation	PAR	
3530001257	Charles Landi	Worker Compensation	PAR	
3530001397	Mark Sadlowski	Worker Compensation	PAR	
3530000649	Mark Frisby	Worker Compensation	PAR/SAR	2012-26922
3530000367	Michael McLaughlin	Worker Compensation	SAR	2006-30965 & 2012-11799
3530000295	Crystal Garland	Liability	PAR	
3530001117	Albert Anderson, et. Al.	Liability	PAR	

### APPENDIX I

## GLOUCESTER COUNTY INSURANCE COMMISSION OPEN MINUTES

#### MEETING – Thursday, June 25, 2015 2 South Broad Street, Conference Room B Woodbury, NJ 9:30 AM

Meeting called to order by Gerald A. White, Chairman. Open Public Meetings notice read into record.

#### **ROLL CALL OF COMMISSIONERS:**

Gerald White, Chairman Present
Michael Burke, Vice Chairman Present
Tamarisk Jones Excused

#### **FUND PROFESSIONALS PRESENT:**

Executive Director PERMA Risk Management Services

Joe Hrubash

Claims Service Insurance Services, Inc.

Veronica George Terry Sheerin Ashley Nelms Dave McCabe Keith Platt

Consolidated Services Group, Inc.

Jennifer Goldstein Steve Armenti

Conner Strong & Buckelew

Michelle Leighton

Underwriting Services Director/RMC Hardenbergh Insurance Group

**Bonnie Ridolfino** 

Jenna Quattrone (via teleconference)

Attorney Long Marmero & Associates

Dou Long, Esq.

Treasurer

Safety Director J.A. Montgomery Risk Control

**Glenn Prince** 

#### **ALSO PRESENT:**

Dean Sizemore, Gloucester County Linda Galella, Esq., Richardson, Galella & Austermuhl Prudence M. Higbee, Esq. Capehart & Scatchard (via teleconference) Cathy Dodd, PERMA Risk Management Services

**APPROVAL OF MINUTES**: Open Minutes and Closed Minutes of April 23, 2015

## MOTION TO APPROVE THE OPEN MINUTES & CLOSED MINUTES OF APRIL 23, 2015

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

**CORRESPONDENCE: None** 

#### **COMMITTEE REPORTS:**

**SAFETY COMMITTEE:** Mr. Sizemore reported the Safety Committee met on Tuesday, June 2<sup>nd</sup> via a conference call as it was a light agenda and there were no accidents to review. Mr. Sizemore noted there was an improvement with the completion of the Supervisor's Incident Investigation Reports.

**CLAIMS COMMITTEE:** Mr. Sizemore advised at the last meeting he indicated there was an increase number of claims due to the winter months, however, the claims have now decreased. Mr. Sizemore mentioned there was minimal damage throughout the County from the strong winds and rain, the possible tornado that passed through earlier in the week. Mr. Sizemore reported the Claims Committee met on June 9<sup>th</sup> via teleconference and reviewed the PARS that would be presented during closed session. Mr. Sizemore also advised he wanted to recognize the professional action taken by Veronica George of Inservco on a Saturday while he was away. Mr. Sizemore read a note he had prepared about the incident and commended Ms. George for her efforts and being a valuable member to the team.

**EXECUTIVE DIRECTOR REPORT:** Executive Director advised he had 2 actions items for his report along with some informational items.

**COMMISSION ATTORNEY RESOLUTION:** Executive Director referred to a copy of Resolution 34-15, Awarding a Professional Service Contract to Long Marmero & Associates, LLP. Executive Director advised the Commissioners awarded this contract at the April Commission meeting for the period of April 25, 2015 to April 25, 2016.

MOTION TO APPROVE RESOLUTION 34-15 AWARDING PROFESSIONAL SERVICE CONTRACT TO LONG MARMERO & ASSOCIATES, LLP

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

#### 2016 RFP'S FOR PROFESSIONAL SERVICES - FAIR & OPEN PROCESS:

Executive Director reported the contracts for the Executive Director, Risk Management Consultant, Underwriting Services Director, Third Party Administrator, Managed Care Provider and Defense Panel Attorneys were expiring as of December 31, 2015. Executive Director referred to Resolution 35-15 which was included in the agenda and requested a motion to authorize the preparation and advertising of the proposals for the professional positions which were expiring the end of the year. Executive Director advised the resolution was reviewed and approved by the Commission Attorney.

MOTION TO APPROVE RESOLUTION 35-15 AUTHORIZING THE PREPARATION AND ADVERTISING THE REQUEST **FOR** PROPOSALS FOR THE POSITION OF DIRECTOR. EXECUTIVE RISK MANAGEMENT CONSULTANT, **SERVICES** UNDERWRITING DIRECTOR, THIRD PARTY CLAIMS ADMINISTRATOR, MANAGED CARE PROVIDER AND DEFENSE PANEL ATTORNEYS

> Motion: Commissioner Burke Second: Chairman White Roll Call Vote Unanimous

**GCIC WEBSITE:** Executive Director advised the new website for the GCIC was live and the URL address for the site was: <a href="www.gcicinsurance.org">www.gcicinsurance.org</a>. Executive Director asked everyone to view the site and if there were any questions or comments to contact his office. Executive Director noted the site would be updated on an on going basis with the monthly open minutes, agendas and resolutions. Executive Director reported the previous website vendor was notified and advised to discontinue their services. Commissioner Burke noted he reviewed the site and it was very user friendly.

