

**GLOUCESTER COUNTY INSURANCE COMMISSION
AGENDA AND REPORTS
THURSDAY, APRIL 23, 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: APRIL 23, 2015
WOODBURY, NJ
9:30 AM

- ☐ **MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ**
- ☐ **ROLL CALL OF COMMISSIONERS**
- ☐ **APPROVAL OF MINUTES:** February 26, 2015 Open MinutesAppendix I
February 26, 2015 Closed Minutes.....Handout

- ☐ **CORRESPONDENCE:**

- ☐ **COMMITTEE REPORTS**
 - ☐ **Safety Committee:**Verbal
 - ☐ **Claims Committee:**Verbal

- ☐ **EXECUTIVE DIRECTOR/ADMINISTRATOR - PERMA**
 - Executive Director's Report.....Pages 4-23

- ☐ **EMPLOYEE BENEFITS – Conner Strong & Buckelew**
 - Monthly Report – February & MarchPages 24-32

- ☐ **TREASURER – Gary Schwarz**
 - Resolution **23-15** March Bill List – Motion Pages 33-34
 - Resolution **24-15** March Health Bill List - MotionPage 35
 - Resolution **25-15** April Bill List – Motion Pages 36-37
 - Resolution **26-15** April Health Bill List - MotionPage 38
 - January & February Treasurer Reports.....Pages 39-42

- ☐ **CLAIMS SERVICE – Inservco Insurance Services, Inc.**
 - Resolution **27-15** Authorizing Disclosure of Liability Claims Check RegisterPages 43-44
 - Liability Claim Payments – 2/1/15 to 2/28/15Pages 45-46
 - Liability Claim Payments – 3/1/15 to 3/31/15Pages 47-49

- ☐ **MANAGED CARE – Consolidated Services Group, Inc., Jennifer Pard Goldstein**
 - CSG Monthly Summary ReportPage 50

- ☐ **CEL SAFETY DIRECTOR – J.A. Montgomery Risk Control**
 - Monthly Report.....Pages 51-53
 - Loss Control Report – Gloucester County Improvement Authority Appendix III

- ☐ **RISK MANAGERS REPORT, UNDERWRITING SERVICES DIRECTOR**
 - Hardenbergh Insurance Group**
 - Monthly Report.....Pages 54-59

- ☐ **ATTORNEY – Long Marmero & Associates, LLP** Verbal
- ☐ **OLD BUSINESS**

- ☐ **NEW BUSINESS**
- ☐ **PUBLIC COMMENT**
- ☐ **CLOSED SESSION – Payment Authorization Requests (PARS/SARS)Pages 60-62**
Resolution [28-15](#) 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 Jeffrey Gilbert vs. Gloucester County and
John Petroski vs Gloucester County
- Motion for Executive Session
- Claims Review by Inservco**Handout**

MEETING ADJOURNMENT

NEXT SCHEDULED MEETING: June 25, 2015, 9:30 AM, 2 S. Broad Street, Woodbury, NJ

GLOUCESTER COUNTY INSURANCE COMMISSION

9 Campus Drive, Suite 16, Parsippany, NJ 07054

Telephone (201) 881-7632

Fax (201) 881-7633

Date: April 23, 2015

Memo to: Commissioners of the Gloucester County Insurance Commission

From: PERMA Risk Management Services

Subject: Executive Director's Report

- ☐ **2015 Risk Management Plan Revisions** – Included in Appendix II of the agenda is an amended 2015 Risk Management Plan. The changes are highlighted in yellow. Executive Director will review the changes with the Commission.
 - ☐ **Motion to adopt Resolution 20-15, amendment to the 2015 Risk Management Plan**
- ☐ **Professional Legal Services Contract – (Page 7)** Included in the agenda on page 7 is Resolution 21-15 which extends the award of professional legal services contract to Archer & Greiner, PC in the matter of the Estate of Autumn Pasquale.
 - ☐ **Motion to adopt Resolution 21-15, Extending the Award of Professional Legal Services Contract to Archer & Greiner, PC in the Matter of the Estate of Autumn Pasquale, et al; Docket # GLO-L-1474-14**
- ☐ **Commission Attorney Contract (Pages 8-9)** – At the December 18, 2014 Commission Meeting the Commissioners approved the appointment of Long Marmero & Associate for the period of 4-25-14 to 4-25-15. Included in the agenda on pages 8-9 is Resolution 22-15 which extends the Long Marmero & Associate Agreement through April 25, 2015.
 - ☐ **Motion to adopt Resolution 22-15, Extending the Award of Professional Service Contract to Long Marmero & Associates, LLP**
- ☐ **RFP For Commission Attorney** – The Commission Attorney contract terminates on April 25, 2015. PERMA issued a Request for Price Quotes and Qualifications and the responses were due on March 12, 2015. There were three responses received. The responses will be reviewed and evaluated at the Commission meeting. PERMA will prepare the resolution and contract for the appointed firm.
 - ☐ **Motion to approve the appointment of _____ for the period of April 25, 2015 to April 25, 2016**

- ❑ **Certificate of Insurance Report (Pages 10-13)** - Attached on pages 10-13 is the certificate of insurance issuance reports from the CEL listing those certificates issued for the period 2/20/15 to 4/15/15. There were 23 certificates of insurance issued during this period
- ❑ **GCIC Property and Casualty Financial Fast Track (Pages 14-15)** - Included in the agenda on pages 14-15 are copies of the January and February Property & Casualty Financial Fast Track Reports. As of February 28, 2105 the Commission has a surplus of \$3,186,933. 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 \$1,250,375.
- ❑ **NJ CEL Property and Casualty Financial Fast Track (Pages 16-17)** – Included in the agenda on pages 16-17 are copies of the CEL Financial Fast Track Reports for the months of January and February. As of **February 28, 2015** the Fund has a surplus of **\$5,802,522**.
- ❑ **Health Benefits Financial Fast Track (Page 18)** - Included in the agenda on page 18 are copies of the Health Benefits Financial Fast Track for the month of January. As of **January 31, 2015** there is a surplus of **\$103,792**.
- ❑ **New Claims Tracking Reports (Pages 19-20)** – Included in the agenda on pages 19-20 are copies of the Claim Activity Report and the Claims Management Report Expected Loss Ratio Analysis reports as of March 31, 2015. The Executive Director will review the reports with the Commission.
- ❑ **NJ Excess Counties Insurance Fund (CELJIF) (Pages 21-23)** - The CEL held their Reorganization meeting on February 26, 2015 and adopted the respective resolutions to conduct business. Mr. Proctor provided a marketing report advising the 2015 focus would be on the Counties of Essex, Monmouth, Bergen, Cape May and Middlesex. The Underwriting Manager also provided a report on the 2015 Renewal Program. A full summary report of that meeting is included in the agenda on pages 21-23. The CEL will be meeting again this afternoon. The next CEL meeting is scheduled for June 25, 2015 at 1:00 PM.
- ❑ **2015 Property & Casualty Assessments** – In accordance with the Commission’s by Laws, the property and casualty assessment bills were mailed to the member entities via certified mail and e-mail. The payments were due on March 15, 2015. The Treasurer’s office advised all payments have been received. The next assessment payment is due on May 15, 2015.
- ❑ **2015 Excess Insurance and Ancillary Coverage Policies** - On April 7, 2015 the CEL Underwriting Manager distributed an e-mail providing login information and instructions to access the Conner Strong & Buckelew website to view the insurance policies and endorsements. If any authorized representative experiences difficulty with the website they should contact the PERMA office for assistance.

- ❑ **GCIC Website** – The new website is being reviewed by the County. Once we have their comments and approval the site will go live. PERMA will send an announcement to the Commission when the site is live along with the URL address.
- ❑ **2014 Audit** – The Auditor is in the process of preparing the 2014 Fund Year Audit. When the audit is completed, Mr. Jim Miles of Bowman & Company will be asked to attend the meeting to review his report with the Commission.
- ❑ **2015 Meeting Schedule** – As a reminder the Commission will not meet in May. The next meeting is scheduled for June 25, 2015.

RESOLUTION 21-15

**GLOUCESTER COUNTY INSURANCE COMMISSION EXTENDING THE
AWARD OF PROFESSIONAL LEGAL SERVICES CONTRACT TO
ARCHER & GREINER, PC IN THE MATTER OF THE ESTATE OF
AUTUMN PASQUALE, et al.; DOCKET # GLO-L-1474-14**

WHEREAS, the Gloucester County Insurance Commission (hereinafter the "Commission") is duly constituted as a joint insurance fund and is subject to certain requirements of the Local Public Contracts Law; and

WHEREAS, there exists a need by the Commission for professional legal services in connection with the Estate of Autumn Pasquale, et al. v. Gloucester County, et al., Docket #: GLO-L-1474-14.

WHEREAS, Archer & Greiner, PC represents that it is qualified to perform services and desires to perform pursuant to the terms and provisions of the Retainer Agreement dated February 12, 2015, a copy of which is attached hereto and incorporated herein by reference as Exhibit "A", between the Commission and Archer & Greiner, PC;

WHEREAS, there exists the need by the Commission to approve the Retainer Agreement for legal services to be performed by Archer & Greiner, PC to provide representation to Gloucester County pursuant to the terms and provisions of the of the Retainer Agreement dated February 12, 2015 and attached hereto as Exhibit "A".

NOW THEREFORE BE IT RESOLVED, by the Gloucester County Insurance Commission that Archer & Greiner, PC provide professional legal services to Gloucester County in the matter of the Estate of Autumn Pasquale, et al. v. Gloucester County, et al., Docket #: GLO-L-1474-14.

ADOPTED by THE GLOUCESTER COUNTY INSURANCE COMMISSION at a properly noticed meeting held on April 23, 2015.

ADOPTED:

GERALD A. WHITE, CHAIRMAN

ATTEST:

MICHAEL BURKE, VICE CHAIRMAN

RESOLUTION 22-15

**GLOUCESTER COUNTY INSURANCE COMMISSION EXTENDING THE
AWARD OF PROFESSIONAL SERVICE CONTRACT TO
LONG MARMERO & ASSOCIATES, LLP**

WHEREAS, the Gloucester County Insurance Commission (hereinafter the "Commission") is duly constituted as a joint insurance fund and is subject to certain requirements of the Local Public Contracts Law; and

WHEREAS, there exists a need by the Commission for professional services for a provision of Commission Attorney services in connection with Gloucester County Insurance Commission, as more particularly set forth in RFP-14-001 and was awarded pursuant to and consistent with Gloucester County Insurance Commission's fair and open procurement process and the terms and provisions of N.J.S.A. 19:44A-20.4;

WHEREAS, Long Marmero & Associates, LLP represents that it is qualified to perform services and desires to perform pursuant to the terms and provisions of the contract dated June 26, 2014, a copy of which is attached hereto and incorporated herein by reference as Exhibit "A", between the Commission and Long Marmero & Associates, LLP ("Commission Attorney");

WHEREAS, within said Contract it is stated and agreed upon that the time in which Long Marmero & Associates, LLP is to serve as Commission Attorney was extended and began on April 25, 2014 and conclude is to conclude on October 23, 2014;

WHEREAS, there exists the need by the Commission to extend the Contract of the Commission Attorney to the Gloucester County Insurance Commission as set forth in RFP-14-001 and as pursuant to the terms and provisions of the contract dated June 26 2014 incorporated herein by reference as Exhibit "A", between the Commission and Commission Attorney;

WHEREAS, the Commission extended the Commission Attorney appointment from October 23, 2014 to December 18, 2014 pursuant to the Amended Professional Services Agreement between the Commission and Commission Attorney dated October 23, 2014 as incorporated herein by reference as Exhibit "B";

WHEREAS, there exists the need by the Commission to extend the Contract of the Commission Attorney to the Gloucester County Insurance Commission until April 25, 2015;

WHEREAS, the Commission extended the Commission Attorney appointment to Long Marmero & Associates, LLP through April 25, 2015 pursuant to the Amended Professional Services Agreement between the Commission and Commission Attorney dated April 23, 2015;

NOW THEREFORE BE IT RESOLVED, by the Gloucester County Insurance Commission that the Commission Attorney appointment be extended from April 25, 2014 through and including April 25, 2015.

ADOPTED by THE GLOUCESTER COUNTY INSURANCE COMMISSION at a properly noticed meeting held on April 23, 2015.

ADOPTED:

GERALD A. WHITE, CHAIRMAN

ATTEST:

MICHAEL BURKE, VICE CHAIRMAN

Gloucester County Insurance Commission Certificate of Insurance Monthly Report

Wednesday, April 15, 2015

From 2/20/15 to 4/15/15

Holder (H) / Insured Name (I)	Holder / Insured Address	Code	Operations	Date	Coverage
H- Rowan University I- County of Gloucester	Attn: Jessica Porch 2001 Mullica Hill Road Glassboro, NJ 08028 2 South Broad Street Woodbury, NJ 08096	278	Evidence of insurance. All operations usual to County Governmental Entity as respects to the the hosting of approximately 375 high school students attending the S.U.R.E. (Students United for Respect and Equality) Student Summit March 19, 2015 and the Mental Health Conference on May 25th, 2015 that we anticipate 200-250 public attendees. 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	3/17/2015	GL EX AU WC
H- Rowan University I- County of Gloucester	Attn: Jessica Porch 2001 Mullica Hill Road NJ 08028 2 South Broad Street Woodbury, NJ 08096	278	Certificate holder and the State of New Jersey and the new Jersey Educational Facilities Authority are additional insured 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 the hosting of approximately 375 high school students attending the S.U.R.E. (Students United for Respect and Equality) Student Summit March 19, 2015 and the Mental Health Conference on May 25th, 2015 that we anticipate 200-250 public attendees. 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	3/18/2015	GL EX AU WC
H- State of NJ - Dept of Children & Families I- County of Gloucester	Youth & Family Services Camden Area Office, 201 Laurel Road 4 Echelon Plaza--1st Floor Voorhees, NJ 08043 2 South Broad Street Woodbury, NJ 08096	286	Certificate holder is additional insured 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 the 2015 Human Services Planning Grant Contract # 15ANHS. 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	3/22/2015	GL EXAUWC
H- TD Bank, National Association I- Gloucester County Improvement Authority (SLNH) Woodbury, NJ 08096	TD Wealth Management 1006 Astoria Blvd. Cherry Hill, 290 NJ 08034		Certificate holder is additional insured 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 to Shady Lane Nursing Home and the 2004 and 2012 Shady Lane Bond requirements.	2/24/2015	GLEX AU WC

			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- Protective Equipment Marketing I- Rowan College at Gloucester County	1025 Lanbrecht Road Frankfort, IL 60428 1400 Tanyard Road Sewell, NJ 08080	318	Evidence of insurance. All operations usual to County Governmental 3/26/2015 GLEXAU WC Entity respects to the company that supplies equipment and manpower for auto extrication courses. 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- Pet Valu I- Gloucester County Improvement Authority	141 Bridgeton Pike Mullica Hill, NJ 08062 109 Budd Boulevard Woodbury, NJ 08096	489	Evidence of insurance. All operations usual to County 2/24/2015 GL EX AU WC Governmental Entity as respects to "cats only" animal adoptions. (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- To Whom it May Concern I- County of Gloucester	2 South Broad Street Woodbury, NJ 08096	590	Evidence of insurance as respects Dr. Gerald Feigin. Gloucester 2/27/2015 GL, AU, EX, MM County has a \$100,000 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- To Whom it May Concern I- County of Gloucester	2 South Broad Street Woodbury, NJ 08096	590	Evidence of insurance as respects Dr. Jonathan Briskin. Gloucester 2/27/2015 GL AU, EX, MM County has a \$100,000 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- To Whom it May Concern I- County of Gloucester	2 South Broad Street Woodbury, NJ 08096	590	Evidence of insurance as respects Dr. Charles Siebert. Gloucester 2/27/2015 GL, AU EX MM County has a \$100,000 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- Gloucester Co. 4-H Association I- County of Gloucester	PO Box 149 Clayton, NJ 08312 2 South Broad Street Woodbury, NJ 08096	741	Evidence of insurance. All operations usual to County Governmental 4/9/2015 GLEX AUWC Entity with regard to the Gloucester Co. 4-H Gold Clover Horse Show Series, sponsored by the Gloucester Co. 4-H Youth Development Program, taking place at the Gloucester Co. 4-H Fairgrounds, 275 Bridgeton Pike, Mullica Hill NJ. Horse show dates are April 11, June 13, Sept. 12 and Oct. 17, 2015. Shows open 7 am and run until all classes are complete. 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 Association I- County of Gloucester	PO Box 149 Clayton, NJ 08312 2 South Broad Street Woodbury, NJ 08096	741	Evidence of insurance. All operations usual to County Governmental4/9/2015 GL EX AU WC Entity with regard to the Gloucester Co. 4-H Open Hunter Horse Show Series, sponsored by the Gloucester Co. 4-H Youth Development Program, taking place at the Gloucester Co. 4-H Fairgrounds, 275 Bridgeton Pike, Mullica Hill NJ. Horse show dates are April 26, May 17, June 27, August 15, and November 7, 2015. Shows open 7 am and run until all classes are complete. 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- Paloshire Farm I- County of Gloucester	c/o Linda Gentile 64 Commissioners Pike Woodstown, 748 NJ 08098 2 South Broad Street Woodbury, NJ 08096		Evidence of insurance. All operations usual to County 4/1/2015 GL EX AU WC Governmental Entity as respects to Gloucester County 4-H participation in a horse health clinic, at Paloshire Farm, on April 4th, 2015, 8 am to 4 pm. 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- Department of Children and Families I- Rowan College at Gloucester County	50 State Street Trenton, NJ 08625 1400 Tanyard Road Sewell, NJ 08080	801	Certificate holder is additional insured where obligated by virtue of a3/25/2015 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 as respects to the FY'16 application process for Center for People in Transition Displaced Homemakers Program funding. 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 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- New Jersey Historical Commission I- Rowan College at Gloucester County	Department of State 225 State St., PO Box 305 Trenton, NJ 08625-0305 1400 Tanyard Road Sewell, NJ 08080	1029	Evidence of insurance. All operations usual to County 3/9/2015 GL EX AU WC Governmental Entity as respects to to the FY15 grantor the New Jersey Historical Commission for five (5) immersive theater performances at the Whitall site at Red Bank Battlefield on June 5 & 6, 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- Evidence of Insurance I- Gloucester County Improvement Authority	109 Budd Boulevard Woodbury, NJ 08096	1060	Evidence of Insurance. Coverage extends to Shady Lane Nursing 3/25/2015 GL AU, EX MM Home.Gloucester County Improvement Authority dba Shady Lane Nursing Home has a \$10,000 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. 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 \$20,000,000.
H- TD Bank, National Association I- Gloucester County Improvement Authority	TD Wealth Management 1006 Astoria Blvd. Cherry Hill, 1113 NJ 08034 109 Budd Boulevard Woodbury, NJ 08096		Evidence of insurance. All operations usual to County 2/24/2015 PR Governmental Entity as respects to Shady Lane Nursing Home and the 2004 and 2012 Shady Lane Bond requirements.

H- TD Bank, National Association I- Gloucester County Improvement Authority	TD Wealth Management 1006 Astoria Blvd. Cherry Hill, 1113 NJ 08034 109 Budd Boulevard Woodbury, NJ 08096		Evidence of insurance. All operations usual to County Governmental Entity as respects to Shady Lane Nursing Home and the 2004 and 2012 Shady Lane Bond requirements.	2/24/2015 GL EX AU WC
H- Cape Regional Medical Center MM Cape May Court House, NJ 08210 I- Rowan College at Gloucester County	Attn: Byron Hunter, Vice President, Human Res 2 Stone Harbor Boulevard 1400 Tanyard Road Sewell, NJ 08080	1414	Evidence of Insurance. All operations usual to County Governmental Entity as respects to RCGC staff and students per the NMT clinical site agreement. 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. CLD	3/9/2015 GL,AU,EX,
H- West Deptford Energy, LLC I- Gloucester County Utilities Authority	3 Paradise Road West Deptford, NJ 08066 2 Paradise Road West Deptford, NJ 08066	1484	Certificate holder is additional insured where obligated by virtue of 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 use of access roads by GCUA vehicles. 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	a3/6/2015GL EX AU WC
H- Willow Grove Fire Company I- Rowan College at Gloucester County	879 Willow Grove Road Pittsgrove, NJ 08318 1400 Tanyard Road Sewell, NJ 08080	1488	Evidence of insurance. All operations usual to County Governmental Entity as respects to students learning 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	3/26/2015 GL EX AU WC
H- Eglington Cemetery I- Rowan College at Gloucester County	320 King Highway Clarksboro, NJ 08020 1400 Tanyard Road Sewell, NJ 08080	1492	Evidence of insurance. All operations usual to County Governmental Entity. (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	4/1/2015 GL EX AU WC
H- Dan Griff Farm I- County of Gloucester	106 Yegla Lane Newfield, NJ 08344 2 South Broad Street Woodbury, NJ 08096	1497	Evidence of insurance. All operations usual to County Governmental Entity as respects a Haz-Mat Full Scale Drill by Gloucester County Haz-Mat Team on private property.	4/15/2015 GL EX
H- Dan Griff Farm I- County of Gloucester	106 Yegla Lane Newfield, NJ 08344 2 South Broad Street Woodbury, NJ 08096	1497	Evidence of insurance. All operations usual to County Governmental Entity as respects a Haz-Mat Full Scale Drill by Gloucester County Haz-Mat Team on private property.	4/15/2015 PR

Total # of Holders = 23

GLOUCESTER COUNTY INSURANCE COMMISSION				
FINANCIAL FAST TRACK REPORT				
AS OF January 31, 2015				
ALL YEARS COMBINED				
	THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1. UNDERWRITING INCOME	487,680	487,680	26,550,463	27,038,143
2. CLAIM EXPENSES				
Paid Claims	298,703	298,703	6,603,805	6,902,508
Case Reserves	(187,981)	(187,981)	2,213,115	2,025,134
IBNR	86,253	86,253	1,544,673	1,630,926
Discounted Claim Value	70,415	70,415	(238,569)	(168,156)
TOTAL CLAIMS	267,390	267,390	10,123,024	10,390,412
3. EXPENSES				
Excess Premiums	232,618	232,618	11,584,681	11,817,299
Administrative	72,427	72,427	2,935,554	3,007,981
TOTAL EXPENSES	305,045	305,045	14,520,235	14,825,280
4. UNDERWRITING PROFIT (1-2-3)	(84,755)	(84,755)	1,907,204	1,822,451
5. INVESTMENT INCOME	0	0	7,237	7,237
6. PROFIT (4 + 5)	(84,755)	(84,755)	1,914,441	1,829,688
7. CEL APPROPRIATION CANCELLATION	0	0	148,760	148,760
8. INVESTMENT IN JOINT VENTURE	28,817	28,817	1,157,575	1,186,392
9. SURPLUS (6 + 7 + 8)	(55,938)	(55,938)	3,220,776	3,164,840
SURPLUS (DEFICITS) BY FUND YEAR				
2010	3,402	3,402	461,573	464,975
2011	(12,129)	(12,129)	108,056	95,927
2012	(42,672)	(42,672)	954,800	912,128
2013	(20,392)	(20,392)	927,236	906,844
2014	(22,295)	(22,295)	769,111	746,816
2015	38,148	38,148		38,148
TOTAL SURPLUS (DEFICITS)	(55,938)	(55,938)	3,220,776	3,164,838
TOTAL CASH				5,022,252
CLAIM ANALYSIS BY FUND YEAR				
FUND YEAR 2010				
Paid Claims	5,641	5,641	1,858,197	1,863,838
Case Reserves	(9,993)	(9,993)	62,252	52,259
IBNR	5,393	5,393	24,817	30,210
Discounted Claim Value	2,738	2,738	(6,108)	(3,370)
TOTAL FY 2010 CLAIMS	3,779	3,779	1,939,158	1,942,937
FUND YEAR 2011				
Paid Claims	28,292	28,292	2,370,813	2,399,105
Case Reserves	(19,400)	(19,400)	349,235	329,835
IBNR	(2,006)	(2,006)	60,993	58,987
Discounted Claim Value	13,942	13,942	(30,880)	(16,938)
TOTAL FY 2011 CLAIMS	20,828	20,828	2,750,161	2,770,989
FUND YEAR 2012				
Paid Claims	225,295	225,295	1,034,270	1,259,565
Case Reserves	(191,907)	(191,907)	744,800	552,893
IBNR	(13,142)	(13,142)	83,838	70,696
Discounted Claim Value	19,207	19,207	(43,824)	(24,617)
TOTAL FY 2012 CLAIMS	39,454	39,454	1,819,084	1,858,538
FUND YEAR 2013				
Paid Claims	4,862	4,862	998,113	1,002,975
Case Reserves	(975)	(975)	710,225	709,250
IBNR	(489)	(489)	286,042	285,553
Discounted Claim Value	17,443	17,443	(62,892)	(45,449)
TOTAL FY 2013 CLAIMS	20,841	20,841	1,931,488	1,952,329
FUND YEAR 2014				
Paid Claims	34,613	34,613	342,412	377,025
Case Reserves	(26,810)	(26,810)	346,603	319,793
IBNR	(22,233)	(22,233)	1,088,983	1,066,750
Discounted Claim Value	25,917	25,917	(94,867)	(68,950)
TOTAL FY 2014 CLAIMS	11,487	11,487	1,683,131	1,694,618
FUND YEAR 2015				
Paid Claims	0	0		0
Case Reserves	61,104	61,104		61,104
IBNR	118,729	118,729		118,729
Discounted Claim Value	(8,832)	(8,832)		(8,832)
TOTAL FY 2015 CLAIMS	171,001	171,001	0	171,001
COMBINED TOTAL CLAIMS	267,390	267,390	10,123,022	10,390,412
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.				

GLOUCESTER COUNTY INSURANCE COMMISSION					
FINANCIAL FAST TRACK REPORT					
AS OF February 28, 2015					
ALL YEARS COMBINED					
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME	487,680	975,360	26,550,463	27,525,823
2.	CLAIM EXPENSES				
	Paid Claims	41,955	340,658	6,603,805	6,944,463
	Case Reserves	40,033	(147,948)	2,213,115	2,065,167
	IBNR	113,581	199,835	1,544,673	1,744,508
	Discounted Claim Value	(2,170)	68,244	(238,569)	(170,327)
	TOTAL CLAIMS	193,399	460,789	10,123,024	10,583,811
3.	EXPENSES				
	Excess Premiums	263,268	495,886	11,584,681	12,080,567
	Administrative	72,904	145,331	2,935,554	3,080,885
	TOTAL EXPENSES	336,172	641,217	14,520,235	15,161,452
4.	UNDERWRITING PROFIT (1-2-3)	(41,891)	(126,645)	1,907,204	1,780,561
5.	INVESTMENT INCOME	0	0	7,237	7,237
6.	PROFIT (4 + 5)	(41,891)	(126,645)	1,914,441	1,787,798
7.	CEL APPROPRIATION CANCELLATION	0	0	148,760	148,760
8.	INVESTMENT IN JOINT VENTURE	63,983	92,800	1,157,575	1,250,375
9.	SURPLUS (6 + 7 + 8)	22,092	(33,845)	3,220,776	3,186,931
SURPLUS (DEFICITS) BY FUND YEAR					
	2010	9,579	12,982	461,573	474,555
	2011	22,798	10,669	108,056	118,725
	2012	(30,360)	(73,032)	954,800	881,768
	2013	12,246	(8,145)	927,236	919,091
	2014	(6,025)	(28,320)	769,111	740,791
	2015	13,854	52,002		52,002
	TOTAL SURPLUS (DEFICITS)	22,092	(33,845)	3,220,776	3,186,931
TOTAL CASH					
					3,325,861
CLAIM ANALYSIS BY FUND YEAR					
FUND YEAR 2010					
	Paid Claims	0	5,641	1,858,197	1,863,838
	Case Reserves	0	(9,993)	62,252	52,259
	IBNR	337	5,730	24,817	30,547
	Discounted Claim Value	38	2,777	(6,108)	(3,332)
	TOTAL FY 2010 CLAIMS	376	4,154	1,939,158	1,943,312
FUND YEAR 2011					
	Paid Claims	(2,297)	25,995	2,370,813	2,396,808
	Case Reserves	(26,252)	(45,653)	349,235	303,582
	IBNR	18,974	16,968	60,993	77,961
	Discounted Claim Value	505	14,447	(30,880)	(16,433)
	TOTAL FY 2011 CLAIMS	(9,070)	11,758	2,750,161	2,761,919
FUND YEAR 2012					
	Paid Claims	3,930	229,225	1,034,270	1,263,495
	Case Reserves	51,928	(139,979)	744,800	604,821
	IBNR	(23,515)	(36,657)	83,838	47,181
	Discounted Claim Value	(454)	18,753	(43,824)	(25,071)
	TOTAL FY 2012 CLAIMS	31,888	71,342	1,819,084	1,890,426
FUND YEAR 2013					
	Paid Claims	8,210	13,072	998,113	1,011,185
	Case Reserves	(17,320)	(18,296)	710,225	691,929
	IBNR	6,248	5,760	286,042	291,802
	Discounted Claim Value	1,464	18,907	(62,892)	(43,985)
	TOTAL FY 2013 CLAIMS	(1,398)	19,442	1,931,488	1,950,930
FUND YEAR 2014					
	Paid Claims	15,785	50,398	342,412	392,810
	Case Reserves	(28,840)	(55,650)	346,603	290,953
	IBNR	(14,160)	(36,393)	1,088,983	1,052,590
	Discounted Claim Value	5,320	31,237	(94,867)	(63,630)
	TOTAL FY 2014 CLAIMS	(21,895)	(10,408)	1,683,131	1,672,723
FUND YEAR 2015					
	Paid Claims	16,327	16,327		16,327
	Case Reserves	60,518	121,622		121,622
	IBNR	125,697	244,427		244,427
	Discounted Claim Value	(9,044)	(17,876)		(17,876)
	TOTAL FY 2015 CLAIMS	193,499	364,500	0	364,500
COMBINED TOTAL CLAIMS		193,399	460,789	10,123,022	10,583,811
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NEW JERSEY COUNTIES EXCESS JIF					
FINANCIAL FAST TRACK REPORT					
AS OF January 31, 2015					
ALL YEARS COMBINED					
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME	1,821,517	1,821,517	54,944,225	56,765,742
2.	CLAIM EXPENSES				
	Paid Claims	252,402	252,402	411,505	663,907
	Case Reserves	(252,400)	(252,400)	683,535	431,134
	IBNR	90,687	90,687	8,429,959	8,520,646
	Discounted Claim Value	215,330	215,330	(1,189,781)	(974,450)
	TOTAL CLAIMS	306,019	306,019	8,335,218	8,641,237
3.	EXPENSES				
	Excess Premiums	1,243,447	1,243,447	36,750,168	37,993,615
	Administrative	126,856	126,856	4,080,877	4,207,733
	TOTAL EXPENSES	1,370,303	1,370,303	40,831,045	42,201,348
4.	UNDERWRITING PROFIT (1-2-3)	145,195	145,195	5,777,962	5,923,157
5.	INVESTMENT INCOME	2,743	2,743	152,545	155,288
6.	STATUTORY PROFIT (4+5)	147,938	147,938	5,930,507	6,078,445
7.	Cancelled Appropriations	0	0	607,551	607,551
8.	STATUTORY SURPLUS (6-7)	147,938	147,938	5,322,956	5,470,894
SURPLUS (DEFICITS) BY FUND YEAR					
	2010	19,698	19,698	680,166	699,864
	2011	33,805	33,805	994,756	1,028,561
	2012	(15,855)	(15,855)	822,655	806,800
	2013	2,307	2,307	1,310,706	1,313,013
	2014	(70,314)	(70,314)	1,514,673	1,444,359
	2015	178,297	178,297		178,297
	TOTAL SURPLUS (DEFICITS)	147,938	147,938	5,322,956	5,470,894
	TOTAL CASH				12,821,468
CLAIM ANALYSIS BY FUND YEAR					
FUND YEAR 2010					
	Paid Claims	2,391	2,391	142,195	144,586
	Case Reserves	(2,391)	(2,391)	24,085	21,694
	IBNR	(28,789)	(28,789)	463,719	434,930
	Discounted Claim Value	9,355	9,355	(41,484)	(32,129)
	TOTAL FY 2010 CLAIMS	(19,434)	(19,434)	588,515	569,081
FUND YEAR 2011					
	Paid Claims	0	0	144,097	144,097
	Case Reserves	(3)	(3)	2,671	2,668
	IBNR	(61,078)	(61,078)	1,113,232	1,052,154
	Discounted Claim Value	27,744	27,744	(121,623)	(93,879)
	TOTAL FY 2011 CLAIMS	(33,338)	(33,338)	1,138,377	1,105,039
FUND YEAR 2012					
	Paid Claims	250,011	250,011	125,213	375,224
	Case Reserves	(250,012)	(250,012)	653,695	403,683
	IBNR	(46,903)	(46,903)	1,521,091	1,474,188
	Discounted Claim Value	63,405	63,405	(240,518)	(177,113)
	TOTAL FY 2012 CLAIMS	16,502	16,502	2,059,481	2,075,983
FUND YEAR 2013					
	Paid Claims	0	0	0	0
	Case Reserves	2	2	2,025	2,027
	IBNR	(66,899)	(66,899)	2,322,975	2,256,076
	Discounted Claim Value	65,359	65,359	(311,625)	(246,266)
	TOTAL FY 2013 CLAIMS	(1,537)	(1,537)	2,013,375	2,011,838
FUND YEAR 2014					
	Paid Claims	0	0	0	0
	Case Reserves	4	4	1,058	1,062
	IBNR	(19,507)	(19,507)	3,008,942	2,989,435
	Discounted Claim Value	90,412	90,412	(474,530)	(384,118)
	TOTAL FY 2014 CLAIMS	70,909	70,909	2,535,470	2,606,379
FUND YEAR 2015					
	Paid Claims	0	0		0
	Case Reserves	0	0		0
	IBNR	313,863	313,863		313,863
	Discounted Claim Value	(40,946)	(40,946)		(40,946)
	TOTAL FY 2015 CLAIMS	272,917	272,917	0	272,917
	COMBINED TOTAL CLAIMS	306,019	306,019	8,335,218	8,641,237

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NEW JERSEY COUNTIES EXCESS JIF					
FINANCIAL FAST TRACK REPORT					
AS OF February 28, 2015					
ALL YEARS COMBINED					
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME	1,821,517	3,643,034	54,944,225	58,587,259
2.	CLAIM EXPENSES				
	Paid Claims	4,821	257,222	411,505	668,727
	Case Reserves	24,127	(228,273)	683,535	455,261
	IBNR	97,206	187,894	8,429,959	8,617,853
	Discounted Claim Value	(12,511)	202,819	(1,189,781)	(986,961)
	TOTAL CLAIMS	113,643	419,663	8,335,218	8,754,881
3.	EXPENSES				
	Excess Premiums	1,242,712	2,486,159	36,750,168	39,236,327
	Administrative	135,490	262,346	4,080,877	4,343,223
	TOTAL EXPENSES	1,378,202	2,748,505	40,831,045	43,579,550
4.	UNDERWRITING PROFIT (1-2-3)	329,672	474,867	5,777,962	6,252,829
5.	INVESTMENT INCOME	1,956	4,699	152,545	157,244
6.	STATUTORY PROFIT (4+5)	331,627	479,566	5,930,507	6,410,073
7.	Cancelled Appropriations	0	0	607,551	607,551
8.	STATUTORY SURPLUS (6-7)	331,627	479,566	5,322,956	5,802,522
SURPLUS (DEFICITS) BY FUND YEAR					
	2010	27,307	47,005	680,166	727,171
	2011	53,348	87,153	994,756	1,081,909
	2012	7,526	(8,328)	822,655	814,327
	2013	55,671	57,978	1,310,706	1,368,684
	2014	17,983	(52,331)	1,514,673	1,462,342
	2015	169,792	348,089		348,089
	TOTAL SURPLUS (DEFICITS)	331,627	479,566	5,322,956	5,802,522
	TOTAL CASH				6,557,168
CLAIM ANALYSIS BY FUND YEAR					
FUND YEAR 2010					
	Paid Claims	4,106	6,497	142,195	148,692
	Case Reserves	(7,093)	(9,484)	24,085	14,601
	IBNR	(26,438)	(55,227)	463,719	408,492
	Discounted Claim Value	2,285	11,640	(41,484)	(29,844)
	TOTAL FY 2011 CLAIMS	(27,141)	(46,575)	588,515	541,940
FUND YEAR 2011					
	Paid Claims	0	0	144,097	144,097
	Case Reserves	(1,656)	(1,659)	2,671	1,012
	IBNR	(56,643)	(117,721)	1,113,232	995,511
	Discounted Claim Value	5,245	32,989	(121,623)	(88,634)
	TOTAL FY 2011 CLAIMS	(53,054)	(86,391)	1,138,377	1,051,986
FUND YEAR 2012					
	Paid Claims	715	250,726	125,213	375,939
	Case Reserves	32,972	(217,040)	653,695	436,655
	IBNR	(45,229)	(92,132)	1,521,091	1,428,959
	Discounted Claim Value	4,387	67,792	(240,518)	(172,726)
	TOTAL FY 2012 CLAIMS	(7,156)	9,346	2,059,481	2,068,827
FUND YEAR 2013					
	Paid Claims	0	0	0	0
	Case Reserves	1	3	2,025	2,028
	IBNR	(64,735)	(131,634)	2,322,975	2,191,341
	Discounted Claim Value	9,548	74,908	(311,625)	(236,717)
	TOTAL FY 2013 CLAIMS	(55,186)	(56,723)	2,013,375	1,956,652
FUND YEAR 2014					
	Paid Claims	0	0	0	0
	Case Reserves	(98)	(94)	1,058	964
	IBNR	(23,612)	(43,119)	3,008,942	2,965,823
	Discounted Claim Value	6,970	97,383	(474,530)	(377,147)
	TOTAL FY 2014 CLAIMS	(16,739)	54,170	2,535,470	2,589,640
FUND YEAR 2015					
	Paid Claims	0	0		0
	Case Reserves	2	2		2
	IBNR	313,863	627,727		627,727
	Discounted Claim Value	(40,946)	(81,892)		(81,892)
	TOTAL FY 2015 CLAIMS	272,919	545,836	0	545,836
	COMBINED TOTAL CLAIMS	113,643	419,663	8,335,218	8,754,881

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.