**CERTIFICATE OF INSURANCE REPORT:** Executive Director reported on the Certificate of Insurance Report for the period of 4/16/15 to 6/18/15. There were a total of 7 certificates issued for this period.

GCIC PROPERTY AND CASUALTY FINANCIAL FAST TRACK: Executive Director advised that the March and April Property & Casualty Financial Fast Tracks were included in the agenda. The Commission had a surplus of \$3,071,589 as of April 30 2015. Executive Director advised that \$1,232,335 on line 8 of the report "Investment in Joint

Venture was the GCIC's share of the CEL JIF equity. Executive Director noted the total cash amount was \$5,357,643. Executive Director asked if anyone had any questions.

**NJ CEL PROPERTY AND CASUALTY FINANCIAL FAST TRACK:** Executive Director reported the agenda included the March and April Financial Fast Tracks for the NJ CEL. As of April 30, 2015 the CEL had a surplus of \$5,676,248. Executive Director advised the CEL was meeting in the afternoon and during closed session they would discuss some claims that have matured.

**HEALTH BENEFITS FINANCIAL FAST TRACK**: Executive Director reported the agenda included the February and March Health Benefits Financial Fast Tracks. As of March 31, 2015 there was a surplus of \$91,748. Executive Director asked if anyone had any questions on the Financial Fast Tracks.

**NEW CLAIMS TRACKING REPORTS:** Executive Director reported the agenda included the claim monitoring reports however an updated version of the reports as of May 31, 2015 were distributed at the beginning of the meeting. Executive Director referred to the Claim Activity Report and advised the purpose of the report was to look for any inconsistencies in open and closed claims along with changes in reserve. Executive Director advised he did not note anything unusual about the report and pointed out there were 15 new claims opened during the month of May. Executive Director also reviewed the Claims Management Report Expected Loss Ratio Analysis" report as of May 31<sup>st</sup>. Executive Director explained this report compared the actual incurred amount of losses against the budget amount and the Actuary target projections. Executive Director explained the 2015 Fund Year was running higher than the Actuary projected; however this could be due to the winter months. Executive Director reviewed the other Fund Years with the Commission and indicated all of the years were doing exceptionally well except for 2011.

**NJ EXCESS COUNTIES INSURANCE FUND (CELJIF):** Executive Director reported the CEL was scheduled to meet in the afternoon and a draft copy of the 2014 audit would be presented at the meeting. Executive Director noted a summary report of the meeting would appear in the next agenda. Executive Director advised the next CEL meeting was scheduled for September 24, 2015 at 1:00 PM.

**2015 PROPERTY & CASUALTY ASSESSMENTS:** Executive Director reported the second assessment was due on May 15, 2015 and the Treasurer's office advised payment was received from all of the member entities.

**2016 RENEWAL APPLICATIONS:** Executive Director reported the CEL Fund office was implementing a new data collection procedure for the 2016 renewal. Executive Director advised he would work with the Ms. Ridolfino to roll out the new process. Ms. Leighton advised the Conner Strong & Buckelew Claim's Department would work with the CEL Underwriting Manager to collect the loss information and noted Hardenbergh Insurance Group was very helpful in obtaining this information.

**WELCOME ROBYN WALCOFF:** Executive Director reported Mary Lou Doner, Vice President of Claims for the NJ Counties Excess JIF was retiring on July 1<sup>st</sup> and announced Robyn Walcoff of Conner Strong & Buckelew would succeed Ms. Doner.

NEW JERSEY COUNTIES EXCESS JOINT INSURANCE FUND – JOINT INSURANCE CLAIMS COMMITTEES BEST PRACTICES WORKSHOP: Ms. Leighton reported she was coordinating the annual joint meeting of the Member Insurance Commissions of the CELJIF. Ms. Leighton noted the tentative date was scheduled for October 6<sup>th</sup>. Ms. Leighton advised she would reach out to last years committee members to participate in a conference call to discuss the topics and agendas.

**ZURICH ENVIRONMENTAL EMERGENCY RESPONSE:** Ms. Leighton advised Zurich had made Environmental Emergency Response available at no additional cost to the member entities that purchased Pollution Liability Insurance through the NJCEL's ancillary insurance program. Ms. Leighton referred to the brochure which was included in the agenda and reviewed the steps to follow in the event of a spill. Ms. Leighton also expressed the importance of reporting the claim to Zurich immediately.

**2015 MEETING SCHEDULE:** Executive Director noted the Commission was not scheduled to meet in July or August. The next meeting was scheduled for September 24, 2015.

Executive Director advised that concluded his report unless anyone had questions.

Executive Director's Report Made Part of Minutes.

**EMPLOYEE BENEFITS:** Executive Director reported the April and May Client Activity Reports were included in the agenda. Executive Director advised the April report indicated there were 37 inquires and for the month of May there were 23 inquiries.

**TREASURER REPORT:** Chairman White advised the May and June Bill Lists were included in the agenda and requested motions to approve.

MOTION TO APPROVE THE MAY BILL LIST, RESOLUTION 36-15 IN THE AMOUNT OF \$85,772.94

Motion: Commissioner Burke
Second: Chairman White
Roll Call Vote Unanimous

MOTION TO APPROVE THE MAY HEALTH BILL LIST, RESOLUTION 37-15 IN THE AMOUNT OF \$3,350.50 Motion: Commissioner Burke
Second: Chairman White
Roll Call Vote Unanimous

## MOTION TO APPROVE THE JUNE BILL LIST, RESOLUTION 38-15 IN THE AMOUNT OF \$58,509.88

Motion: Commissioner Burke Second: Chairman White Roll Call Vote Unanimous

#### MOTION TO APPROVE THE JUNE HEALTH BILL LIST, RESOLUTION 39-15 IN THE AMOUNT OF \$3,350.50

Motion: Commissioner Burke Second: Chairman White Roll Call Vote Unanimous

Executive Director also pointed out the monthly Treasurer's reports showing the cash transactions and investments were included in the agenda.