GLOUCESTER COUNTY INSURANCE COMMISSION
HEALTH INSURANCE DIVISION
FINANCIAL FAST TRACK REPORT
AS OF JANUARY 31, 2015

ALL YEARS COMBINED

	THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1. UNDERWRITING INCOME	49,354	49,354	81,958,140	82,007,494
2. CLAIM EXPENSES				
Paid Claims	36,826	36,826	72,836,964	72,873,790
IBNR	295	295	39,508	39,803
Total Claims	37,120	37,120	72,876,472	72,913,592
3. EXPENSES				
Excess Premiums	-	-	3,585,466	3,585,466
Administrative	6,016	6,016	5,405,764	5,411,780
Total Expenses	6,016	6,016	8,991,230	8,997,246
4. UNDERWRITING PROFIT (1-2-3)	6,218	6,218	90,438	96,656
5. INVESTMENT INCOME	-	-	7,136	7,136
6. STATUTORY PROFIT (4+5)	6,218	6,218	97,574	103,792
9. STATUTORY SURPLUS (6+7-8)	6,218	6,218	97,574	103,792

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	23,395	23,395	(4,517)	18,878
CASH	-	(0)	33,331	33,331
2015 SURPLUS	(17,177)	(17,177)	-	(17,177)
CASH	46,004	46,004	-	46,004
2015 SURPLUS	6,218	6,218	97,573	103,791
TOTAL CASH	46,004	46,004	139,721	185,725

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	-	-	14,793,883	14,793,883
IBNR	-	-	-	-
Total Claims	-	-	14,793,883	14,793,883
FUND YEAR 2013				
Paid Claims	-	-	542,862	542,862
IBNR	-	-	1,661	1,661
Total Claims	-	-	544,523	544,523
FUND YEAR 2014				
Paid Claims	-	-	497,232	497,232
IBNR	(23,395)	(23,395)	37,847	14,452
Total Claims	(23,395)	(23,395)	535,079	511,684
FUND YEAR 2015				
Paid Claims	36,826	36,826	-	36,826
IBNR	23,690	23,690	-	23,690
Less Specific Excess	-	-	-	-
Less Aggregate Excess	-	-	-	-
Total Claims	60,516	60,516	-	60,516
COMBINED TOTAL CLAIMS	(23,395)	(23,395)	72,876,472	72,913,592

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

Print date

6-Mar-15

Gloucester County Insurance Commission CLAIM ACTIVITY REPORT							
AS OF	March 31, 2015						
COVERAGE LINE- PROPERTY							
CLAIM COUNT - OPEN CLAIMS							
Year	2010	2011	2012	2013	2014	2015	TOTAL
February-15	0	0	0	0	4	3	7
March-15	0	0	0	0	4	4	8
NET CHGE	0	0	0	0	0	1	1
Limited Reserves							\$3,475
Year	2010	2011	2012	2013	2014	2015	TOTAL
February-15	\$0	\$0	\$0	\$0	\$11,500	\$13,000	\$24,500
March-15	\$0	\$0	\$0	\$0	\$11,500	\$16,300	\$27,800
NET CHGE	\$0	\$0	\$0	\$0	\$0	\$3,300	\$3,300
Ltd Incurred	\$83,686	\$211,641	\$57,908	\$149,379	\$91,343	\$25,299	\$619,257
COVERAGE LINE- GENERAL LIABILITY							
CLAIM COUNT - OPEN CLAIMS							
Year	2010	2011	2012	2013	2014	2015	TOTAL
February-15	2	6	7	7	10	2	34
March-15	2	6	7	5	11	6	37
NET CHGE	0	0	0	-2	1	4	3
Limited Reserves							\$19,297
Year	2010	2011	2012	2013	2014	2015	TOTAL
February-15	\$20,318	\$41,542	\$331,261	\$271,043	\$25,878	\$1,000	\$691,041
March-15	\$8,898	\$80,317	\$314,389	\$263,501	\$40,378	\$6,501	\$713,984
NET CHGE	(\$11,420)	\$38,775	(\$16,872)	(\$7,542)	\$14,500	\$5,501	\$22,942
Ltd Incurred	\$354,051	\$679,491	\$354,955	\$275,497	\$44,032	\$44,032	\$1,752,059
COVERAGE LINE- AUTO LIABILITY							
CLAIM COUNT - OPEN CLAIMS							
Year	2010	2011	2012	2013	2014	2015	TOTAL
February-15	0	1	0	0	0	2	3
March-15	0	1	0	0	0	2	3
NET CHGE	0	0	0	0	0	0	0
Limited Reserves							\$5,265
Year	2010	2011	2012	2013	2014	2015	TOTAL
February-15	\$0	\$241	\$22,051	\$0	\$0	\$3,500	\$25,793
March-15	\$0	\$1,000	\$13,295	\$0	\$0	\$1,500	\$15,795
NET CHGE	\$0	\$759	(\$8,757)	\$0	\$0	(\$2,000)	(\$9,998)
Ltd Incurred	\$9,579	\$125,742	\$275,774	\$9,525	\$3,950	\$1,500	\$426,069
COVERAGE LINE- WORKERS COMP.							
CLAIM COUNT - OPEN CLAIMS							
Year	2010	2011	2012	2013	2014	2015	TOTAL
February-15	4	11	27	21	24	22	109
March-15	2	11	27	21	21	36	118
NET CHGE	-2	0	0	0	-3	14	9
Limited Reserves							\$12,007
Year	2010	2011	2012	2013	2014	2015	TOTAL
February-15	\$31,942	\$261,799	\$251,508	\$420,886	\$253,576	\$99,622	\$1,319,332
March-15	\$31,505	\$260,731	\$223,976	\$380,507	\$198,358	\$321,786	\$1,416,864
NET CHGE	(\$437)	(\$1,068)	(\$27,532)	(\$40,379)	(\$55,218)	\$222,165	\$97,532
Ltd Incurred	\$1,469,343	\$1,754,886	\$1,153,652	\$1,259,564	\$572,876	\$385,374	\$6,595,694
TOTAL ALL LINES COMBINED							
CLAIM COUNT - OPEN CLAIMS							
Year	2010	2011	2012	2013	2014	2015	TOTAL
February-15	6	18	34	28	38	29	153
March-15	4	18	34	26	36	48	166
NET CHGE	-2	0	0	-2	-2	19	13
Limited Reserves							\$13,099
Year	2010	2011	2012	2013	2014	2015	TOTAL
February-15	\$52,259	\$303,583	\$604,820	\$691,929	\$290,954	\$117,122	\$2,060,666
March-15	\$40,402	\$342,048	\$551,660	\$644,008	\$250,236	\$346,087	\$2,174,442
NET CHGE	(\$11,857)	\$38,466	(\$53,161)	(\$47,920)	(\$40,718)	\$228,966	\$113,776
Ltd Incurred	\$1,916,660	\$2,771,760	\$1,842,289	\$1,693,964	\$712,201	\$456,205	\$9,393,079

Gloucester County Insurance Commission
CLAIMS MANAGEMENT REPORT
EXPECTED LOSS RATIO ANALYSIS
AS OF

March 31, 2015

FUND YEAR 2010 -- LOSSES CAPPED AT RETENTION

	Budget	Current		63		MONTH	Last Month		62		MONTH	Last Year		51		MONTH
		Unlimited	Limited	Actual		TARGETED	Unlimited	Limited	Actual		TARGETED	Unlimited	Limited	Actual		TARGETED
		Incurred	Incurred	31-Mar-15			Incurred	Incurred	28-Feb-15			Incurred	Incurred	30-Mar-14		
PROPERTY	196,392	83,686	83,686	42.61%	196,392	100.00%	65,380	65,380	33.29%	196,392	100.00%	65,380	65,380	33.29%	196,392	100.00%
GEN LIABILITY	813,038	354,051	354,051	43.55%	789,664	97.13%	354,051	354,051	43.55%	789,664	97.13%	394,853	394,853	48.57%	783,575	96.38%
AUTO LIABILITY	57,553	9,579	9,579	16.64%	55,693	96.77%	9,579	9,579	16.64%	55,591	96.59%	9,579	9,579	16.64%	53,879	93.62%
WORKER'S COMP	1,044,196	1,469,343	1,469,343	140.72%	1,043,674	99.95%	1,469,780	1,469,780	140.76%	1,043,465	99.93%	1,534,246	1,534,246	146.93%	1,039,725	99.57%
TOTAL ALL LINES	2,111,178	1,916,660	1,916,660	90.79%	2,085,422	98.78%	1,898,791	1,898,791	89.94%	2,085,111	98.77%	2,004,057	2,004,057	94.93%	2,073,571	98.22%
NET PAYOUT %	\$1,876,257				88.87%											

FUND YEAR 2011 -- LOSSES CAPPED AT RETENTION

	Budget	Current		51		MONTH	Last Month		50		MONTH	Last Year		39		MONTH
		Unlimited	Limited	Actual		TARGETED	Unlimited	Limited	Actual		TARGETED	Unlimited	Limited	Actual		TARGETED
		Incurred	Incurred	31-Mar-15			Incurred	Incurred	28-Feb-15			Incurred	Incurred	30-Mar-14		
PROPERTY	234,258	211,641	211,641	90.35%	234,258	100.00%	184,549	184,549	78.78%	234,258	100.00%	192,885	192,885	82.34%	234,258	100.00%
GEN LIABILITY	969,800	679,491	679,491	70.07%	934,657	96.38%	609,815	609,815	62.88%	933,218	96.23%	508,044	508,044	52.39%	891,688	91.95%
AUTO LIABILITY	68,650	125,742	125,742	183.16%	64,267	93.62%	124,049	124,049	180.70%	64,033	93.27%	112,672	112,672	164.13%	60,968	88.81%
WORKER'S COMP	1,260,640	1,754,886	1,754,886	139.21%	1,255,242	99.57%	1,754,886	1,754,886	139.21%	1,254,618	99.52%	1,778,527	1,778,527	141.08%	1,242,622	98.57%
TOTAL ALL LINES	2,533,348	2,771,760	2,771,760	109.41%	2,488,424	98.23%	2,673,298	2,673,298	105.52%	2,486,127	98.14%	2,592,128	2,592,128	102.32%	2,429,536	95.90%
NET PAYOUT %	\$2,429,711				95.91%											

FUND YEAR 2012 -- LOSSES CAPPED AT RETENTION

	Budget	Current		39		MONTH	Last Month		38		MONTH	Last Year		27		MONTH
		Unlimited	Limited	Actual		TARGETED	Unlimited	Limited	Actual		TARGETED	Unlimited	Limited	Actual		TARGETED
		Incurred	Incurred	31-Mar-15			Incurred	Incurred	28-Feb-15			Incurred	Incurred	30-Mar-14		
PROPERTY	239,354	57,908	57,908	24.19%	239,354	100.00%	18,762	18,762	7.84%	239,354	100.00%	18,762	18,762	7.84%	239,354	100.00%
GEN LIABILITY	969,800	354,955	354,955	36.60%	891,688	91.95%	354,955	354,955	36.60%	886,229	91.38%	48,055	48,055	4.96%	802,018	82.70%
AUTO LIABILITY	68,650	275,774	275,774	401.71%	60,968	88.81%	275,774	275,774	401.71%	60,618	88.30%	275,594	275,594	401.45%	54,938	80.03%
WORKER'S COMP	1,292,157	1,153,652	1,153,652	89.28%	1,273,689	98.57%	1,173,114	1,173,114	90.79%	1,271,808	98.43%	1,153,633	1,153,633	89.28%	1,231,799	95.33%
TOTAL ALL LINES	2,569,961	1,842,289	1,842,289	71.69%	2,465,699	95.94%	1,822,604	1,822,604	70.92%	2,458,009	95.64%	1,496,044	1,496,044	58.21%	2,328,108	90.59%
NET PAYOUT %	\$1,290,630				50.22%											

FUND YEAR 2013 -- LOSSES CAPPED AT RETENTION

	Budget	Current		27		MONTH	Last Month		26		MONTH	Last Year		15		MONTH
		Unlimited	Limited	Actual		TARGETED	Unlimited	Limited	Actual		TARGETED	Unlimited	Limited	Actual		TARGETED
		Incurred	Incurred	31-Mar-15			Incurred	Incurred	28-Feb-15			Incurred	Incurred	30-Mar-14		
PROPERTY	243,372	149,379	149,379	61.38%	243,372	100.00%	114,029	114,029	46.85%	243,372	100.00%	105,000	105,000	43.14%	234,689	96.43%
GEN LIABILITY	969,800	275,497	275,497	28.41%	802,018	82.70%	280,992	280,992	28.97%	791,867	81.65%	62,349	62,349	6.43%	640,724	66.07%
AUTO LIABILITY	68,650	9,525	9,525	13.87%	54,938	80.03%	9,525	9,525	13.87%	54,179	78.92%	13,025	13,025	18.97%	40,902	59.58%
WORKER'S COMP	1,292,157	1,259,564	1,259,564	97.48%	1,231,799	95.33%	1,263,218	1,263,218	97.76%	1,224,909	94.80%	1,327,149	1,327,149	102.71%	1,016,486	78.67%
TOTAL ALL LINES	2,573,979	1,693,964	1,693,964	65.81%	2,332,126	90.60%	1,667,763	1,667,763	64.79%	2,314,328	89.91%	1,507,523	1,507,523	58.57%	1,932,801	75.09%
NET PAYOUT %	\$1,049,956				40.79%											

FUND YEAR 2014 -- LOSSES CAPPED AT RETENTION

	Budget	Current		15		MONTH	Last Month		14		MONTH	Last Year		3		MONTH
		Unlimited	Limited	Actual		TARGETED	Unlimited	Limited	Actual		TARGETED	Unlimited	Limited	Actual		TARGETED
		Incurred	Incurred	31-Mar-15			Incurred	Incurred	28-Feb-15			Incurred	Incurred	30-Mar-14		
PROPERTY	243,372	91,343	91,343	37.53%	234,689	96.43%	65,176	65,176	26.78%	233,719	96.03%	33,016	33,016	13.57%	55,976	23.00%
GEN LIABILITY	774,800	44,032	44,032	5.68%	511,892	66.07%	29,532	29,532	3.81%	497,400	64.20%	15,160	15,160	1.96%	46,488	6.00%
AUTO LIABILITY	68,650	3,950	3,950	5.75%	40,902	59.58%	3,950	3,950	5.75%	39,106	56.96%	4,854	4,854	7.07%	4,119	6.00%
WORKER'S COMP	1,107,261	572,876	572,876	51.74%	871,036	78.67%	558,939	558,939	50.48%	829,160	74.88%	78,693	78,693	7.11%	33,218	3.00%
TOTAL ALL LINES	2,194,083	712,201	712,201	32.46%	1,658,519	75.59%	657,596	657,596	29.97%	1,599,385	72.90%	131,723	131,723	6.00%	139,800	6.37%
NET PAYOUT %	\$461,965				21.06%											

FUND YEAR 2015 -- LOSSES CAPPED AT RETENTION

	Budget	Current		3		MONTH	Last Month		2		MONTH	Last Year		-9		MONTH
		Unlimited	Limited	Actual		TARGETED	Unlimited	Limited	Actual		TARGETED	Unlimited	Limited	Actual		TARGETED
		Incurred	Incurred	31-Mar-15			Incurred	Incurred	28-Feb-15			Incurred	Incurred	30-Mar-14		
PROPERTY	230,000	25,299	25,299	11.00%	52,900	23.00%	14,238	14,238	6.19%	29,900	13.00%	0	0	N/A	N/A	N/A
GEN LIABILITY	680,000	6,501	6,501	0.96%	40,800	6.00%	1,000	1,000	0.15%	17,000	2.50%	0	0	N/A	N/A	N/A
AUTO LIABILITY	91,000	1,500	1,500	1.65%	5,460	6.00%	3,500	3,500	3.85%	2,275	2.50%	0	0	N/A	N/A	N/A
WORKER'S COMP	1,157,000	385,374	385,374	33.31%	34,710	3.00%	109,563	109,563	9.47%	23,140	2.00%	0	0	N/A	N/A	N/A
TOTAL ALL LINES	2,158,000	418,674	418,674	19.40%	133,870	6.20%	128,301	128,301	5.95%	72,315	3.35%	0	0	N/A	N/A	N/A

NEW JERSEY COUNTIES EXCESS JOINT INSURANCE FUND

9 Campus Drive – Suite 16
Parsippany, NJ 07054-4412
Telephone (201) 881-7632 Fax (201) 881-7633

Date: February 26, 2015

To: Executive Committee
Gloucester County Insurance Commission

From: PERMA Risk Management Services

Subject: New Jersey Counties Excess Meeting Report

2015 Reorganization: The NJCE conducted its 2015 Reorganization and adopted the respective resolutions to conduct the business of the Fund. As per the NJCE Bylaws, the total number of commissioners exceeds seven and can meet as an Executive Committee with a Chair, Secretary, five-member Executive Committee and up to four Alternate Commissioners. Below is a listing of the 2015 Executive Committee and alternates; however, the NJCE meets as a Board of Fund Commissioners.

2015 Officers & Executive Committee

Chairman	Michael Smith	Burlington County Insurance Commission
Secretary	Ross Angilella	Camden County Insurance Commission
Executive Committee	Gerald White	Gloucester County Insurance Commission
	Norman Albert	Union County
	Ken Mecouch	Cumberland County Insurance Commission
	Andrew Mair	Mercer County Insurance Fund Commission
	Kevin Crouch	Salem County Insurance Commission
Alternate #1	John Kelly	Ocean County
Alternate #2	Janette Kessler	Atlantic County Insurance Commission
Alternate #3	Edmund Shea	Hudson County

2015 Meeting Schedule

April 23, 2015	Camden County Emergency Training Center	1:00PM
June 25, 2015	Camden County Emergency Training Center	1:00PM
September 24, 2015	Camden County Emergency Training Center	1:00PM
October 22, 2015	Camden County Emergency Training Center	1:00PM
November 19, 2015	9 Campus Drive – Parsippany, NJ (Fund Office) Via Teleconference	1:00PM
February 25, 2016	2016 Reorganization Camden County Emergency Training Center	1:00PM

Claims Committee: Executive Director addressed the need to schedule separate NJCE claims meeting to meet at least monthly in conjunction with the fund's meeting dates. Further discussion and review of dates is required before finalizing a claims committee.

2015 Risk Management Plan: Included as part of the Reorganization was the 2015 Risk Management Plan with changes highlighted from the prior year.

NJCE Membership/Marketing Report: Atlantic County Insurance Commission has joined the Fund effective January 1, 2015 for a total of ten members. Mr. Proctor of Conner Strong & Buckelew provided a marketing report noting that efforts for 2015 will focus on Essex, Monmouth, Bergen, Cape May and Middlesex Counties.

Professional Contracts: Executive Director, Underwriting Manager and Safety Director original contracts have fee provisions based upon a percentage of the budget with a “not to exceed amount” ceiling for the 3-year contract period. The subsequent years of the fee amounts adjust to the corresponding membership and a percentage over the previous year of no more than 2% on the annualized budgeted amount. The Board authorized contract amendments for the Executive Director, Underwriting Manager and Safety Director to adjust original percentages down to equal the actual budgeted amounts.

Auditor Quotations: The Fund office will obtain quotes for auditing services; the results will be prepared by the next meeting for the board to review and make the necessary appointment so work can begin on the audit ending December 31, 2014.

2015 Excess & Ancillary Renewals: The Board previously approved authorization for the Underwriting Manager to bind coverage of the 2015 renewal program. The Extraordinary Unspecifiable Services (EUS) statements were included in the agenda and the Board of Fund Commissioners adopted Resolution 13-15 memorializing the authorization of the purchase of insurances.

Underwriting Manager provided a report on the 2015 Renewal Program and said negotiations were successful for an alternative for the Excess Liability (\$15,000,000 excess of the underlying Underwriters at Lloyds policy) program with National Casualty Company. Underwriting Manager secured additional aggregate Flood limits, above those offered by the Primary Property carrier, Zurich American Insurance Company. The additional limits were negotiated through Axis Surplus (33.34%) / RSUI Indemnity (33.33%) / Westchester Surplus which provides a \$15,000,000 aggregate limit above the aggregate limits provided by Zurich American Insurance Company (\$25,000,000 for all locations in a Special Flood Hazard Area and \$50,000,000 for all other locations). Lastly, there were 15 entities that elected to purchase Network Privacy & Security Liability coverage through National Union Fire Insurance Company (AIG) in 2015.

2015 Renewal Policies: The renewal policies are made available to NJCE members electronically through the Conner Strong & Buckelew secure website at sftp.connerstrong.com for those authorized representatives designated by their respective member entity. We are in the process of reviewing the policies and will release an e-mail with instructions to access the website when the policies are available. The policies are expected to be available by April 2015. To be granted access to the secure site please contact Missy Williamson at 267-702-1424.

BRIT acquisition: Enclosed in the agenda was a notice on the acquisition of BRIT by Fairfax. Underwriting Manager reported once BRIT is owned by Fairfax Financials Holdings, LTD, BRIT will continue to operate on a decentralized basis, which means there will be no significant changes to their day-to-day underwriting and management.

Claim Reporting Requirements: Included in the agenda was a memorandum dated 1/26/15 distributed to all local Commission TPA's on the 2015 Claim Reporting Procedures.

Claims Status Summary: AmeriHealth Casualty Services prepared a summary report of any claims with large open reserves which were reviewed during Closed Session.

Catastrophe losses (CAT): The majority of the insurance industry has adopted a standard definition of a CAT loss, which is a multiple loss claim as a result of a single cause. CAT losses are typically assigned and numbered by Property Claims Services (PCS). Executive Director reported that the most recent CAT63 loss was on 2/14/15-2/15/15 and impacted some NJCE members and as such would be treated as one occurrence subject to one shared deductible.

NJCE Financials: The Financial Fast Track as of December 31, 2014 showed the fund's statutory surplus of \$5.3 million.

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

Risk Control: Safety Director's report included a report reflecting the risk control activities from November 2014 thru March 2015.

Next Meeting: The next meeting of the NJCE fund is scheduled for April 23, 2015 at 1:00PM at the Camden County Emergency Training Center.



CLIENT ACTIVITY REPORT

FEBRUARY 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

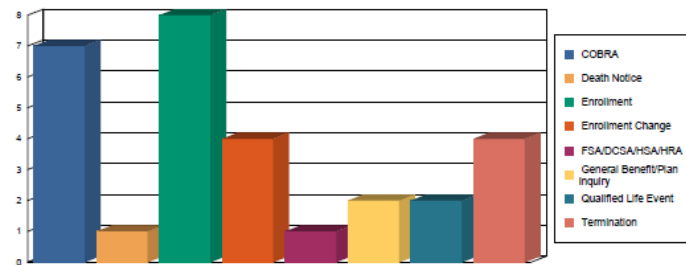
From: 2/1/2015 To: 2/28/2015

GCHIC - Gloucester County Health Insurance Commission

SUBJECT (FEBRUARY) # of Issues

COBRA	7
Death Notice	1
Enrollment	8
Enrollment Change	4
FSA/DCSA/HSA/HRA	1
General Benefit/Plan Inquiry	2
Qualified Life Event	2
Termination	4

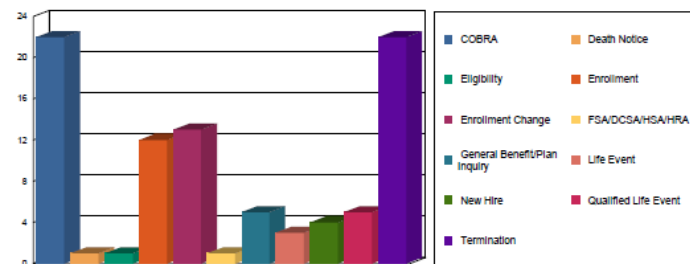
Total for Subject **29**



SUBJECT (YTD) # of Issues

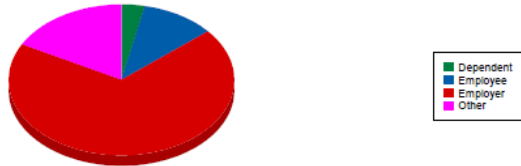
COBRA	22
Death Notice	1
Eligibility	1
Enrollment	12
Enrollment Change	13
FSA/DCSA/HSA/HRA	1
General Benefit/Plan Inquiry	5
Life Event	3
New Hire	4
Qualified Life Event	5
Termination	22

Total for Subject **89**

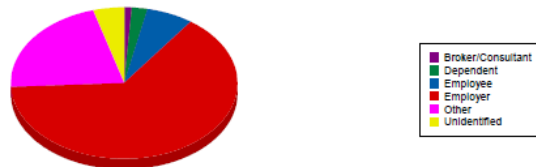


CALL SOURCE (FEBRUARY)

	<u># of Issues</u>
Dependent	1
Employee	3
Employer	20
Other	5
Total for Call Source	29

**CALL SOURCE (YTD)**

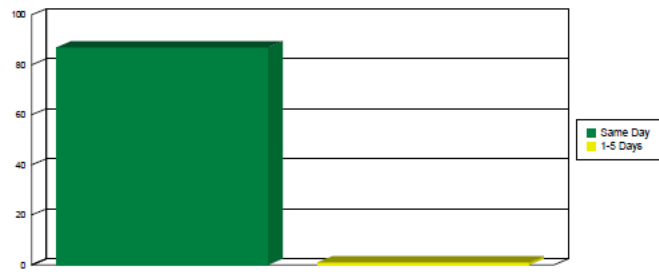
	<u># of Issues</u>
Broker/Consultant	1
Dependent	2
Employee	6
Employer	57
Other	19
Unidentified	4
Total for Call Source	89

**CLOSED TIME (FEBRUARY)**

	<u># of Days</u>	<u>%</u>
Same Day	28	100%
Total for Time Range	28	100%

CLOSED TIME (YTD)

	<u># of Days</u>	<u>%</u>
Same Day	87	99%
1-5 Days	1	1%
Total for Time Range		88 100%



The logo for Conner Strong & Buckelew is a blue square with a thin white border. Inside the square, the company name "CONNER STRONG & BUCKELEW" is written in white, uppercase, sans-serif font, centered and stacked in three lines.

CONNER
STRONG &
BUCKELEW

CLIENT ACTIVITY REPORT

MARCH 2015

**GCHIC - Gloucester County Health
Insurance Commission**

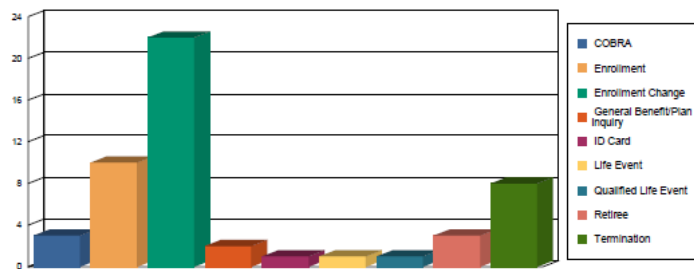
This is your monthly BeneService Advocacy Activity Report providing de-identified details regarding calls, emails or other inquiries received and acted upon by Conner Strong & Buckelew. Note that the data is de-identified to protect the confidentiality of the individual participant pursuant to HIPAA. 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

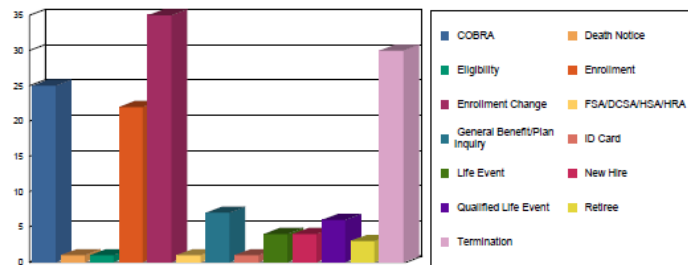
From: 3/1/2015 To: 3/31/2015

GCHIC - Gloucester County Health Insurance Commission

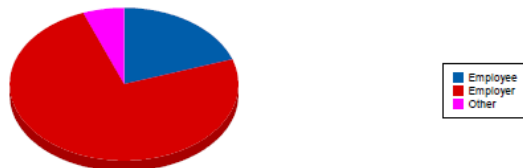
SUBJECT (MARCH)	# of Issues
COBRA	3
Enrollment	10
Enrollment Change	22
General Benefit/Plan Inquiry	2
ID Card	1
Life Event	1
Qualified Life Event	1
Retiree	3
Termination	8
Total for Subject	51



SUBJECT (YTD)	# of Issues
COBRA	25
Death Notice	1
Eligibility	1
Enrollment	22
Enrollment Change	35
FSA/DCSA/HSA/HRA	1
General Benefit/Plan Inquiry	7
ID Card	1
Life Event	4
New Hire	4
Qualified Life Event	6
Retiree	3
Termination	30
Total for Subject	140

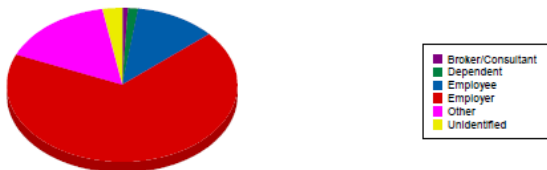


CALL SOURCE (MARCH)	# of Issues
Employee	10
Employer	38
Other	3
Total for Call Source	51



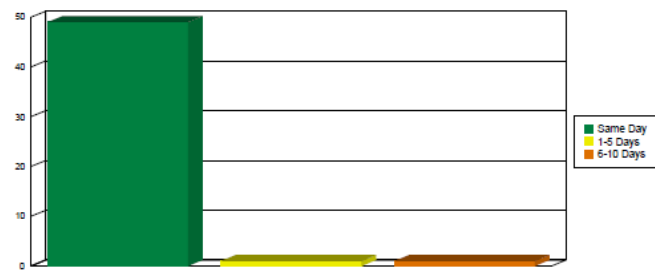
CALL SOURCE (YTD)

	<u># of Issues</u>
Broker/Consultant	1
Dependent	2
Employee	16
Employer	95
Other	22
Unidentified	4
Total for Call Source	140



CLOSED TIME (MARCH)

	<u># of Days</u>	<u>%</u>
Same Day	49	96%
1-5 Days	1	2%
6-10 Days	1	2%
Total for Time Range	51	100%



CLOSED TIME (YTD)

	<u># of Days</u>	<u>%</u>
Same Day	136	97%
1-5 Days	2	1%
6-10 Days	1	1%
Over 10 Days	1	1%

Total for Time Range	140	100%
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GLOUCESTER COUNTY INSURANCE COMMISSION BILLS LIST

Resolution No. 23-15

MARCH 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 2014

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
000354			
000354	BOWMAN & COMPANY, LLP	AUDITOR FEE 2014 - 2/18/2015	3,500.00
			3,500.00
TOTAL PAYMENTS FY 2014			3,500.00

FUND YEAR 2015

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
000355			
000355	INSERVCO INSURANCE SERVICES	CLAIMS ADMIN - 03/2015	6,650.00
			6,650.00
000356			
000356	PERMA RISK MANAGEMENT SERVICES	POSTAGE FEE 02/2015	5.95
000356	PERMA RISK MANAGEMENT SERVICES	EXECUTIVE DIRECTOR - 03/2015	11,385.17
			11,391.12
000357			
000357	HARDENBERGH INSURANCE GROUP	UNDERWRITING MANAGER - 03/2015	4,680.00
			4,680.00
000358			
000358	THE ACTUARIAL ADVANTAGE	ACTUARIAL SERVICES - 03/2015	650.25
			650.25
000359			
000359	MARSHALL,DENNEHEY,WARNER,	LEGAL SERV FOR ANCILLARY COV - 01/31/15	1,905.50
000359	MARSHALL,DENNEHEY,WARNER,	LEGAL SERV FOR ANCILLARY COV - 01/31/15	164.60
			2,070.10
000360			
000360	WILSON,ELSER,MOSKOWITZ,EDELMAN	LEGAL SERV FOR ANCILLARY COV - 02/27/15	4,950.38
			4,950.38
000361			
000361	COURIER-POST	ACCT: CHL-091699 - 02/19/15 - LEGAL RFQ	36.00
			36.00
000362			
000362	BROWN & CONNERY, LLP	LEGAL SERV FOR ANCILLARY COV - 02/25/15	4,432.30
000362	BROWN & CONNERY, LLP	LEGAL SERV FOR ANCILLARY COV - 02/28/15	800.00
000362	BROWN & CONNERY, LLP	LEGAL SERV FOR ANCILLARY COV - 02/28/15	1,359.31
000362	BROWN & CONNERY, LLP	LEGAL SERV FOR ANCILLARY COV - 02/19/15	204.42
			6,796.03
000363			
000363	LONG MARMERO & ASSOCIATES, LLP	VOIDED	

000364			
000364	ROBERT SCOLPINO	REIMBURSE MEDICAL,PREScription - 02/2015	1,143.63
			1,143.63
000365			
000365	VIOLA YEAGER	REIMBURSE MEDICAL,PREScription - 02/2015	571.82
			571.82
000366			
000366	JUNE ATKINSON	REIMBURSE MEDICAL,PREScription - 02/2015	571.82
			571.82
000367			
000367	SPARK CREATIVE GROUP	WEBSITE HOSTING FOR 2015 - 3/11/15	350.00
000367	SPARK CREATIVE GROUP	LAYOUT & PROGRAMMING OF WEBSITE 3/11/15	2,450.00
			2,800.00
000368			
000368	HARDENBERGH INSURANCE GROUP	RMC FEE - 03/2015	21,320.00
			21,320.00
000363			
000363	LONG MARMERO & ASSOCIATES, LLP	ATTORNEY FEE 03/16/2015	3,375.00
			3,375.00
		TOTAL PAYMENTS FY 2015	67,006.15

TOTAL PAYMENTS ALL FUND YEARS \$ 70,506.15

Chairperson

Attest:

Dated:_____

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

Treasurer

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

Resolution No. 24-15

MARCH 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

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
W0315			
W0315	CONNER STRONG & BUCKELEW	CSB CONSULTING FEE 03/2015	530.50
W0315	CONNER STRONG & BUCKELEW	PERMA CONSULTING FEE 03/2015	2,820.00
			3,350.50
		TOTAL PAYMENTS FY 2015	3,350.50

TOTAL PAYMENTS ALL FUND YEARS \$ 3,350.50

Chairperson

Attest:

Dated:_____

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

Treasurer

GLOUCESTER COUNTY INSURANCE COMMISSION BILLS LIST

Resolution No. 25-16

APRIL 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 2015

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
000370			
000370	INSERVCO INSURANCE SERVICES	CLAIMS ADMIN - 04/2015	6,650.00
			6,650.00
000371			
000371	PERMA RISK MANAGEMENT SERVICES	EXECUTIVE DIRECTOR FEE 04/2015	11,385.17
			11,385.17
000372			
000372	HARDENBERGH INSURANCE GROUP	UNDERWRITING MANAGER -04/2015	4,680.00
			4,680.00
000373			
000373	THE ACTUARIAL ADVANTAGE	ACTUARIAL SERVICES - 04/2015	650.25
			650.25
000374			
000374	MARSHALL,DENNEHEY,WARNER,	LEGAL SERV FOR ANCILLARY COV - 3/24/15	1,038.34
			1,038.34
000375			
000375	BROWN & CONNERY, LLP	LEGAL SERV FOR ANCILLARY COV - 4/10/15	2,384.02
000375	BROWN & CONNERY, LLP	LEGAL SERV FOR ANCILLARY COV - 4/10/15	9,548.18
			11,932.20
000376			
000376	LONG MARMERO & ASSOCIATES, LLP	ATTORNEY FEE 04/2015	3,150.00
			3,150.00
000377			
000377	ROBERT SCOLPINO	REIMBURSE MEDICAL,PREScription - 03/2015	1,143.63
			1,143.63
000378			
000378	VIOLA YEAGER	REIMBURSE MEDICAL,PREScription - 03/2015	571.82
			571.82
000379			
000379	SOUTH JERSEY TIMES	COMMISSION ATTORNEY - 02/20/2015	58.75
000379	SOUTH JERSEY TIMES	2015 MEETING SCHEDULE - 02/15/2015	44.70
			103.45
000380			
000380	JUNE ATKINSON	REIMBURSE MEDICAL,PREScription - 03/2015	571.82
			571.82
000381			
000381	PARACLYTE TRAINING CONSULTANT	RISK MANAGEMENT TRAINING - 4-9-15	325.00
			325.00
000382			
000382	HARDENBERGH INSURANCE GROUP	RMC FEE 04/2015	21,320.00
			21,320.00

TOTAL PAYMENTS FY 2015 63,521.68
TOTAL PAYMENTS ALL FUND YEARS \$ 63,521.68

Chairperson

Attest:

Dated:_____

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

Treasurer

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

Resolution No. 26-15

APRIL 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

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
W0415			
W0415	CONNER STRONG & BUCKELEW	CSB CONSULTING FEE 01/2015	530.50
W0415	CONNER STRONG & BUCKELEW	PERMA CONSULTING FEE 01/2015	2,820.00
			3,350.50
		TOTAL PAYMENTS FY 2015	3,350.50