#### **CLAIMS REPORT**

#### **REPORT:**

Chairman White presented Resolution 40-15 Inservco Liability Check Register for the period of 4/1/15 through 4/30/15 and 5/1/15 and 5/31/15.

## MOTION TO APPROVE RESOLUTION 40-15 LIABILITY CHECK REGISTER FOR THE PERIOD OF 4/1/15 THROUGH 4/30/15 AND 5/1/15 THROUGH 5/31/15

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

MANAGED CARE PROVIDER: Ms. Goldstein reviewed the Client Bill Review Summary Report for the months of April and May which were included in the agenda. Ms. Goldstein advised there were 60 bills received for the month of April. Ms. Goldstein advised the total provider charge for April was \$127,736.73. The total allowed amount for was \$50,889.87. The total reduction was \$76,846.86. Ms. Goldstein advised after fees the net reduction for April was \$66,865.33 or 52%. Ms. Goldstein also reviewed the figures for May advising there were 49 bills received. Ms. Goldstein advised the total provider charge for May was \$86,705.77 and the total allowed amount was \$56,780.07. The total reduction

was \$29,925.70 and after fees the net reduction for May was \$25,940.07. Ms. Goldstein noted that 96% of the charges were in-network for April and 82% during May. Ms. Goldstein pointed out the net reductions for the year was \$183,536.03 for a 42% savings. Ms. Goldstein advised that concluded her report unless anyone had questions.

#### **CEL SAFETY DIRECTOR:**

**REPORT:** Mr. Prince reviewed the April through May 2015 Risk Control Activity Report which was included in the agenda. Mr. Prince also advised last month he was requested to obtain information on body cameras and microphone dash cams. Mr. Prince advised he attended the Police Security Expo in Atlantic City and spoke to a vendor, however they could not provide a cost until they knew what type of operating system would be used and the number of items being purchased. Chairman White advised they had an understanding of the cost. A discussion ensued on the different types of cameras and suppliers. Mr. Prince advised there was a \$10,000 grant through the BRIT program; however that amount was for the entire CEL program. Mr. Prince indicated he could discuss the amount of the grant with the CEL Underwriting Manager to see if an additional amount would be granted due to the growth of the program. Mr. Prince also indicated he would introduce the camera concept at the CEL meeting in the afternoon. Ms. Ridolfino inquired if there were any funds in surplus that could be used for the cameras. Chairman White noted the County budget time was approaching in October and would need an answer as soon as possible.

Mr. Prince pointed out a safety presentation was conducted for the GCIA kitchen staff on June 11<sup>th</sup> and also covered some loss prevention safety initiatives such as employee theft of food products.

Mr. Prince advised that concluded his report unless anyone had any questions.

#### RISK MANAGEMENT/UNDERWRITING SERVICES DIRECTOR:

**REPORT:** Ms. Ridolfino advised her report was included in the agenda. Ms. Ridolfino reported all of the departments were utilizing the BRIT On Line Training program. Ms. Ridolfino advised the top three training programs were, Haz Com, Bloodborne Pathogens and Defensive Driving.

Ms. Ridolfino reported both the Gloucester County Special Services School District and the Gloucester County Institute of Technology membership through the New Jersey Schools Insurance Group were expiring on 7/1/15. Ms. Ridolfino advised submissions were made to the GCIC/NJCEL, however the pricing was not competitive and the districts remained with the School Boards.

Ms. Ridolfino advised she had several action items for policies that could not be placed through the GCIC/NJCEJIF or its master programs.

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Ms. Ridolfino advised the Underground Storage Tank policy for the Improvement Authority's Dream Park policy was renewing on 7/7/15 with an annual premium of \$867.74 per the expiring policy with Commerce and Industry.

# MOTION TO AUTHORISTE TO RENEW THE IMPROVEMENT AUTHORITY, DREAM PARK UNDERGROUND STORAGE TANK POLICY THROUGH COMMERCE AND INDUSTRY FOR AN ANNUAL COST OF \$867.74 EFFECTIVE 7/7/15

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

Ms. Ridolfino indicated she was waiting for the renewal terms for the Rowan College at Gloucester County's Directors and Officers Liability policy through Markel which was renewing on 7/9/15. Mr. Ridolfino requested a motion to authorize the renewal for an annual cost not to exceed \$1,200.

#### MOTION TO AUTHORIZE TO RENEW THE ROWAN COLLEGE AT GLOUCESTER COUNTY, DIRECTORS AND OFFICERS LIABILITY POLICY THROUGH MARKEL FOR AN ANNUAL COST NOT TO EXCEED \$1,200 EFFECTIVE 7/9/15

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

Ms. Ridolfino advised the next item was also for the College. Ms. Ridolfino indicated the Catastrophic Sports policy with Summit was renewing on 8/1/15 with an annual premium of \$10,864 and all terms and conditions were per the expiring.