TOTAL PAYMENTS ALL FUND YEARS \$ 3,350.50

Chairperson

Attest:

Dated: _____

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

Treasurer

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS				
GLOUCESTER COUNTY INSURANCE COMMISSION				
ALL FUND YEARS COMBINED				
CURRENT MONTH	January			
CURRENT FUND YEAR	2015			
Description:		Instrument #1	Instr #2	Instr #3
ID Number:		GCIC Deposit	GCIC WC Clai	GCIC Liability Cla
Maturity (Yrs)		0	0	0
Purchase Yield:		0	0	0
TOTAL for All				
Accts & instruments				
Opening Cash & Investment Balance	5,378,445.97	5,367,818.31	4,460.82	6,166.84
Opening Interest Accrual Balance	\$0.00	0	0	0
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	\$298,703.23	\$0.00	\$42,638.45	\$256,064.78
10 (Withdrawals - Sales)	(\$654,897.69)	(\$356,194.46)	(\$42,638.45)	(\$256,064.78)
Ending Cash & Investment Balance	\$5,022,251.51	\$5,011,623.85	\$4,460.82	\$6,166.84
Ending Interest Accrual Balance	\$0.00	\$0.00	\$0.00	\$0.00
Plus Outstanding Checks	\$224,859.34	\$1,143.63	\$4,493.20	\$219,222.51
(Less Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank	\$5,247,110.85	\$5,012,767.48	\$8,954.02	\$225,389.35

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS				
GLOUCESTER COUNTY INSURANCE COMMISSION				
ALL FUND YEARS COMBINED				
CURRENT MONTH	February			
CURRENT FUND YEAR	2015			
Description:		Instrument #1	Instr #2	Instr #3
ID Number:		GCIC Deposit Acct	GCIC WC Clai	GCIC Liability
Maturity (Yrs)		0	0	0
Purchase Yield:		0	0	0
TOTAL for All				
Accts & instruments				
Opening Cash & Investment Balance	\$5,022,251.51	5,011,623.85	4460.82	6166.84
Opening Interest Accrual Balance	\$0.00	0	0	0
1	Interest Accrued and/or Interest Cost	\$0.00	\$0.00	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$0.00	\$0.00	\$0.00
6	Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00
7	Unrealized Gain (Loss)	\$0.00	\$0.00	\$0.00
8	Net Investment Income	\$0.00	\$0.00	\$0.00
9	Deposits - Purchases	\$169,733.78	\$123,298.72	\$35,193.38
10	(Withdrawals - Sales)	(\$1,866,235.00)	(\$1,819,799.94)	(\$35,193.38)
	Ending Cash & Investment Balance	\$3,325,750.29	\$3,315,122.63	\$4,460.82
	Ending Interest Accrual Balance	\$0.00	\$0.00	\$0.00
	Plus Outstanding Checks	\$1,752,069.08	\$1,743,134.88	\$4,868.20
	(Less Deposits in Transit)	(\$3,350.50)	(\$3,350.50)	\$0.00
	Balance per Bank	\$5,074,468.87	\$5,054,907.01	\$9,329.02

GLOUCESTER COUNTY INSURANCE COMMISSION										
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
Current Fund Year: 2015 Month Ending: January										
	Prop	Liab	Auto	WC				NJ CEL	Admin	TOTAL
OPEN BALANCE	556,828.69	3,578,143.06	151,822.89	1,022,168.16	0.00	0.00	0.00	116,436.09	(46,952.16)	5,378,446.73
RECEIPTS										
Assessments	0.00	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	0.00
Invest Pymnts	0.00	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	0.00
Subtotal Invest	0.00	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	0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
EXPENSES										
Claims Transfers	90.00	35,590.10	221,174.41	41,848.72	0.00	0.00	0.00	0.00	0.00	298,703.23
Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	57,491.23	57,491.23
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	90.00	35,590.10	221,174.41	41,848.72	0.00	0.00	0.00	0.00	57,491.23	350,553.62
END BALANCE	556,738.69	3,542,552.96	(69,351.52)	980,319.44	0.00	0.00	0.00	116,436.09	(104,443.39)	5,022,252.27

GLOUCESTER COUNTY INSURANCE COMMISSION										
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
Current Fund Year: 2015 Month Ending: February										
	Prop	Liab	Auto	WC				NJ CEL	Admin	TOTAL
OPEN BALANCE	556,738.69	3,542,552.96	(69,351.52)	980,319.44	0.00	0.00	0.00	116,436.09	(104,443.39)	5,022,252.27
RECEIPTS										
Assessments	10,042.00	3,616.00	1,855.60	17,511.43	0.00	0.00	0.00	70,973.76	14,819.93	118,818.72
Refunds	0.00	0.00	0.00	4,480.00	0.00	0.00	0.00	0.00	0.00	4,480.00
Invest Pymnts	0.00	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	0.00
Subtotal Invest	0.00	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	0.00
TOTAL	10,042.00	3,616.00	1,855.60	21,991.43	0.00	0.00	0.00	70,973.76	14,819.93	123,298.72
EXPENSES										
Claims Transfers	7,720.54	2,521.14	1,000.00	35,193.38	0.00	0.00	0.00	0.00	0.00	46,435.06
Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,700,981.52	72,383.36	1,773,364.88
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	7,720.54	2,521.14	1,000.00	35,193.38	0.00	0.00	0.00	1,700,981.52	72,383.36	1,819,799.94
END BALANCE	559,060.15	3,543,647.82	(68,495.92)	967,117.49	0.00	0.00	0.00	(1,513,571.67)	(162,006.82)	3,325,751.05

RESOLUTION 27-15

**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 April 23, 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 2/1/15 to 2/28/15 and 3/1/15 to 3/31/15 and related to all non-workers compensation payments are hereby approved for distribution to the listed claimants and for disclosure to the general public.

ADOPTED by THE GLOUCESTER COUNTY INSURANCE COMMISSION at a properly noticed meeting held on April 23, 2015.

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
02/01/2015 Thru 02/28/2015

Type	Check #	Claim #	Claimant Name	From Date	To Date	Payee Name	Trans. Date	Payment Description	Amt. Requested	Amt. Paid
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I n s e r v c o R e p o r t T e r m i n o l o g y

Reporting Name	Business Name	Business Description
Amount/Amt Paid	Amount Paid	Amount actually paid or received
Amount/Amt 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	Type	Types of transactions--Computer, Manual, Refund, Recovery, Stop Pay, Void
Report Begin Date	Report Begin Date	Beginning date of transactions on report; usually beginning of month or inception
Trans Date	Transaction Date	Issue date for computer issued payments and add date for all other type entries



Gloucester Co Ins Commission - 353
Financial Transaction Log - Liability Claim Payments
Monthly / Detail / By Coverage / By Payment Type / By Check Number
02/01/2015 Thru 02/28/2015

Type	Check #	Claim #	Claimant Name	From Date	To Date	Payee Name	Trans. Date	Payment Description	Amt. Requested	Amt. Paid	
Coverage: Auto Liability											
C	4669	3530000287	001	BROTHERS, ANTHONY	12/06/2013	12/21/2013	GARY NEIL GOLDSTEIN MD PC	02/06/2015	IME INV 7457	1,000.00	1,000.00
Total for Coverage: Auto Liability							Number of entries: 1		1,000.00	1,000.00	
Coverage: Auto Physical Damage											
C	4671	3530001244	001	GLOUCESTER COUNTY	01/20/2015	01/20/2015	ROWAN COLLEGE GLOUCESTER CNTY	02/06/2015	2004 FORD TRANSIT CONNECT XL PLATE#CG3ARB	3,737.27	3,237.27
C	4672	3530001237	001	GLOUCESTER COUNTY	01/03/2015	01/03/2015	SOUTH JERSEY TRUCK REPAIR	02/06/2015	2011 FORD E350 AMBULANCE PLATE#MG92156	1,903.83	903.83
C	4673	3530001214	001	GLOUCESTER COUNTY	11/26/2014	11/26/2014	SOUTH JERSEY TRUCK REPAIRS	02/06/2015	2009 Chevy Silverado Plate# S986CG	2,334.64	1,334.64
C	4676	3530001242	001	GLOUCESTER COUNTY	01/28/2015	01/28/2015	SOUTH JERSEY TRUCK REPAIR	02/20/2015	2014 FRIEGLTLINER PLATE#R649CG VIN#41300	2,006.80	1,006.80
Total for Coverage: Auto Physical Damage							Number of entries: 4		9,982.54	6,482.54	
Coverage: General Liability											
C	4667	3530000426	001	DAWOUD, ALY	11/04/2014	11/04/2014	RICHARDSON GALELLA AUSTERMUHL	02/06/2015	INV 3645	30.00	30.00
C	4668	3530001017	001	MCLEOD, JOHN	11/03/2014	11/06/2014	RICHARDSON GALELLA AUSTERMUHL	02/06/2015	INV 3651	180.00	180.00
C	4674	3530001017	001	MCLEOD, JOHN	08/29/2014	09/25/2014	RICHARDSON GALELLA AUSTERMUHL	02/20/2015	INV 3590	640.42	640.42
C	4675	3530001017	001	MCLEOD, JOHN	10/03/2014	10/21/2014	RICHARDSON GALELLA AUSTERMUHL	02/20/2015	INV 3624	1,379.72	1,379.72
Total for Coverage: General Liability							Number of entries: 4		2,230.14	2,230.14	
Coverage: Police Professional											
C	4670	3530000547	001	DEAN, TAHARQA	12/19/2014	12/19/2014	PRECISION REPORTING INC	02/06/2015	INVOICE #92060	291.00	291.00
Total for Coverage: Police Professional							Number of entries: 1		291.00	291.00	
Coverage: Property											
C	4677	3530001243	001	GLOUCESTER COUNTY COLLEGE	01/10/2015	01/10/2015	GLOUCESTER COUNTY COLLEGE	02/20/2015	LIGHT POLE- ROWAN UNIV	1,238.00	1,238.00
Total for Coverage: Property							Number of entries: 1		1,238.00	1,238.00	
Total for Gloucester Co Ins Commission - 353							Number of entries: 11		14,741.68	11,241.68	



Gloucester Co Ins Commission - 353
Financial Transaction Log - Liability Claim Payments
Monthly / Detail / By Coverage / By Payment Type / By Check Number
03/01/2015 Thru 03/31/2015

Type	Check #	Claim #	Claimant Name	From Date	To Date	Payee Name	Trans. Date	Payment Description	Amt. Requested	Amt. Paid
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I n s e r v c o R e p o r t T e r m i n o l o g y

Reporting Name	Business Name	Business Description
Amount/Amt Paid	Amount Paid	Amount actually paid or received
Amount/Amt 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	Type	Types of transactions--Computer, Manual, Refund, Recovery, Stop Pay, Void
Report Begin Date	Report Begin Date	Beginning date of transactions on report; usually beginning of month or inception
Trans Date	Transaction Date	Issue date for computer issued payments and add date for all other type entries

Gloucester Co Ins Commission - 353
Financial Transaction Log - Liability Claim Payments
Monthly / Detail / By Coverage / By Payment Type / By Check Number
03/01/2015 Thru 03/31/2015

Type	Check #	Claim #	Claimant Name	From Date	To Date	Payee Name	Trans. Date	Payment Description	Amnt. Requested	Amnt. Paid	
Coverage: Auto Liability											
C	4686	3530000576	001	GRANT, HELEN	12/4/2014	1/26/2015	MADDEN & MADDEN PA	3/6/2015	INV# 70200-007M	7,841.17	7,841.17
C	4698	3530000287	001	BROTHERS, ANTHONY	2/13/2015	2/13/2015	MADDEN & MADDEN PA	3/20/2015	INV# 70200-014M	934.50	934.50
Total for Coverage: Auto Liability							Number of entries: 2		8,775.67	8,775.67	
Coverage: General Liability											
C	4678	3530000426	001	DAWOUD, ALY	9/4/2014	10/31/2014	RICHARDSON GALELLA AUSTERMUHL	3/6/2015	LEGAL FEE - INV #3585 & 3622	2,020.74	2,020.74
C	4679	3530001117	001	ANDERSON, ALBERT	8/13/2014	8/13/2014	VERITEXT	3/6/2015	INVOICE #PA2114050	761.86	761.86
C	4680	3530000475	001	MISCEWITZ, RAYMOND	1/29/2015	1/29/2015	MADDEN & MADDEN PA	3/6/2015	INV# 70200-021M	3,704.15	3,704.15
C	4681	3530000475	001	MISCEWITZ, RAYMOND	12/23/2014	12/31/2014	MADDEN & MADDEN PA	3/6/2015	LEGAL FEE - STMT #13	3,689.15	3,689.15
C	4682	3530000932	001	GARRISON, CARL	2/13/2015	2/13/2015	MADDEN & MADDEN PA	3/6/2015	INV# 90200-022M	846.69	846.69
C	4685	3530000893	001	LAMANTEER, MICHAEL	1/22/2015	1/30/2015	MADDEN & MADDEN PA	3/6/2015	LEGAL FEE ST 14	1,110.00	1,110.00
C	4687	3530000860	001	CLOSKY JR, JAMES	1/20/2015	1/28/2015	MADDEN & MADDEN PA	3/6/2015	INV# 70200-030 M	1,200.00	1,200.00
C	4688	3530001117	001	ANDERSON, ALBERT	1/14/2015	1/14/2015	NEW JERSEY LEGAL COPY	3/6/2015	INVOICE #120424	681.19	681.19
C	4689	3530000694	001	RUNQUIST, CHRISTINE	1/12/2015	1/29/2015	CHANCE & MCCANN LLC	3/6/2015	LEGAL FEE - INV #11619	2,611.75	2,611.75
C	4690	3530000558	001	MULVIHILL, NICOLE	10/20/2014	11/12/2014	CHANCE & MCCANN LLC	3/6/2015	INVOICE 11465	317.00	317.00
C	4692	3530001117	001	ANDERSON, ALBERT	9/10/2014	9/23/2014	KAPLAN LEAMAN AND WOLFE	3/6/2015	INVOICE #106354KJ & 106478KJ	1,623.30	1,623.30
C	4693	3530001117	001	ANDERSON, ALBERT	1/21/2015	1/21/2015	KAPLAN LEAMAN AND WOLFE	3/6/2015	INVOICE #108232KJ	661.20	661.20
C	4695	3530000425	001	WALSH, JOAN	1/30/2015	2/27/2015	RICHARDSON GALELLA AUSTERMUHL	3/20/2015	LEGAL FEE - INV #3752	2,119.95	2,119.95
C	4700	3530000893	001	LAMANTEER, MICHAEL	9/11/2014	9/30/2014	MADDEN & MADDEN PA	3/20/2015	INV 12	645.00	645.00
C	4702	3530000893	001	LAMANTEER, MICHAEL	6/11/2014	6/30/2014	MADDEN & MADDEN PA	3/20/2015	INV 10	105.00	105.00
C	4703	3530000893	001	LAMANTEER, MICHAEL	7/3/2014	8/28/2014	MADDEN & MADDEN PA	3/20/2015	INV 11	2,539.00	2,539.00
Total for Coverage: General Liability							Number of entries: 16		24,635.98	24,635.98	
Coverage: Police Professional											
C	4683	3530000807	001	GOODLET, CHARLES	10/7/2014	11/26/2014	MADDEN & MADDEN PA	3/6/2015	LEGAL FEE - STMT #1	3,548.00	3,548.00
C	4684	3530000494	001	GEORGETTE, PATRICK	2/13/2015	2/13/2015	MADDEN & MADDEN PA	3/6/2015	INV# 10200-017 M	371.00	371.00
C	4694	3530000547	001	DEAN, TAHARQA	12/30/2014	1/30/2015	RICHARDSON GALELLA AUSTERMUHL	3/20/2015	INV 3715	1,650.00	1,650.00
C	4696	3530000547	001	DEAN, TAHARQA	1/2/2015	1/29/2015	MADDEN & MADDEN PA	3/20/2015	INV 14	2,175.00	2,175.00
C	4697	3530000547	001	DEAN, TAHARQA	12/2/2014	12/31/2014	MADDEN & MADDEN PA	3/20/2015	INV 13	2,164.80	2,164.80
C	4699	3530000807	001	GOODLET, CHARLES	12/4/2014	1/27/2015	MADDEN & MADDEN PA	3/20/2015	INV 2	5,095.00	5,095.00
C	4701	3530000807	001	GOODLET, CHARLES	2/5/2015	2/27/2015	MADDEN & MADDEN PA	3/20/2015	INV 3750	1,573.18	1,573.18
C	4704	3530000295	001	GARLAND, CRYSTAL	4/2/2014	4/30/2014	MADDEN & MADDEN PA	3/20/2015	LEGAL FEE - STMT #34	2,105.07	2,105.07
C	4705	3530000295	001	GARLAND, CRYSTAL	5/20/2014	6/26/2014	MADDEN & MADDEN PA	3/20/2015	LEGAL FEE - STMT #35	4,815.00	4,815.00
C	4706	3530000295	001	GARLAND, CRYSTAL	7/3/2014	8/20/2014	MADDEN & MADDEN PA	3/20/2015	LEGAL FEE - STMT #36	4,500.00	4,500.00
C	4707	3530000547	001	DEAN, TAHARQA	1/29/2015	1/29/2015	MASTROIANNI & FORMAROLI INC	3/20/2015	INV 103007	705.25	705.25



Gloucester Co Ins Commission - 353
Financial Transaction Log - Liability Claim Payments
Monthly / Detail / By Coverage / By Payment Type / By Check Number
03/01/2015 Thru 03/31/2015

Type	Check #	Claim #	Claimant Name	From Date	To Date	Payee Name	Trans. Date	Payment Description	Amt. Requested	Amt. Paid
Coverage: Police Professional										
C	4708	3530000547	001 DEAN, TAHARQA	12/15/2014	1/19/2015	CHANCE & MCCANN LLC	3/20/2015	INV 11563	3,788.34	3,788.34
C	4709	3530000547	001 DEAN, TAHARQA	1/12/2015	2/23/2015	CHANCE & MCCANN LLC	3/20/2015	INV 11622	2,330.00	2,330.00
C	4710	3530000547	001 DEAN, TAHARQA	10/30/2014	10/30/2014	SUMMIT COURT REPORTING INC	3/20/2015	INV 55209	317.10	317.10
C	4711	3530000547	001 DEAN, TAHARQA	11/3/2014	11/3/2014	SUMMIT COURT REPORTING INC	3/20/2015	INV 55247	354.50	354.50
C	4712	3530000547	001 DEAN, TAHARQA	11/25/2014	12/3/2014	SUMMIT COURT REPORTING INC	3/20/2015	INV C12057	891.80	891.80
C	4713	3530000547	001 DEAN, TAHARQA	10/23/2014	10/23/2014	SUMMIT COURT REPORTING INC	3/20/2015	INV 55142	220.20	220.20
Total for Coverage: Police Professional							Number of entries: 17		36,604.24	36,604.24
Coverage: Property										
C	4691	3530001229	001 GLOUCESTER COUNTY	1/7/2015	1/7/2015	GLOUCESTER COUNTY	3/6/2015	SETTLEMENT OF PROPERTY CLAIM	2,613.27	2,613.27
Total for Coverage: Property							Number of entries: 1		2,613.27	2,613.27
Coverage: Un/Underinsured Motorists(NJ)										
C	11110	3530000919	001 RANDOLPH, BRIAN	1/7/2015	2/27/2015	RICHARDSON GALELLA AUSTERMUHL	3/20/2015	LEGAL FEE - INV #3751	915.60	915.60
Total for Coverage: Un/Underinsured Motorists(NJ)							Number of entries: 1		915.60	915.60
Total for Gloucester Co Ins Commission - 353							Number of entries: 37		73,544.76	73,544.76





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 Allowed ¹	CSG Negotiated Reductions ²	PPO Reductions ³	Bill Review Reductions ⁴	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
YTD Total		153	88%	\$226,553.29	88%	\$122,721.04	\$12,788.00	\$39,079.53	\$51,964.72	\$103,832.25	\$13,101.62	\$90,730.63

Monthly Summary

	<u>February</u>	<u>March</u>
Total Savings (before fees):	\$30,524.97	\$68,953.44
Percent Savings:	48%	45%
NET SAVINGS:	\$27,361.03	\$59,620.27
Percent NET SAVINGS:	43%	39%

Report Footnotes:

- ¹Recommended amount for payment
- ²Discounts negotiated by CSG on out of network bills
- ³Discounts applied in accordance with CHN PPO contracts
- ⁴U&C and CSG Code Review reductions applied

YTD Summary

Total Savings (before fees):	\$103,832.25
Percent Savings:	46%
NET SAVINGS:	\$90,730.63
Percent NET SAVINGS:	40%

GLOUCESTER COUNTY INSURANCE COMMISSION

SAFETY DIRECTOR'S REPORT

TO: Fund Commissioners
FROM: J.A. Montgomery Risk Control, Safety Director
DATE: April 14, 2015

APRIL - MAY 2015

RISK CONTROL ACTIVITIES

MEETINGS ATTENDED / TRAINING / LOSS CONTROL VISITS CONDUCTED

- **February 23:** Attended a meeting with GCIA and the RMC to provide a BRIT Online Training Demo in Clarksboro.
- **February 23:** Attended the GCIC EMS Safety meeting.
- **February 25:** Attended a meeting with GCIC and the RMC to review the status of the BRIT Online Training via conference call.
- **February 26:** Attended the GCIC meeting in Woodbury
- **February 27:** One session of Compressed Gas training and one session of Chainsaw Safety were conducted for GCIC.
- **March 10:** Attended the GCIC Claims Committee Meeting via conference call.
- **March 13:** One session of Back Safety/Material Handling and one session of Asbestos, Lead, and Silica Health Overview were conducted for GCIC/RCGC in Sewell.
- **March 18:** One session of Forklift Certification training was conducted for GCIC in Clarksboro.
- **March 23:** One session of Flagger Workzone training was conducted for GCIC DOC in Woodbury.
- **April 14:** Attended the GCIC Claims Committee meeting via conference call.

UPCOMING MEETINGS / TRAINING / LOSS CONTROL VISITS PLANNED

- **April 23:** Plan to attend the GCIC meeting in Woodbury.
- **April 29:** One session of Repair Garage Hazards training is scheduled for GCIC.
- **May 12:** Plan to attend the GCIC Claims Committee meeting.
- **May 14:** One session of Landscape Safety training is scheduled for GCIC Corrections.

TRAINING SCHEDULED AND CONDUCTED (FEBRUARY THRU MAY)

DATE	LOCATION	TOPIC	TIME
2/27/15	GCIC	Compressed Gas	8:30 - 9:30 am
2/27/15	GCIC	Chain Saw Safety	9:45 - 10:45 am
3/13/15	GCIC	Back Safety/Material Handling	8:30 - 9:30 am
3/13/15	GCIC	Asbestos, Lead, Silica Health Overview	9:45 - 10:45 am
3/18/15	GCIC	Forklift Certification	9:00 - 1:00 pm
3/23/15	GCIC - Corrections	Flagger / Work Zone Safety	9:00 - 1:00 pm
4/29/15	GCIC	Repair Garage Hazard Awareness	8:30 - 9:30 am
5/14/15	GCIC - Corrections	Landscape Safety	8:30 – 10:30 am

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:

MONTH	AGENCY	# of Videos
January		0
February		0
March		0
April (as of 4/14)		

SAFETY DIRECTOR'S BULLETINS & SAFETY ANNOUNCEMENTS

- Police Safety In and Around Patrol Vehicle – March 12

Post Office Box 8000 · Marlton, New Jersey 08053
856.489.9100 · 856.489.9101 Fax · www.hig.net

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: 4/23/2015
RE: Risk Management / Underwriting Services Director's Report

Below is a summary of services performed from February 26 through April 20, 2015:

I. Meetings

- A. Attended GCIC Meeting on 2/26/15
- B. Participated in the GCIC Claims Committee Meeting – 4/14/15

II. Risk Management Services

- A. BRIT On Line Training Status Report
As discussed at the 2/26/15 meeting, we will provide the Commissioners status reports on the usage of the BRIT On Line Training Program.

March

- A presentation was given to County Department Heads
- Additional training session was conducted on 3/23/15 for System Administrators
- Class request form was developed
- 314 courses completed for all GCIC since Safety Kick Off (11/15/15)

April

- 175 courses completed for all GCIC
- In process of resolving the issue that the due date is not shown until the assigned employee opens the link. Determining whether administrators have the ability to track course completion as well as: change the due dates, unassign and reassign overdue classes.
- GCIC Training Coordinator reviewed the course "Theft, Violence and Unsafe Acts". Coordinator's comment was that it was more Human Resources in nature than Safety related. She requested a HR specialist review the course for comment. We have assigned the course to Danielle Morganti, HR Specialist at the College.

We will distribute a list of the courses taken and Departments utilizing the program to the 4/23/15 meeting.

- B. BRIT Safety Grant - \$10,000
The insurer is once again offering a \$10,000 safety grant to the NJCEL. The GCIC Safety and Accident Investigation Committee meets on June 4, 2015 and we will be asking for grant suggestions.

Serving Families and Businesses of the Delaware Valley since 1954

Main Office
8000 Sagemore Drive, Suite 8101
Marlton, NJ 08053

Gibbstown
618 E. Broad Street
Gibbstown, NJ 08027

Marlton
1000 Lincoln Drive East, Suite 2A
Marlton, NJ 08053

Northfield
450 Tilton Road, Suite 201
Northfield, NJ 08225

Philadelphia
PO Box 40901
Philadelphia, PA 19107

The Cumberland County Insurance Commission Safety and Accident Review Committee met on April 14, 2015 and suggested a proposal for a mobile fire extinguisher simulator be submitted to the NJCEL for consideration. The cost of the simulator is between \$10,000-\$13,000. Cumberland County's Fire Training Coordinator is researching different systems as well as the cost savings associated with this one time purchase.

We support this proposal as the simulator is portable allowing all Counties and their affiliates to use the system as well as all Departments.

C. Cyber Liability Resources

In light of the recent cyber-attacks (Vineland Police Department and Swedesboro-Woolwich school district) we want to remind all members of the Commission that AIG (cyber liability carrier) has several risk management resources available. Two include:

- 24/7 access to CyberEdge Breach Resolution Team (claims, legal, forensics and public relations experts)
- Model policies and procedures

Members' IT personnel must register at www.aig.com/cyberedgeregistration to access the resources. Please have them contact Jenna Quattrone at 845-489-9100 and she will assist in the registration process.

D. Request for funds relating to training

The Assistant Chief of the NJ Department of Labor and Workforce Development Occupation Safety Training and PEOSH Consultant wants to conduct PEOSH 10 Hour General Industry Training in July or August and is looking to do so at the College.

The course teaches recognition, avoidance, abatement and prevention of safety and health hazards in workplace. Specifically, identify fall hazards, caught in or between hazards, electrocutions hazards, etc.

The only cost is \$5.00 per student for the processing of the OSHA 10 card. Currently, 20 employees from the College are interested in attending.

We have been asked whether the Commission will pay each GCIC employee's processing fee or should each member entity pay the fee.

If the Commission votes to pay the fee, we expect the total cost not to exceed \$400.

Please note that the GCIC does not offer this training at this time.

E. Claims Committee Charter

Attached is a proposed revised Claims Committee Charter. The revisions are:

- **Composition** no longer requires a Commission serve on the Committee;
- **Claims Committee Bylaws** includes statement that Committee members and Meeting schedule will be adopted by the Commission annually.

Motion to adopt the revised Claims Committee Charter.

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II. 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.

<u>Member</u>	<u>Coverage</u>	<u>Carrier</u>	<u>Exp. Date</u>	<u>Expiring Premium</u>
County	Parks & Recreation Accident	National Union Fire	5/17/2015	\$1,916

The carrier has offered a renewal quote of \$1,716 due to a reduction in programs being managed by the County. All other terms and conditions are per expiring with the exception of the removal of the additional death and dismemberment benefit. This is a coverage enhancement.

Action Requested: Motion to authorize the Underwriting Services Director to renew the accident policy through National Union Fire for an annual cost of \$1,716 effective 5/17/15.

<u>Member</u>	<u>Coverage</u>	<u>Carrier</u>	<u>Exp. Date</u>	<u>Expiring Premium</u>
County	Summer Camp Sports GL	National Union Fire	5/21/2015	\$1,916

We are awaiting the renewal quote from the carrier. We do not expect the premium increasing any more than 10%. If the quote is higher, we will notify Commissioners prior to the expiration date.

Action Requested: Motion to authorize the Underwriting Services Director to renew the general liability policy through National Union Fire for an annual cost not to exceed \$2,107 effective 5/21/15.

<u>Member</u>	<u>Coverage</u>	<u>Carrier</u>	<u>Exp. Date</u>	<u>Expiring Premium</u>
IA	Dream Park Package	Great American	5/21/2015	\$53,458.56
	Care, Custody Control			\$ 4,675.00
	Umbrella			\$13,156.00

We are waiting the renewal quote from Great American. In addition, we have marketed these coverages to the Commission, Markel Insurance Company and Philadelphia Insurance Company.

The Commission indicated there would not be substantial cost savings and noted the increased exposure could be significant. They have closed their file.

We will forward a summary of all proposals to the Commissions prior to the expiration date 5/21 with our recommendation. .

Action Requested: Motion to authorize the Underwriting Services Director to place based upon their recommendation.

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GLoucester County Insurance Commission

**CLAIMS COMMITTEE MEETING SCHEDULE
CLAIM COMMITTEE MEMBERS
CLAIMS COMMITTEE CHARTER**

2015 Meeting Schedule

The Claims Committee will conduct meetings on the following dates:

Claims Committee Meetings will be held on the second Tuesday of each month at 9:00am telephonically.

2015 CLAIMS COMMITTEE

Name	Affiliation / Member
Dean Sizemore	Gloucester County Insurance Commission (Designee)
Matthew Lyons	Gloucester County
John Vinci, Sr.	Gloucester County Utilities Authority
Elizabeth Hall	Rowan College at Gloucester County
Carmen Trifiletti	Gloucester County Improvement Authority
Anne Wodnick	Gloucester County Library Commission

Fund Professionals

Joseph Hrubash, Executive Director
Doug Long, GCIC Attorney
Inservco Claims Services
Consolidated Services Group, Inc.
Hardenbergh Insurance Group
J.A. Montgomery
Conner Strong & Buckelew

Adopted - 10/28/10
Revision #1 - 7/25/13
Revision #2 - 4/20/15

GLoucester County Insurance Commission

GLoucester County Insurance Commission Claims Committee Charter

The Gloucester County Insurance Commission hereby constitutes and establishes a Claims Committee, an advisory committee authorized by the Commission's rules and regulations:

Composition

The Claims Committee shall be comprised of at least one representative from each member of the Gloucester County Insurance Commission and **a representative designated by the Gloucester County Insurance Commissioners.** ~~one Gloucester County Insurance Commissioner.~~ Each representative shall have one vote.

Also serving on the Committee, with no voting privileges, shall be a representative from the Executive Director's office, the Fund Attorney, a representative from the Risk Management Consultant's office, a representative from the Third Party Administrator's office, a representative from the CEL's Safety Director's office.

Authority and Responsibility

1. The Claims Committee shall review and recommend for approval or denial all payment authority requests which are subject to any combination of payments that exceeds fifteen thousand dollars (\$15,000) for Property including Boiler & Machinery, Auto Liability, General Liability including Law Enforcement Legal Liability, and Workers' Compensation Claims, inclusive of legal fees, expenses, and such other items to be charged to the Gloucester County Insurance Commission. This notification also includes any prior claim where a request for additional payment authority is needed beyond an amount previously approved, any requests for lien compromises, and any subrogation abandonment requests.
2. The Claims Committee shall develop and recommend claims cost containment programs.

Claims Committee Bylaws

The Claims Committee of the Gloucester County Insurance Commission was established in October, 2010 where the Gloucester County Insurance Commission adopted a resolution appointing certain employees of member entities to the Claims Committee, an advisory committee authorized by the Commission's rules and regulations. **The Commission will annually adopt a resolution stating the committee members and meeting schedule.** The Committee's operational guidelines are set down herein and may be amended by the Commissioners of the Gloucester County Insurance Commission.

Adopted - 10/28/10
Revision #1 - 7/25/13
Revision #2 - 4/20/15

GLOUCESTER COUNTY INSURANCE COMMISSION

Meetings

The Claims Committee shall meet at least monthly and as many times as the Committee Chairman deems necessary; provided, however, if there are five or less payment authority requests to review in one month, the Claims Committee may conduct the review of the payment authority requests via telephonically in lieu of meeting in person.

Attendance

A majority of members of the Claims Committee shall be present at all meetings. In addition, a representative from the Executive Director's office, the Fund Attorney, a representative from the Risk Management Consultant's office, a representative from the Third Party Administrator's Office, and a representative from the CEL's Safety Director's office shall attend such meetings. As necessary or desirable, the Chairman may request other professionals and/or member representatives to also attend in order to exchange views on any issue that may be at hand.

Specific Duties

In undertaking its responsibilities as outlined above, the Claims Committee is to:

1. Apprise the Commissioners of the Gloucester County Insurance Commission, through special presentations as necessary, of significant developments in the course of performing its responsibility.
2. Review and recommend for approval or denial all payment authority requests which are subject to any combination of payments that exceeds fifteen thousand (\$15,000) for Property including Boiler & Machinery, Auto Liability, General Liability including Law Enforcement Liability and Workers' Compensation Claims inclusive of legal fees, expenses, and such other items to be charged to the Gloucester County Insurance Commission. This notification also includes any prior claim where a request for additional payment authority is needed beyond an amount previously approved, any requests for lien compromises, and any subrogation abandonment requests.
3. Recommend to Commissioners of the Gloucester County Insurance Commission any appropriated changes or extensions in the duties of the Committee.
4. Report annually to the Commissioners of the Gloucester County Insurance Commission on the discharge of these responsibilities.

Adopted - 10/28/10
Revision #1 - 7/25/13
Revision #2 - 4/20/15

RESOLUTION 28-15

**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 April 23, 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 April 23, 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.

ADOPTED by THE GLOUCESTER COUNTY INSURANCE COMMISSION at a properly noticed meeting held on April 23, 2015.

ADOPTED:

GERALD A. WHITE, CHAIRMAN

ATTEST:

MICHAEL BURKE, VICE CHAIRMAN

PAYMENT AUTHORIZATION REQUESTS (PARS) & SETTLEMENT (SARS)

<u>Claim #</u>	<u>Claimant</u>	<u>Type of Claim</u>	<u>PAR/SAR</u>	<u>C.P or DO #</u>
3530001222	Donna Wark	Worker Compensation	PAR	
3530001254	Gary Kormann	Worker Compensation	PAR	
3530001024	Tiffany Graves	Worker Compensation	PAR	
3530001241	Dominic Cama	Worker Compensation	PAR	
3530001281	Ronald Rogers	Worker Compensation	PAR	
3530001206	Patrick DiCerbo	Worker Compensation	PAR	
3530000807	Charles Goodlet (deceased)	Liability	PAR	
3530000771	Jeffrey Gilbert	Worker Compensation	SAR	2013-16892
3530000685	John Petroski	Worker Compensation	SAR	2013-5334

APPENDIX I

**GLOUCESTER COUNTY INSURANCE COMMISSION
OPEN MINUTES
MEETING – Thursday, February 26, 2015
2 South Broad Street.
Woodbury, NJ 9:30 AM**

Meeting called to order by Michael Burke, Vice Chairman. Open Public Meetings notice read into record.

ROLL CALL OF COMMISSIONERS:

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

FUND PROFESSIONALS PRESENT:

Executive Director	PERMA Risk Management Services Joe Hrubash
Claims Service	Inservco Insurance Services, Inc. Veronica George Terry Sheerin Ashley Nelms Dave McCabe
	Consolidated Services Group, Inc. Jennifer Goldstein
	Conner Strong & Buckelew Michelle Leighton
Underwriting Services Director/RMC	Hardenbergh Insurance Group Bonnie Ridolfino
Attorney	Long Marmero & Associates Doug Long, Esq.
Treasurer	
Safety Director	J.A. Montgomery Risk Control Glenn Prince
Benefits	Conner Strong & Buckelew

ALSO PRESENT:

Dean Sizemore, Gloucester County
Prudence M. Higbee, Esq. Capehart & Scatchard
Patrick Madden, Esq. Madden & Madden
Matt Lyons, Esq. Gloucester County Counsel
Cathy Dodd, PERMA Risk Management Services

APPROVAL OF MINUTES: Open Minutes and Closed Minutes of January 22, 2015

**MOTION TO APPROVE THE OPEN MINUTES & CLOSED MINUTES OF
JANUARY 22, 2015**

Motion:	Commissioner Jones
Second:	Commissioner Burke
Roll Call Vote:	Unanimous

CORRESPONDENCE: None

Executive Director advised this was the Re-Organization meeting of the Commission and he would act as the Chair. Executive Director advised the first order of business would be to accept nominations for the position of Chairman and Vice Chairmen.

ELECTION OF CHAIRMAN & VICE CHAIRMAN:

Commissioner Burke advised he would like to nominate Gerald White as Chairman.

**MOTION TO NOMINATE GERALD WHITE FOR CHAIRMAN OF THE
GLOUCESTER COUNTY INSURANCE COMMISSION**

Motion:	Commissioner Burke
Second:	Commissioner Jones
Roll Call Vote:	Unanimous

Executive Director asked if there were any other nominations, and since there were none, requested a motion to close the nominations.

**MOTION TO CLOSE THE NOMINATIONS FOR THE POSITION OF
CHAIRMAN**

Motion:	Commissioner Burke
Second:	Commissioner Jones
Roll Call Vote:	Unanimous

Commissioner Jones indicated she would like to nominate Michael Burke as Vice Chairman.