## MOTION TO AUTHORIZE TO RENEW THE CATASTROPHIC SPORTS ACCIDENT POLICY THROUGH SUMMIT FOR AN ANNUAL COST OF \$10,864 EFFECTIVE 8/1/15

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

Ms. Ridolfino advised her office submitted a renewal application to AIG and was waiting for the renewal proposal for the College's Base Sports Accident policy which was renewing on 8/1/15. Ms. Ridolfino did not anticipate an increase of more than 10% and requested a motion to renew the policy through AIG at an annual total cost not to exceed \$90,200.

# MOTION TO AUTHORIZE THE UNDERWRITING SERVICES DIRECTOR TO RENEW THE COLLEGE' BASE SPORTS ACCIDENT POLICY THROUGH AIG AT AN ANNUAL TOTAL COST NOT TO EXCEED \$90,200

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

Ms. Ridolfino reported the Patient Trust Bond for the Shady Lane Nursing Home was renewing on 8/3/15. The annual renewal premium with C N A was \$490 and all terms and conditions were per the expiring policy. Ms. Ridolfino noted this bond was required by law.

#### MOTION TO AUTHORIZE TO RENEW THE SHADY LANE NURSING HOME PATIENT TRUST BOND THROUGH C N A FOR AN ANNUAL COST OF \$490 EFFECTIVE 8/3/15

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

Ms. Ridolfino advised she did not need any action on the next item but wanted to explain that the insurance carrier would be issuing non renewing notice effective 8/25/15 on the County Underground Storage Tank policy due to the age of the tanks. Ms. Ridolfino reported the coverage would be replaced by Crum & Forster who is providing coverage for the other County tanks. The coverage would be endorsed onto this policy and Ms. Ridolfino noted she would advise the premium once it was finalized.

Ms. Ridolfino reported she would ask for one motion to renew the County's 911 Errors and Omissions policy effective 8/13/15 and the Improvement Authority Child Development Center effective 9/7/15. Ms. Ridolfino explained the renewals were in the process stage; however the next Commission meeting was not until after the effective dates of each of the policies. Ms. Ridolfino requested authority to renew coverage at premiums not to exceed 10% of the expiring. Ms. Ridolfino noted if the renewal premiums exceeded 10% she would advise the Commissioners prior to binding.

MOTION TO AUTHORIZE THE UNDERWRITING SERVICES DIRECTOR TO RENEW THE COUNTY'S 911 ERRORS AND OMISSIONS POLICY EFFECTIVE 8/13/15 AND THE IMPROVEMENT AUTHORITY CHILD DEVELOPMENT CENTER PACKAGE AND UMBRELLA POLICIES EFFECTIVE 9/7/15 WITH AN ANNUAL TOTAL COST NOT TO EXCEED 10% OF THE EXPIRING PREMIUM

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

Ms. Ridolfino advised she needed one more motion to renew the Warden Bond with C N A which was renewing on 7/1/15 with an annual premium of \$122.50. All terms and conditions were per expiring.

#### MOTION TO AUTHORIZE TO RENEW THE WARDEN'S BOND THROUGH C N A FOR AN ANNUAL COST OF \$122.50 **EFFECTIVE 7/1/15.**

Motion: Commissioner Burke Chairman White Second: Roll Call Vote: Unanimous

Ms. Ridolfino advised that concluded her report unless anyone had any questions.

**ATTORNEY:** Commission Attorney stated he did not have anything to report but wanted to thank the Commission for renewing his agreement.

**OLD BUSINESS:** None

**NEW BUSINESS**: None

**PUBLIC COMMENT:** 

#### MOTION TO OPEN MEETING TO PUBLIC

Commissioner Burke Moved: Second: Chairman White Roll Call Vote: Unanimous

Seeing no members of the public wishing to speak Chairman White asked for a motion to close the public comment portion of the meeting.

#### MOTION TO CLOSE THE MEETING TO THE PUBLIC

Commissioner Burke Moved: Chairman White Second: Roll Call Vote: Unanimous

**CLOSED SESSION**: Chairman White read and requested a motion to approve Resolution 41-15 authorizing a Closed Session to discuss PARS & SARS relating to pending or anticipated litigation as listed.

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

#### MOTION TO GO INTO CLOSED SESSION

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

#### MOTION TO RETURN TO OPEN SESSION

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

Commission Attorney advised there was one resolution and then he would read the applicable motions to approve the PARS/SARS discussed during closed session.

#### MOTION TO AUTHORIZE SETTLEMENT BY THE COMMISSION FOR CLAIM # 3530000694 IN THE AMOUNT OF \$125,000

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

#### MOTION TO AUTHORIZE AN INCREASE IN AUTHORITY FOR CLAIM # 3530001341 FROM \$15,000 TO \$71,850

Commissioner Burke Motion: Second: Chairman White Roll Call Vote: Unanimous

#### MOTION TO AUTHORIZE AN INCREASE IN AUTHORITY FOR CLAIM # 3530001132 FROM \$25,945.30 TO \$40,477.34

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

#### MOTION TO AUTHORIZE AN INCREASE IN AUTHORITY FOR CLAIM # 3530001254 FROM \$35,248 TO \$52,130

Motion: Commissioner Burke Chairman White Second:

11

Roll Call Vote: Unanimous

## MOTION TO AUTHORIZE AN INCREASE IN AUTHORITY FOR CLAIM # 3530001230 FROM \$15,000 TO \$119,837

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

## MOTION TO AUTHORIZE AN INCREASE IN AUTHORITY FOR CLAIM # 3530001255 FROM \$15,000 TO \$51,995.97

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

## MOTION TO AUTHORIZE AN INCREASE IN AUTHORITY FOR CLAIM # 3530000857 FROM \$43,757.70 TO \$123,533.70

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

## MOTION TO AUTHORIZE AN INCREASE IN AUTHORITY FOR CLAIM # 3530000355 FROM \$80,461 TO \$95,965

Motion: Commissioner Burke Second: Chairman White Roll Call Vote: Unanimous

#### **MOTION TO ADJOURN:**

Motion: Commissioner Burke Second: Commissioner Jones

Roll Call Vote: Unanimous

**MEETING ADJOURNED: 10:52AM** 

Minutes prepared by: Cathy Dodd, Assisting Secretary

## GLOUCESTER COUNTY INSURANCE COMMISSION OPEN MINUTES

#### MEETING – Wednesday, July 22, 2015 2 South Broad Street, Conference Room B Woodbury, NJ 10:00 AM

Meeting called to order by Gerald A. White, Chairman. Open Public Meetings notice read into record.

#### **ROLL CALL OF COMMISSIONERS:**

Gerald White, Chairman Present Michael Burke, Vice Chairman Present

Tamarisk Jones Present (via teleconference)

#### **FUND PROFESSIONALS PRESENT:**

Executive Director PERMA Risk Management Services

Joe Hrubash (via teleconference)

Claims Service Insurance Services, Inc.

Veronica George (via teleconference) Terry Sheerin (via teleconference) Ashley Nelms (via teleconference) Keith Platt (via teleconference) Steven Daniels (via teleconference)

Consolidated Services Group, Inc.

Conner Strong & Buckelew

Michelle Leighton (via teleconference)

Underwriting Services Director/RMC Hardenbergh Insurance Group

**Bonnie Ridolfino** (via teleconference) **Jenna Quatronne** (via teleconference)

Attorney Long Marmero & Associates

**Doug Long Esq.** (via teleconference)

Treasurer

Safety Director J.A. Montgomery Risk Control

#### **ALSO PRESENT:**

Dean Sizemore, Gloucester County, (via teleconference)
Jill DePoder, Long Marmero & Associates, (via teleconference)
Cathy Dodd, PERMA Risk Management Services (via teleconference)

**CLOSED SESSION**: Chairman White read and requested a motion to approve Resolution 42-15 authorizing a Closed Session to discuss PARS and SARS.

## RESOLUTION 42-15, EXECUTIVE SESSION FOR THE PURPOSE AS PERMITTED BY THE OPEN PUBLIC MEETINGS ACT, MORE SPECIFICALLY TO DISCUSS PARS RELATED TO PENDING OR ANTICIPATED LITIGATION

Motion: Chairman White Second: Commissioner Burke

Roll Call Vote: Unanimous

#### MOTION TO RETURN TO OPEN SESSION

Motion: Chairman White Second: Commissioner Burke

Roll Call Vote: Unanimous

**OLD BUSINESS:** None

**NEW BUSINESS:** None

**PUBLIC COMMENT:** 

#### MOTION TO OPEN MEETING TO PUBLIC

Moved: Chairman White Second: Commissioner Burke

Roll Call Vote: Unanimous

Seeing no members of the public wishing to speak Chairman White asked for a motion to close the public comment portion of the meeting.

#### MOTION TO CLOSE THE MEETING TO THE PUBLIC

Moved: Chairman White Second: Commissioner Burke

Roll Call Vote: Unanimous

Commission Attorney requested motions on the following items:

## MOTION TO AUTHORIZE AN INCREASE FOR CLAIM # 3530001223 TO \$68,507.17 AN INCREASE OF \$15,507.17

Motion: Chairman White Second: Commissioner Burke

Roll Call Vote: Unanimous

MOTION TO AUTHORIZE AN INCREASE FOR CLAIM # 3530000547 TO \$111,429.14 AN INCREASE OF \$20,000

MOTION TO AUTHORIZE A PAYMENT AUTHORITY REQUEST FOR CLAIM # 3530001346 IN THE AMOUNT OF \$8,170.76

MOTION TO AUTHORIZE A SETTLEMENT REQUEST FOR TONKINSON VS GC OFFICE OF ENGINEERING IN THE AMOUNT OF \$500

#### **MOTION TO ADJOURN:**

Motion: Chairman White Second: Commissioner Burke

Roll Call Vote: Unanimous

**MEETING ADJOURNED: 10:25 AM** 

Minutes prepared by: Cathy Dodd, Assisting Secretary

### **APPENDIX II**

#### **RESOLUTION NO. 47-15**

#### **Gloucester County Insurance Commission**

(hereinafter the "Insurance Commission")

Revised September 10, 2015

### BE IT RESOLVED BY THE INSURANCE COMMISSION'S GOVERNING BODY THAT EFFECTIVE 1/1/15 THE 2015 PLAN OF RISK MANAGEMENT SHALL BE:

- 1.) The perils or liability to be insured against.
  - a.) The Insurance Commission insures the following perils or liability:
    - Workers' Compensation including Employer's Liability, USL&H and Harbor Marine/Jones Act.
    - General Liability including Law Enforcement Liability and Employee Benefits Liability.
    - Automobile Liability including PIP and Uninsured/Underinsured Motorists Coverage.
    - Property, Auto Physical Damage and Boiler & Machinery.
  - b.) The following coverage are provided to the Insurance Commission's member entities by their membership in the New Jersey Counties Excess Joint Insurance Fund (NJC).
    - Excess Workers' Compensation including employers liability
    - Excess General Liability including law enforcement liability
    - Excess Auto Liability
    - Excess Property including Boiler and Machinery
    - Public Officials Liability/School Board Legal/EPL
    - Crime
    - Pollution Liability
    - Medical Professional and General Liability
    - Excess Medical Professional and General Liability