**MOTION TO NOMINATE MICHAEL BURKE FOR THE POSITION OF
VICE CHAIRMAN OF THE GLOUCESTER COUNTY INSURANCE
COMMISSION**

Motion:	Commissioner Jones
Second:	Commissioner Burke
Roll Call Vote:	Unanimous

Executive Director asked if there were any other nominations, and since there were none, requested a motion to close the nominations.

**MOTION TO CLOSE THE NOMINATIONS FOR THE POSITION OF
VICE CHAIRMAN**

Motion:	Commissioner Jones
Second:	Commissioner Burke
Roll Call Vote:	Unanimous

Commission Attorney administered the oath of office to Commissioner Burke and Commissioner Jones.

COMMITTEE REPORTS:

SAFETY COMMITTEE: Mr. Sizemore reported the Safety Committee met and their next meeting was scheduled for June.

CLAIMS COMMITTEE: Mr. Sizemore advised the Committee met on February 10th and reviewed the PARS for closed session. Mr. Sizemore said he had made a mistake in saying 2014 was a good year, as so far in 2015 there have been numerous worker compensation claims which were related to the snow and ice.

EXECUTIVE DIRECTOR REPORT: Executive Director advised there were several Reorganization Resolutions to present; however, first he would review the 2015 Risk Management Plan.

2015 RISK MANAGEMENT PLAN: Executive Director referred to a copy of the 2015 Plan of Risk Management which was included in the Appendix II section of the agenda. Executive Director advised the changes were highlighted in yellow and he would review the significant changes. Executive Director pointed out most of the changes were due to the renewal of the excess liability program. Executive Director explained the CEL previously replaced coverage mid term which resulted in an eighteen month policy which expired on 1/1/15. Executive Director noted the policy period changed to a twelve month program and the annual aggregate was amended. The Plan was also updated to reflect the College's name change to Rowan College at Gloucester County. Executive Director advised last year the high excess property coverage was a quota share; however, the CEL Underwriting Manager changed the carriers in 2015. Executive Director also advised the CEL Underwriter Manager purchased Excess Flood and Earthquake coverage and that information

was highlighted. Executive Director reported the Plan now reflected the Library and College's purchase of the cyber coverage. Ms. Ridolfino also mentioned the number of Attorneys for Gloucester County was amended to (8). Executive Director asked if anyone had any questions regarding the Plan and advised he would now review the Reorganization Resolutions.

REORGANIZATION RESOLUTIONS: Executive Director referred to the Reorganization Resolutions which were included in the agenda and advised he would request a motion to approve the Reorganization Resolutions and the 2015 Plan of Risk Management as a block. Executive Director read and reviewed Resolutions 7-15 through 15-15.

- Resolution 7-15 Certifying the Election of Chairperson and Vice Chairman
- Resolution 8-15 Appointing Agent for Service of Process and Custodian of Records for the Year 2015
- Resolution 9-15 Designating Official Newspapers for the Commission
- Resolution 10-15 Designating Authorized Depositories for Fund Assets and Establishing Cash Management Plan
- Resolution 11-15 Designating Commission Treasurer
- Resolution 12-15 Designating Authorized Signatures for Commission Bank Accounts
- Resolution 13-15 Indemnifying Gloucester County Insurance Fund Commission Officials/Employees
- Resolution 14-15 Authorizing Commission Treasurer to Process Contracted Payments and Expenses
- Resolution 15-15 Plan of Risk Management for 2015

Executive Director asked if anyone had any questions regarding the resolutions and requested a consent motion on Resolutions 7-15 through 15-15.

**MOTION TO APPROVE REORGANIZATION
RESOLUTIONS NUMBER 7-15 THROUGH 15-15**

Motion:	Commissioner Burke
Second:	Commissioner Jones
Roll Call Vote	Unanimous

RFP FOR COMMISSION ATTORNEY Executive Director reported the Commission Attorney's contract would expire as of April 25, 2015. Executive Director advised his office issued and advertised a Request for Proposals which were due on March 12, 2015. Executive Director advised since the Commission was not scheduled to meet in March, a special teleconference meeting would be scheduled to review the responses.

CERTIFICATE OF INSURANCE REPORT: Executive Director reported on the Certificate of Insurance Report for the period of 1/14/15 to 2/19/15. There were a total of 30 certificates issued for this period.

GCIC PROPERTY AND CASUALTY FINANCIAL FAST TRACK: Executive Director advised that the December Property & Casualty Financial Fast Track was included in the agenda. The Commission had a surplus of \$3,220,775 as of December 31, 2014. Executive Director advised that \$1,157,575 on line 8 of the report “Investment in Joint Venture was the GCIC’s share of the CEL JIF equity.

NJ CEL PROPERTY AND CASUALTY FINANCIAL FAST TRACK: Executive Director reported the agenda included the December Financial Fast Track for the NJ CEL. As of December 31, 2014 the CEL had a surplus of \$5,322,955.

HEALTH BENEFITS FINANCIAL FAST TRACK: Executive Director reported the January Health Benefits Financial Fast Track was not available for the meeting and the report would be included in the next agenda.

NEW CLAIMS TRACKING REPORTS: Executive Director reported the agenda included two new claim monitoring reports. Executive Director advised the first report was the “Claim Activity Report” as of December 31, 2014 and included the number of open claims and the corresponding reserve amounts by month and by line of coverage. Executive Director explained the purpose of the report was to look for any inconsistencies in open and closed claims and changes in reserves. Executive Director noted the report indicated there were sixteen new worker compensation claims opened in December 2012. Executive Director thought it was due to the Conrail claims and Ms. George confirmed that was correct. Executive Director reviewed the second report, “Claims Management Report Expected Loss Ratio Analysis” and advised the report compared the actual incurred amount of the losses against the (1) budgeted amounts and (2) Actuary target projections. Executive Director advised the actual incurred amounts as of 12/31/14 (12 months) were 31 % of the budget amount and was less than the Actuary projected target amount of 65 %. Executive Director noted the report also compared each years to the previous years and reviewed the figures. Executive Director advised the new claim reports would be included in the monthly agendas going forward.

NJ EXCESS COUNTIES INSURANCE FUND (CELJIF): Executive Director reported the CEL cancelled their January meeting. Executive Director advised the CEL’s Reorganization meeting was scheduled for the afternoon. Executive Director advised there would be a discussion on new membership with a focus on the Counties of Essex, Monmouth, Bergen, Cape May, and Middlesex for 2015. Executive Director reported the Underwriting Manager would also report on the 2015 Renewal Insurance Program.

2015 EXCESS INSURANCE AND ANCILLARY COVERAGE POLICIES: Executive Director advised the CEL renewal policies would again be available electronically through the Conner Strong & Buckelew secure website for authorized representatives. Executive Director noted the CEL Underwriting Manager would send an e-mail when the policies were available with instructions to access the website. Executive Director indicated the limit/retention schematics and Plan of Risk Management would also be available of the website.

2015 PROPERTY & CASUALTY ASSESSMENTS: Executive Director advised in accordance with the Commission’s By Law’s the property and casualty assessment bills were mailed to the

member entities via certified mail and e-mail. Executive Director noted the first installment would be due on March 15, 2015 and future payments were due on May 15th and October 15th.

NEW WEBSITE UPDATE: Executive Director reported Sparks Creative Group was in the process of downloading the content from the existing website and had started programming the new site. Executive Director advised the vendor estimated the work should take about two weeks and then the site would be ready to preview and test. Executive Director noted the Commissioners would be asked to review the site before it went live. In response to Commissioner Burke's inquiry regarding the cost of the website, Executive Director advised the design and layout costs were \$2450 and there was a yearly hosting fee of \$350.

SHARED SERVICE AGREEMENT: Executive Director advised he was working with the Commission Attorney on preparing a Shared Service Agreement for the Safety & Treasurer's service.

2015 MEETING SCHEDULE: Executive Director reminded the Commission there would be no meeting in March. The next meeting was scheduled for April 23, 2015 at 9:30 AM.

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

Executive Director's Report Made Part of Minutes.

EMPLOYEE BENEFITS: Executive Director advised he would review the employee benefits report with the Commission which was included in the agenda. Executive Director advised the Client Activity Summary report for the period of 1/1/15 to 1/31/15 indicated there were 60 inquires during the month of January.

TREASURER REPORT: Commissioner Burke presented Resolution 16-15 the February Property & Casualty Bill List in the amount of \$1,737,500.09 and requested a motion to approve.

**MOTION TO APPROVE THE FEBRUARY BILL LIST,
RESOLUTION 16-15 IN THE AMOUNT OF
\$1,737,500.09**

Motion:	Commissioner Jones
Second:	Commissioner Burke
Roll Call Vote	Unanimous

Commissioner Burke presented Resolution 17-15 the February Health Insurance Fund Bill List in the amount of \$3,350.50 and requested a motion to approve.

**MOTION TO APPROVE THE FEBRUARY BILL LIST,
RESOLUTION 17-15 IN THE AMOUNT OF \$3,350.50**

Motion:	Commissioner Jones
Second:	Commissioner Burke

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:

Executive Director presented Resolution 18-15 Inservco Liability Check Register for the period of 1/1/15 through 1/31/15.

MOTION TO APPROVE RESOLUTION 18-15 LIABILITY CHECK REGISTER FOR THE PERIOD OF 1/1/15 THROUGH 1/31/15

Motion:

Commissioner Jones

Second:

Commissioner Burke

Roll Call Vote:

Unanimous

MANAGED CARE PROVIDER: Ms. Goldstein reviewed the Client Bill Review Summary Report for the month of January which was included in the agenda. Ms. Goldstein advised there were 27 bills for January for a total of \$10,356.81. The total allowed amount was \$6,002.97. The total reduction was \$4,353.84 and after fees the net reduction was \$3,749.33. Ms. Goldstein noted that 90% of the charges were in-network. Ms. Goldstein asked if anyone had any questions and if not that concluded her report.

CEL SAFETY DIRECTOR:

REPORT: Mr. Prince reviewed the January through March 2015 Risk Control Activity Report which was included in the agenda. Mr. Prince also added he would continue to attend the EMS Safety Committee meetings and is working with the group on wellness incentives. Also Mr. Prince noted there was the "Compressed Gas" and "Chain Saw" classes scheduled for tomorrow. Mr. Prince noted he also attended meetings to review the BRIT Online Training program. Mr. Sizemore requested Mr. Prince to confirm the Compressed Gas class was still scheduled due to possible low attendance.

RISK MANAGEMENT/UNDERWRITING SERVICES DIRECTOR:

REPORT: Ms. Ridolfino distributed a copy of her report dated February 26, 2015. Ms. Ridolfino gave an update on the BRIT online training program and advised they were working on some e-mail issues and would handle on those by a case to case basis. Also, at the Shady Lane Nursing Home a power point presentation would be done since individuals do not have their own computer and use a sign in sheet for attendance. Ms. Ridolfino advised the Improvement Authority requested a seminar on "How to Handle Aggressive People". Ms. Ridolfino indicated J.A. Montgomery was going to modify one of their existing programs and it was her thought to present the training at least twice a year. Ms. Ridolfino also advised she participated in a conference call and discussed an outline plan to contact each individual County Department to utilize the BRIT

Program. The College is already taking online courses and Ms. Ridolfino had received positive feedback. Ms. Ridolfino also noted the EPL classes were not NJ specific so an e-mail was sent out to the administrators advising not to offer this class. Ms. Leighton reminded the Commission that AIG offered resources through the EPL PAK which was rolled out at the Lunch and Learn last year. Ms. Ridolfino advised she had two action items. Ms. Ridolfino advised the County's Volunteer Accident policy was renewing on 3/1/15. Ms. Ridolfino advised National Union Fire offered a renewal premium of \$3,700 with the same terms and conditions per the expiring policy with the addition of 15 floaters to the volunteer list.

**MOTION TO AUTHORIZE THE UNDERWRITING SERVICES
DIRECTOR TO RENEW THE COUNTY'S VOLUNTEER ACCIDENT
POLICY THROUGH NATIONAL UNION FIRE FOR AN ANNUAL COST
OF \$3700 EFFECTIVE 3/1/15**

Motion:	Commissioner Jones
Second:	Commissioner Burke
Roll Call Vote:	Unanimous

Ms. Ridolfino advised the second item was for the Superintendent of Building and Grounds, Mr. Scirrotto. Ms. Ridolfino advised the premium for the bond was \$70.00 and requested a motion to renew the bond.

**MOTION TO AUTHORIZE THE UNDERWRITING SERVICES
DIRECTOR TO RENEW THE SUPERINTENDENT OF BUILDINGS AND
GROUNDS SCIRROTTO'S BOND THROUGH C N A FOR AN ANNUAL
COST OF \$70.00 EFFECTIVE 4/2/15**

Motion:	Commissioner Burke
Second:	Commissioner Jones
Roll Call Vote:	Unanimous

Mr. Sizemore recognized and congratulated Ms. Ridolfino for completing her year long study and obtaining her Associate in Risk Management Designation. (ARM)

ATTORNEY: Commission Attorney advised he did not have anything to report, however Resolution 19-15, Executive Session, needed to be modified and he would read the revision when the resolution was presented.

OLD BUSINESS: None

NEW BUSINESS: Mr. Sizemore advised Inservco presented him with a check relating to the Sandberg case representing payment in full and final satisfaction of the Section 40 lien to date. Mr. Sizemore indicated he was delivering the check to the Treasurer office for handling.

PUBLIC COMMENT:

MOTION TO OPEN MEETING TO PUBLIC

Moved:	Commissioner Jones
Second:	Commissioner Burke
Roll Call Vote:	Unanimous

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

MOTION TO CLOSE THE MEETING TO THE PUBLIC

Moved:	Commissioner Jones
Second:	Commissioner Burke
Roll Call Vote :	Unanimous

CLOSED SESSION: Commission Attorney read and requested a motion to approve Resolution 19-15 authorizing a Closed Session to discuss PARS & SARS.

RESOLUTION 19-15, EXECUTIVE SESSION FOR THE PURPOSE AS PERMITTED BY THE OPEN PUBLIC MEETINGS ACT, MORE SPECIFICALLY TO DISCUSS PARS RELATED TO PENDING OR ANTICIPATED LITIGATION 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 DAWN LILLEY VS COUNTY OF GLOUCESTER, # 2011-29778 & 2012-17793, KATHLEEN LOWRY VS COUNTY OF GLOUCESTER, # 2013-887

Motion:	Commissioner Burke
Second:	Commissioner Jones
Roll Call Vote:	Unanimous

MOTION TO GO INTO CLOSED SESSION

Motion:	Commissioner Burke
Second:	Commissioner Jones
Roll Call Vote:	Unanimous

MOTION TO RETURN TO OPEN SESSION

Motion:	Commissioner Jones
Second:	Commissioner Burke
Roll Call Vote:	Unanimous

Commission Attorney advised there were three PARS to approve and requested motions for the following:

**MOTION TO AUTHORIZE AN INCREASE IN AUTHORITY FOR CLAIM
3530000457 FROM \$15,000 TO \$36,800 AN INCREASE OF \$21,800**

Motion:	Commissioner Jones
Second:	Commissioner Burke
Roll Call Vote:	Unanimous

**MOTION TO AUTHORIZE AN INCREASE IN AUTHORITY FOR CLAIM
3530000893 TO \$60,000 AN INCREASE OF \$45,000**

Motion:	Commissioner Jones
Second:	Commissioner Burke
Roll Call Vote:	Unanimous

**MOTION TO AUTHORIZE AN INCREASE IN AUTHORITY FOR CLAIM
3530001225 TO \$172,000 AN INCREASE OF \$157,000**

Motion:	Commissioner Jones
Second:	Commissioner Burke
Roll Call Vote:	Unanimous

MOTION TO ADJOURN:

Motion:	Commissioner Burke
Second:	Commissioner Jones
Roll Call Vote:	Unanimous

MEETING ADJOURNED: 10:34 AM

Minutes prepared by: Cathy Dodd, Assisting Secretary

APPENDIX II

RESOLUTION NO. 20-15

Gloucester County Insurance Commission
(hereinafter the "Insurance Commission")

Revised April 13, 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 (NJCF).
- 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

- Employed Lawyers Liability
- Cyber Liability

2.) The limits of coverage.

a.) Workers' Compensation limits.

- The Insurance Commission covers \$250,000 per occurrence including:
 - Employer's Liability - \$250,000 per occurrence.
 - USL&H – \$250,000 per occurrence.
 - Harbor Marine/Jones Act - \$250,000 per occurrence.
- The NJC covers excess workers compensation claims to the following limits.
 - Workers' Compensation – statutory excess of the Insurance Commission's \$250,000.
 - Employer's Liability - at a sub-limit of \$25,750,000 excess of the Insurance Commission's \$250,000.
 - USL&H – \$250,000 less NJ State benefits excess of the Insurance Commission's \$250,000.
 - Harbor Marine/Jones Act - \$250,000 less NJ State benefits excess of the Insurance Commission's \$250,000.

NJC retains limits of \$250,000 excess \$250,000 for Workers Compensation and Employers Liability. NJC purchases from Wesco Insurance Company \$500,000 excess \$500,000 each occurrence/employee and purchases from Safety National Casualty Company 'Statutory' Workers Compensation limits excess of \$1,000,000 and \$5,000,000 excess of \$1,000,000 for Employers Liability. Additional Employers Liability limits of \$5,000,000 excess of \$6,000,000 are purchased from Underwriters at Lloyds, \$15,000,000 excess \$11,000,000 from National Casualty.

b.) General Liability limits.

- The Insurance Commission covers \$250,000 per occurrence.
- Law Enforcement - included in the General Liability limits.

- Employee Benefits Liability - included in the General Liability limits.
 - Subsidence - \$250,000 per occurrence
 - Sexual Abuse or Molestation Coverage - \$250,000 per occurrence except for schools.
 - Owned Watercraft 35' in length or less - \$250,000.
 - Garagekeepers Legal Liability - \$250,000
- The NJC covers excess liability claims as follows:
 - General Liability - \$20,500,000 excess the Insurance Commission's \$250,000. The \$5,000,000 excess \$500,000 commercial excess layer is subject to a \$10,000,000 per member insurance commission 12 month aggregate limit (1/1/15-1/1/16). The \$15,000,000 excess \$5,500,000 commercial excess layer is subject to a \$15,000,000 annual aggregate limit (1/1/15-1/1/16).
 - Law Enforcement - included in the NJC's excess General Liability limits.
 - Employee Benefits Liability - included in the NJC's excess General Liability limits.
 - Subsidence - \$250,000 per occurrence excess of the Insurance Commission's \$250,000. NJC retains 100% of the limit excess of the Member Commission's retention.
 - Sexual Abuse or Molestation Coverage - \$250,000 excess of the Insurance Commission's \$250,000 except for schools. NJC retains 100% of the limit excess of the Member Commission's retention.
 - Owned Watercraft 35' in length or less - \$250,000 excess of the Insurance Commission's \$250,000. NJC retains 100% of the limit excess of the Member Commission's retention.
 - Garagekeepers Legal Liability - \$250,000 excess of the Insurance Commission's \$250,000. NJC retains 100% of the limit excess of the Member Commission's retention.