- program coverage is purchased or not. Losses shall also be adjusted subject to a \$100,000 per occurrence Insurance Commission deductible for pumping stations, pistol ranges, vehicles and mobile equipment less the applicable member entity deductible.
  - "Named Storm as respects to covered property in Atlantic, Ocean, Monmouth and Burlington Counties located east of the Garden State Parkway and any covered property in Cape May County" For Property Damage: subject to a deductible of 1% of the value, per the Schedule of Values on file with the company as of the date of loss, for those Buildings where the direct physical loss or damage occurred, per occurrence; For Time Element: 1% of the full 12 months Gross Earnings or Gross Profit values that would have been earned following the occurrence by use of the facilities at the Location where the direct physical loss or damage occurred and all other Locations where Time Element loss ensues, per occurrence. The 1% Time Element deductible does not apply Extra Expense. Combined PD and TE deductible subject to a minimum deductible of \$250,000 per Location and a maximum deductible of \$1,000,000 per occurrence. The "Named Storm" deductible is a per member entity deductible.
  - Note: The Gloucester County Insurance Commission provides coverage for the difference in deductible for "insured property" resulting from "insured perils" (per the terms and conditions of the Zurich policy through the NJC JIF), but only for what is not reimbursed by FEMA less the member entity deductible. The Gloucester County Insurance Commission will not provide coverage for the difference in deductible for time element loss.

Named Storm is defined as any storm or weather disturbance that is named by the U.S. National Oceanic and Atmospheric Administration (NOAA) or the U.S. National Weather Service or the National Hurricane Center or any comparable worldwide equivalent.. Location is defined as a building(s) bounded on all sides by public streets, clear land space or open waterways, each not less than 50 feet wide, a site or tract of land occupied or available for occupancy with tangible property. If the Named Storm involves covered property within the Special Flood Hazard Area (SFHA) the Special Flood Hazard Area (SFHA) deductible above applies.

Special Flood Hazard Area (SFHA) - Is an area defined by FEMA or any foreign equivalent that will be inundated by the flood event having a 1-percent chance of being equaled or exceeded in any given year. The 1-percent annual chance flood is also referred to by FEMA as the base flood or 100-year EDGE-100-B (12/10) flood. SFHA's

- data, estimates from it are not affected by changes in case reserving practices. However, the results of this method are sensitive to changes in the rate of which claims are settled and losses are paid, and may underestimate ultimate losses if provisions are not included for very large open claims.
- <u>Case Incurred Loss Development Method</u> This method is similar to the
  paid loss development method except it uses historical case incurred loss
  patterns (paid plus case outstanding reserves) to estimate ultimate losses.
  Because the data used includes case reserve estimates, the results from
  this method may be affected by changes in case reserve adequacy.
- 11.) The maximum amount a certifying and approving officer may approve pursuant to N.J.A.C. 11:15-2.22.
  - \$15,000 for workers compensation claims
  - \$15,000 for liability claims
  - With the advance approval of the Insurance Commission Attorney or Executive Director, the certifying and approving officer may also pay hospital bills if waiting until after the next regularly scheduled Insurance Commission meeting would result in the loss of a discount on such bills. When the certifying and approving officer utilizes this authority, a report shall be made to the Commissioners at their next meeting.

Adopted by the Governing Body this 24<sup>th</sup> day of September 2015.

Gloucester County Insurance Commission			
Ву:			
	Chairperson		
Attest:_			
	Secretary		

#### ADDENDUM II

#### 2015 Risk Management Plan Addendum #2

#### New Jersey Uninsured and Underinsured Motorists Coverage

With respects to coverage provided by this Addendum, the provisions of Policy # PK1019014 – Coverage forms CA 00 01 12 93, IL 00 17 11 98, IL 00 21 07 02, IL 02080702 apply unless modified by this Addendum.

This Addendum is effective January 1, 2015.

Limit of Insurance:

Bodily Injury: \$15,000 per person

\$30,000 per accident

Property Damage: \$ 5,000 per accident

#### A. Coverage

- 1. We will pay all sums the insured is legally entitled to recover as compensatory damages from the owner or driver of an uninsured and underinsured motor vehicle. The damages must result from bodily injury sustained by the insured, or property damage caused by an accident. The owner's or driver's liability for these damages must result from the ownership, maintenance or use of an uninsured and underinsured motor vehicle.
- 2. With respect to damages resulting from an occurrence with an underinsured motor vehicle, we will pay under this coverage only if a. or b. applies:
  - a. The limit of any applicable liability bonds or policies have been exhausted by judgments or payments; or
  - b. A tentative settlement has been made between an insured and the insurer of an underinsured motor vehicle and we:
    - (1) Have been given prompt written notice of such tentative settlement; and
    - (2) Advanced payment to the insured in an amount equal to the tentative settlement within 30 days after receipt of notification.
- 3. Any judgment for damages arising out of a suit brought without **our** written consent is not binding on **us**.
- B. Who is An Insured

If the Named Insured is designated in the General Endorsements (SNS Gen **01-01** (04/10) and SNS GEN **01-06** (04-10) of Policy # PK1019014 as:

- 1. An individual, then the following are insured:
  - i. The Named Insured and any family members.
  - ii. Anyone else **occupying** a covered auto or a temporary substitute for a covered auto. The covered auto must be out of service because of its breakdown, repair, servicing, loss or destruction.
  - iii. Anyone for damages he or she is entitled to recovery because of bodily injury sustained by another insured.

- 2. A partnership, limited liability company, corporation or any other form of organization, then the following are insureds:
  - Anyone occupying a covered auto or a temporary substitute for a covered auto. The covered auto must be out of service because of its breakdown, repair, servicing, loss or destruction.
  - ii. Anyone for damages he or she is entitled to recover because of bodily injury sustained by another insured.

#### C. Exclusions

This insurance does not apply to any of the following:

- With respect to an uninsured and underinsured motor vehicle, any claim settled without our consent.
- 2. Damages for pain, suffering and inconvenience resulting from bodily injury caused by an accident involving an **uninsured** and underinsured motor vehicle unless the injured person has a legal right to recover damages for such pain, suffering and inconvenience under the New Jersey Automobile Reparation Reform Act. The injured person's legal right to recover damages for pain, suffering and inconvenience under the New Jersey Automobile Reparation Reform Act will be determined by the liability tort limitation, if any, applicable to that person.
- 3. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
- 4. The direct or indirect benefit of any insurer of property.
- 5. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
- 6. **Property damage** for which the Insured had been or is entitled to be compensated by other property or physical damage insurance.
- 7. The first \$500 of the amount of **property damage** to the property of each insured as the result of any one accident.
- 8. **Property damage** caused by a hit-and-run vehicle.
- 9. Punitive or exemplary damages.
- 10. Bodily injury or **property damage** sustained by an Insured who Is an owner of a motor vehicle:
  - i. Insured under a basic automobile insurance policy issued in accordance with New Jersey law or regulation; or
  - ii. Required to be insured in accordance with New Jersey law or regulation, but not insured for this coverage or any similar coverage.

However, this exclusion does not apply to an individual Named Insured, and such Named Insured's spouse, unless the individual Named Insured or such Named Insured's spouse are **occupying**, at the time of an accident, a motor vehicle described in Subparagraph a. or b. under Item B Who is An Insured.

#### D. Limit of Insurance

- 1. Regardless of the number of covered autos, insureds, premiums paid, claims made or vehicles involved in the accident, the Limit of Insurance shown in this Addendum for Uninsured Motorists Coverage is the most we will pay for all damages resulting from any one accident with an **uninsured and underinsured motor vehicle**.
  - i. However, subject to our maximum limit of Insurance for this coverage, if:
    - 1. An insured is not the individual named insured under this Coverage;
    - 2. That Insured is an individual named insured under one or more other policies providing similar coverage; and

- 3. All such other policies have a limit of insurance for similar coverage which is less than the Limit of Insurance for this coverage; then the most we will pay for all damages resulting from any one accident with an uninsured and underinsured motor vehicle shall not exceed the highest applicable limit of insurance under any coverage from or policy providing coverage to that insured as an individual named insured.
- ii. However, subject to our maximum Limit of Insurance for this coverage, if;
  - 1. An insured is not the individual named insured under this Addendum or any other policy:
  - 2. That insured is insured as a **family member** under one or more other policies providing similar coverage; and
  - 3. All such other policies have a limit of insurance for similar coverage which is less than the Limit of Insurance for this coverage;

Then the most **we** will pay for all damages resulting from any one accident with an **uninsured and underinsured motor vehicle** shall not exceed the highest applicable limit of insurance under any coverage form or policy provide coverage to that Insured as a **family member**.

- With respect to damages resulting from an accident involving an uninsured and underinsured motor vehicle, we will not make a duplicate payment under this Coverage for any element of loss for which payment has been made by or for anyone who is legally responsible.
- 3. No one will be entitled to receive duplicate payments for the same elements of loss under this Addendum and any Liability Coverage Form or Endorsement within Policy # PK1019014.

**We** will not pay for element of loss if a person is entitled to receive payment for the same elements of loss under any personal injury protect benefits.

#### E. Conditions

All "Other Insurance" Conditions stated in Policy # PK1019014 are deleted in their entirely and replaced with the following:

If there is other applicable insurance available under one or more policies or provisions of coverage:

- The maximum recovery under all coverage forms or policies combined may equal but not exceed the highest applicable limit for any one vehicle under any coverage form or policy provided coverage on either a primary or excess basis.
   However, if an Insured is:
  - i. An individual named insured under one or more policies providing similar coverage; and
  - ii. Not **occupying** a vehicle owned by that individual named insured;

then any recovery for damages for bodily injury or **property damage** for that insured may equal but not exceed the highest applicable limit for any one vehicle under any coverage form or policy provided coverage to that insured as an individual named insured.

However, if an insured is:

 Insured as a family member under one or more policies providing similar coverage;

and

ii. Not an individual named insured under this or any other Policy;

then any recovery for damages for bodily injury or **property damage** for that insured may equal but not exceed the highest applicable limit for any one vehicle under any coverage form or Policy provided coverage to that insured as a **family member**.

- 2. Any insurance provide with respect to a vehicle the Named Insured does not own shall be excess over any other collectible uninsured motorist's insurance providing coverage on a primary basis.
- 3. If the coverage under this Addendum is provided:
  - i. On a primary basis, **we** will pay only **our** share of the loss that must be paid under insurance providing coverage on a primary basis. Our share is the proportion that **our** limit of liability bears to the total of all applicable limits of liability for coverage on a primary basis.
  - ii. On an excess basis, **we** will pay **only** our share of the loss that must be paid under insurance providing coverage on an excess basis. **Our** share is the proportion that our limit of liability bears to the total of all applicable limits of liability for coverage on an excess basis.
- F. Duties In The Event of Accident

All provisions as stated in Policy # PK1019014 and the following:

- 1. Promptly notify the policy if a hit-and-run driver is involved; and
- 2. Promptly send **us** copies of the legal papers if a suit is brought.
- A person seeking coverage under this Addendum must also promptly notify **us**, in writing, of a tentative settlement between the **insured** and the insurer of an **underinsured motor vehicle**, and allow us to advance payment to that **insured** in an amount equal to the tentative settlement within 30 days after receipt of notification to preserve **our** rights against the insurer, owner or operator of such **underinsured motor vehicle**
- G. Transfer of Rights of Recovery Against Others To Us
  If we make any payment and the insured recovers from another party, the insured shall hold
  the proceeds in trust for us and pay us back the amount we have paid. Our rights do not
  apply under this provision with respect to damages caused by an occurrence with an
  underinsured motor vehicle if we:
  - a. Have been given prompt notice in writing of a tentative settlement between an insured and the insurer of an **underinsured motor vehicle**; and
  - Fail to advance payment to the insured in an amount equal to the tentative settlement within 30 days after receipt of notification

If **we** advance payment to the **insured** in an amount equal to the tentative settlement within 30 days after receipt of notification:

- (1) That payment will be separate from any amount the **insured** is entitled to recover Under the provisions of this endorsement; and
- (2) **We** also have a right to recover the advanced payment

#### H. Arbitration

- 1. If we and an insured disagree whether the insured is legally entitled to recover damages from the owner or driver of an uninsured and underinsured motor vehicle or do not agree as to the amount of damages that are recoverable by that insured, then the matter may be arbitrated. However, disputes concerning coverage under this Addendum may not be arbitrated. Either party may make a written demand for arbitration. In this event each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within 30 days, either may request that selection be made by a judge of a court having jurisdiction. Each party will pay the expense it incurs and bear the expenses of the third arbitrator equally.
- 2. Unless both parties agree otherwise, arbitration will take place in the county in which the insured lives. Local rules of law as to arbitration procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding.

#### G. Additional Definitions

- 1. **Family member** means a person related to an individual Named Insured by blood, marriage, or adoption who is a resident of such Named Insured's household, including a ward or foster child.
- 2. **Insured/we/us/our** means Gloucester County Insurance Commission
- 3. **Occupying** means in, upon, getting in, on, or out off.
- 4. **Property damage** means damage to a covered auto, or to any property of an insured while contained in a covered auto.
- 5. **Underinsured motor vehicle** means the following:
  - i. With respect to an insured who:
    - 1. Is not the individual named insured under this Addendum; and
    - 2. Is an individual named insured under one or more other policies providing similar coverage

Underinsured motor vehicle means a land motor vehicle or trailer of any type to which a liability bond or Policy applies at the time of an occurrence but its limit of liability is less than the highest applicable limit of liability under any coverage form or Policy providing coverage to that insured as an individual named insured

- ii. With respect to an insured who:
  - Is not the individual named insured under this Policy or any other Policy;
     and
  - 2. Is insured as a **family member** under one or more other policies providing similar coverage,

Underinsured motor vehicle means a land motor vehicle trailer any type to which a liability bond or Policy applies at the time of an occurrence but its limit for liability is less than the highest applicable limit of liability under any coverage form or Policy providing coverage insured as a family member

with respect to any other **insured** who is not described in paragraphs i. or ii. above, underinsured motor vehicle means a land motor vehicle or trailer of any type to which a liability bond or policy applies at the time of an occurrence but its limit of liability is less than the limit of insurance for this coverage. however, an **underinsured motor vehicle** does not include any vehicle:

- 3. Owned or operated by a self-insurer under any applicable motor vehicle law:
- 4. Owned by any governmental unit or agency
- Operated on rails or crawler treads;
- 6. Designed for use mainly off public roads while not on public roads; or
- 7. While located for use as a residence or premises
- 8. Owned by or furnished or available for the regular use of the named Insured or, if the Named insured is an individual, any **family member**.
- 6. **Uninsured motor vehicle** means a land motor vehicles or trailer:
  - i. For which no liability bond or policy applies as the time of an accident;
  - ii. For which an insuring or bonding company denies coverage or is or becomes insolvent; or
  - iii. That, with respect to damages for bodily injury only, is as hit-and-run vehicle whose operator or owner cannot be indentified and that hits, or causes an accident resulting in bodily injury without hitting:
    - 1. An individual Named Insured or any family member;
    - 2. A vehicle that the Named Insured or any family member, if the Named Insured is an individual, and occupying; or
    - 3. a covered auto.

However, uninsured motor vehicle does not include any vehicle:

- Owned by or furnished or available for the regular use of the Named Insured or any family member, if the Named Insured is an individual;
- ii. Owned or operated by a self –insured under any applicable motor vehicle law, except a self-insurer who is or becomes insolvent and cannot provide the amounts required by that motor vehicle law;
- iii. Owned by any government unit or agency;
- iv. Insured under a basic automobile insurance policy issued in accordance with New Jersey law or regulation;
- v. Operated on rails or crawler treads;
- vi. Designed for use mainly off public roads while not on public roads;
- vii. Whiled located for use as a residence or premises.