NJC retains limits of \$250,000 excess \$250,000 and purchases from Underwriters at Lloyds limits of \$5,000,000 per occurrence and a \$10,000,000 12 month aggregate (1/1/15-1/1/16) excess over and above \$500,000. NJC also purchases from National Casualty limits of \$15,000,000 per occurrence and a \$15,000,000 annual aggregate (1/1/15-1/1/16) excess over and above the \$5,000,000/\$10,000,000 with Underwriters at Lloyds

c.) Automobile Liability limits.

- The Insurance Commission covers automobile liability claims as follows:
 - Automobile Bodily Injury and Property Damage Liability claims at a combined single limit of \$250,000.
 - The Insurance Commission covers \$250,000 for Personal Injury Protection (PIP) per Addendum I of this Plan.
 - The Insurance Commission covers \$15,000/\$30,000/5,000 for Underinsured/Uninsured Motorists Liability per Addendum II of this Plan.
 - The Insurance Commission covers automobile medical payments of \$15,000 per person but only as respects to Gloucester County corrections transport. Effective 1/1/14.
- The NJC covers excess automobile liability claims as follows:
 - Automobile Bodily Injury and Property Damage Liability claims excess of the Insurance Commission's \$250,000 CSL limit. Included in the NJC's excess General Liability limits as shown above.

NJC retains limits of \$250,000 excess \$250,000 and purchases from Underwriters at Lloyds limits of \$5,000,000 per occurrence and a \$10,000,000 12 month aggregate (1/1/15-1/1/16) excess over and above \$500,000. NJC also purchases from National Casualty limits of \$15,000,000 per occurrence and a \$15,000,000 annual aggregate (1/1/15-1/1/16) excess over and above the \$5,000,000/\$10,000,000 with Underwriters at Lloyd.

The NJC does not provide excess PIP OR Uninsured/Underinsured Motorist Coverage.

The excess general liability, auto liability, law enforcement liability and employers liability limits with Underwriters at Lloyds, National Casualty per member Commission and are shared limits amongst GCIC member entities.

Practices Liability

d.) Public Officials Liability/School Board Legal/Employment

- The NJC via the commercial market covers public officials liability/school board legal liability/employment practices liability as follows:
 - \$15,000,000 each claim and in the annual aggregate on a claims made basis per member Insurance Commission (except for Healthcare entities which have a \$1,000,000 each claim and in the annual aggregate sub-limit) subject to the deductibles as outlined below:
 - Gloucester County - \$100,000 each POL & EPL
 - Rowan College at Gloucester County - \$25,000 SBL/\$50,000 EPL
 - Gloucester County UA - \$5,000 each POL & EPL
 - Gloucester County LC - \$5,000 each POL & EPL
 - Gloucester County IA - \$25,000 SBL/\$100,000 EPL

There is a sub-limit of \$1,000,000 each claim and in the annual aggregate excess of a member entity retention of \$100,000 for sexual abuse/molestation for schools only.

School Board Legal Liability applies to the member entity schools and Public Officials Liability applies to all other member entities.

NJC does not retain any risk as it is fully insured in the commercial market.

e.) Property/Equipment Breakdown

Property Limits/Sub-limits

- The Insurance Commission covers \$100,000 per occurrence less applicable member entity per occurrence deductibles.
- The NJC provides excess property coverage and Equipment Breakdown coverage via the commercial market with Zurich and excess property coverage with Mitsui Sumitomo Insurance Company of America (33.33%); Scottsdale Insurance Company (33.33%); Starr Companies (33.33%) on a quota share basis with the following limits (*SHARED BY ALL NJC MEMBER COMMISSIONS AND THEIR MEMBER ENTITIES*) excess of the member retention and member entity per occurrence deductibles:

Property Per Occurrence Limits:

- A. \$110,000,000 Per Occurrence with Zurich
- B. \$150,000,000 Per Occurrence with *Mitsui Sumitomo Insurance Company of America (33.33%)/Scottsdale (33.33%)/Starr Companies(33.33%)*
- C. \$260,000,000 per Occurrence Total Program Limit

Property Sub-Limits:

- Named Storm Wind and Hail - \$160,000,000 per occurrence for covered property east of GSP for Atlantic, Ocean, Monmouth and Burlington counties and all of Cape May County
- Earthquake - \$200,000,000 (Annual Aggregate)
- Flood - \$65,000,000 (Annual Aggregate) Except;
 - Flood Inside Special Flood Hazard Area (SFHA) - \$25,000,000
- Asbestos Cleanup - \$50,000 per occurrence
- Valuable Paper And Records - \$10,000,000
- Accounts Receivable - \$10,000,000
- Demolition & Increased Cost of Construction - \$25,000,000
- Business Interruption -Included in \$110,000,000 blanket limit (Business Income On Revenue Producing Property Only)
- Extra Expense – \$10,000,000
- Transit- \$1,000,000 Per Conveyance/\$1,000,000 Per Occurrence
- Fine Arts - \$2,500,000 (Owned And Non Owned)
- Pollution And Contamination Cleanup (Limited) - \$250,000 (Annual Aggregate)
- Miscellaneous Unnamed Locations - \$10,000,000
- Builders' Risk - \$25,000,000 (the lesser of \$1,000,000 sublimit or 60 days for soft costs, subject to applicable deductible per cause of loss and 24 hour qualifying period)
- New Construction and Additions – \$25,000,000 per location (90 day reporting)
- Service Interruption - \$10,000,000 Combined Time Element and Property Damage Including Overhead Transmission Lines within 1 mile of insured premises, 24 hour qualifying period)
- Ingress/Egress – 30 Day Period for property with a 5 mile radius but not to exceed a \$5,000,000 limit.
- Debris Removal - \$25,000,000
- Civil Government Authority – Lesser of \$5,000,000 or 30 day period, within 5 mile radius
- Leasehold Interest - \$15,000,000

- Loss Of Rents - \$15,000,000
- Professional Fees - \$1,250,000
- Extended Period of Liability – 365 Days
- Auto Physical Damage - \$15,000,000
- Underground Piping - \$5,000,000 (only if within 5 MILES of a pump station, process plant, metering pit, wells or similar operational locations which are owned, leased, used occupied or intended for use by the member entity). There is no coverage for the perils of Earthquake, Flood or Named Storm.
- EDP Equipment – Subject to a 24 hour qualifying period. No sub-limit for equipment. \$1,000,000 sublimit for data and software
- Outdoor Property - \$10,000,000
- Equipment Breakdown - \$100,000,000
 - Ammonia Contamination - \$5,000,000
 - Spoilage - \$5,000,000
 - Extended Period Of Indemnity - 365 Days

Note: There is an Excess Property Policy with Mitsui Sumitomo Insurance Company of America (33.33%); Scottsdale Insurance Company (33.33%); Starr Companies (33.33%) on a quota share basis which extends the Per Occurrence Policy Limits by \$150,000,000 to a total of \$260,000,000. Coverage sub-limits on the Primary policy are excluded by the Excess Property policy, including Equipment Breakdown. The primary limit is \$110,000,000

- There is an Excess Flood/Earthquake policy placed with AXIS Surplus (33.34%)/RSUI Indemnity (33.33%)/Westchester Surplus (33.33%) which provides:
 - \$15,000,000 aggregate policy limit for Flood coverage excess of the aggregate policy limits provided by Zurich (\$25,000,000 for locations inside the 100-Year Flood Zone, \$50,000,000 for all other locations, as noted above); and
 - \$100,000,000 aggregate policy limit for Earthquake coverage excess of the \$100,000,000 aggregate policy limit provided by Zurich (noted above).

Property Deductibles

- The standard member insurance commission retention is \$100,000 per occurrence less member entity per occurrence deductibles below. Also applies to time element, auto physical damage and flood (except as noted below).

- Gloucester County - \$10,000 Property, \$5,000 Equipment and \$1,000 Auto Physical Damage
 - Rowan College at Gloucester County - \$2,500 Property and \$500 Auto Physical Damage
 - Gloucester County Utilities Authority - \$1,000 Property and \$1,000 Auto Physical Damage
 - Gloucester County Library Commission - \$1,000 Property and \$500 Auto Physical Damage
 - Gloucester County Improvement Authority - \$1,000 Property and \$500 Auto Physical Damage
- The Equipment Breakdown deductible is \$25,000 member entity deductible per occurrence.
- The Earthquake Member Insurance Commission retention is \$100,000 per occurrence less the per occurrence member entity deductibles. However, if there is a loss from a single occurrence involving multiple entities, the maximum occurrence deductible will be \$100,000
- The Flood Member Insurance Commission retention is \$100,000 per occurrence (combined property damage and time element) less member entity per occurrence deductibles. However, if there is a loss from a single occurrence involving multiple entities, the maximum occurrence deductible will be \$100,000.
- Flood loss for property within the Special Flood Hazard Area (SFHA) is subject to a deductible of \$500,000 each building for municipality buildings, and \$500,000 each building for building contents member entity deductible per occurrence; and \$100,000 for each building for loss of income or the National Flood Insurance Plan's (NFIP) maximum available limits for public entities, whichever is greater, regardless of whether National Flood Insurance 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 Valuation clause of the General Conditions section, of the property insured as of the date of loss, for the Location 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. 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 per FEMA include but are not limited to Zone A, Zone AO, Zone AH, Zones A1-A30, Zone AE, Zone A99, Zone AR, Zone AR/AE, Zone AR/AO, Zone AR/A1-A30, Zone AR/A, Zone V, Zone VE, and Zones V1-V30. If not defined by FEMA or any foreign equivalent, it is an area that will be inundated by the flood event having a 1-percent chance of being equaled or exceeded in any given year.

- Underground Piping \$100,000 per occurrence less the member entity deductibles as stated above. There is no coverage for the perils of Earthquake, Flood or Named Storm.
- Golf Carts - \$25,000

NJC does not retain any risk as it is fully insured in the commercial market.

f.) Crime

The NJC via the commercial market provides crime coverage at the following limits and deductibles (the Insurance Commission retains no risk for Crime):

Limit per occurrence:

- Gloucester County – \$1,000,000
- Gloucester County Library Commission - \$500,000
- Gloucester County Utilities Authority - \$500,000
- Rowan College at Gloucester College - \$500,000
- Gloucester County Improvement Authority - \$500,000

Deductible per occurrence:

- Gloucester County – \$15,000
- Gloucester County Library Commission - \$10,000
- Gloucester County Utilities Authority - \$10,000
- Rowan College at Gloucester County - \$10,000
- Gloucester County Improvement Authority - \$10,000

NJC does not retain any risk as it is fully insured in the commercial market.

g.) Pollution Liability

The NJC via the commercial market provides pollution liability coverage at the following limits and deductibles (the Insurance Commission retains no risk for Pollution Liability):

- Limit of Liability: \$10,000,000 per claim and \$25,000,000 annual aggregate
- Member Entity Deductible: \$25,000
- New Member Entity Effective Dates: N/A

NJC does not retain any risk as it is fully insured in the commercial market.

All policy aggregates limits are shared by the NJC member Commissions of Gloucester, Camden, Union and Burlington and their respective member entities. It is also shared with Cumberland County Utilities Authority.

h.) Medical Professional General Liability/Excess Medical Professional

The NJC via the commercial market provides medical professional general liability/excess medical professional coverage at the following limits and deductibles (the Insurance Commission retains no risk for medical professional general liability):

- Limit per claim/annual aggregate: \$1,000,000/\$3,000,000
 - This primary aggregate limit is shared by each member entity of each NJC member Commission.
- Excess Limit annual aggregate: \$20,000,000/\$20,000,000
 - Excess Limit is a Shared limit with CCIC, BCIC, CUIC and SCIC.
- Member Entity Deductibles GL and PL:
 - Gloucester County – \$25,000 Includes Department of Corrections, Division of Education & Disability, Division of Senior Services and Department of Health Services.
 - Gloucester County IA (Shady Lane) - \$10,000
 - Gloucester County Prosecutors Office (SANE) - \$5,000
 - Rowan College at Gloucester County: Allied health Programs– \$5,000
 - GC Emergency Response Center - \$10,000
 - GCIC Scheduled Physicians - \$5,000
 - G.Feigin -GC
 - J.Palmer - GC
 - J. Briskin - GC
 - C. Siebert - GC
 - E. Salminen – GCC
 - Shannon White - GCC

NJC does not retain any risk as it is fully insured in the commercial market.

i.) Employed Lawyers Professional Liability

The NJC via the commercial market provides employed lawyers professional liability coverage at the following limits and deductibles (the Insurance Commission retains no risk for employed lawyers' professional liability):

- Limit per claim and annual aggregate: \$5,000,000/\$10,000,000
- Member Entity Self Insured Retentions:
 - Gloucester County \$25,000 (8 Attorneys)
 - All Other Entities: Not applicable

NJC does not retain any risk as it is fully insured in the commercial market.

J.) Cyber Liability – Network Privacy & Security Liability effective 1/1/15

The NJC via the commercial market provides on an optional basis network privacy & security liability coverage at the following limits and deductibles (the insurance commission retains no risk for network privacy & security liability coverage):

- Limits per claim and annual aggregate:
 - Security & Privacy Liability: \$1,000,000
 - regulatory sub-limit: \$750,000*
 - Network Interruption (12 hour period): \$250,000
 - Event Management: \$250,000
 - Cyber Extortion: \$ 1,000,000
 - Minimum affected individuals: 100
 - Maximum affected individuals: \$500,000
- Retention per member entity:
 - Security & Privacy Liability: \$25,000
 - Regulatory: \$25,000
 - Network Interruption (12 hour period): \$25,000
 - Event Management: \$25,000
 - Cyber Extortion: \$ 25,000
 - Minimum affected individuals: 100
 - Maximum affected individuals: \$500,000
- Participating member entities are:
 - Gloucester County
 - Gloucester County Improvement Authority
 - Gloucester County Utilities Authority
 - Gloucester County Library Commission
 - Rowan College at Gloucester County

NOTICE: The above description is a general overview of the coverage and limits provided by the Insurance Commission. The actual terms and conditions are defined in the individual policy documents and this Risk Management Plan. All issues and/or conflicts shall be decided upon by the individual policy documents.

- 3.) The amount of risk to be retained by the Insurance Commission (except as noted in section 2. Limits of coverage).
 - a.) Workers' Compensation (all coverages) - \$250,000 CSL
 - b.) General Liability (all coverages) - \$250,000 CSL
 - c.) Law Enforcement Liability – Included in General Liability

d.) Automobile Liability

- Property Damage & Bodily Injury - \$250,000 CSL
- Underinsured/Uninsured - \$15,000/\$30,000/\$5,000 CSL
- Personal Injury Protection - \$250,000 CSL

d.) Public Officials Liability/School Board Legal/Employment Practices Liability - None

e.) Property/APD - \$100,000 per occurrence less member entity deductibles.

f.) Crime – None

g.) Pollution Liability – None

h.) Medical Professional General Liability – None

i.) Employed Lawyers Liability – None

j.) Cyber Liability - None

4.) The amount of unpaid claims to be established.

a.) The general reserving philosophy is to set reserves based upon the probable total cost of the claim at the time of conclusion. Historically, on claims aged eighteen (18) months, the Insurance Commission expects the claims servicing company to set reserves at 85% accuracy. The Insurance Commission also establishes reserves recommended by the Insurance Commission's Actuary for claims that have been incurred but not yet reported so that the Insurance Commission has adequate reserves to pay all claims and allocated loss adjusted expense liability.

b.) Claims reserves are subject to regular review by the Insurance Commission's Executive Director/Administrator, Attorney, Board of Commissioners and claims servicing company. Reserves on large or unusual claims are also subject to review by the claims departments of the commercial insurance companies or reinsurance companies providing primary or excess coverages to the Insurance Commission either directly or through the NJC JIF.

5.) The method of assessing contributions to be paid by each member of the Insurance Commission.

a.) By November 15th of each year, the actuary computes the probable net cost for the upcoming Insurance Commission year by line of coverage and for each prior Insurance Commission year. The Actuary includes all budget items in these computations. The annual assessment of each participating member entity is its pro rata

share of the probable net cost of the upcoming Insurance Commission year for each line of coverage as computed by the Actuary.

b.) The calculation of pro rata shares is based on each member's experience modified manual premium for that line of coverage. The Insurance Commission's Governing Body also adopts a capping formula which limits the increase of any member's assessment from the preceding year to the Insurance Commission wide average increase plus a percentage selected by the Governing Body. The total amount of each member's annual assessment is certified by majority vote of the Insurance Commission's Governing Body at least one (1) month prior to the beginning of the next fiscal year.

c.) The Treasurer deposits each member's assessment into the appropriate accounts, including the administrative account, and the claim or loss retention trust Insurance Commission account by Insurance Commission year for each type of coverage in which the member participates.

d.) If a member entity becomes a member of the Insurance Commission or elects to participate in a line of coverage after the start of the Insurance Commission year, such participant's assessments and supplement assessments are reduced in proportion to that part of the year which had elapsed.

e.) The Insurance Commission's Governing Body may by majority vote levy upon the participating member entities additional assessments wherever needed or so ordered by the Commissioner of Insurance to supplement the Insurance Commission's claim, loss retention or administrative accounts to assure the payment of the Insurance Commission's obligations. All supplemental assessments are charged to the participating member entities by applicable Insurance Commission year, and shall be apportioned by the year's assessments for that line of coverage.

f.) Should any member fail or refuse to pay its assessments or supplemental assessments, or should the Insurance Commission fail to assess funds required to meet its obligations, the Chairman, or in the event by his or her failure to do so, the custodian of the Insurance Commission's assets, shall notify the Commissioner of Banking and Insurance and the Director of Community Affairs. Past due assessments shall bear interest at the rate established annually by the Insurance Commission's Governing Body.

6.) Procedures governing loss adjustment and legal expenses.

a.) The Insurance Commission engages a claims service company to handle all claims. The performance of the claims adjusters is monitored and periodically audited by the Executive Director's office, the Insurance Commission Attorney, the NJC's attorney's office, as well as the claims department of the NJC's five major excess insurers (i.e. Underwriters at Lloyds, National Casualty, Markel for excess liability; Wesco Insurance Company and Safety National Casualty Company for workers' compensation). Every three years, the NJC's internal auditors also conduct an audit.

b.) Each member entity is provided with a claim reporting procedure and appropriate forms.

c.) In order to control workers' compensation medical costs, the Insurance Commission has engaged a managed care organization (CSG) component *through a contract* whose procedures are integrated into the Insurance Commission's claims process.

d.) To provide for quality defense and control costs, the Insurance Commission has established an approved defense attorney panel with firms which specialize in Title 59 matters. The performance of the defense attorneys is overseen by the Insurance Commission Attorney, as well as, the various firms which audit the claims adjusters.

7.) Coverage to be purchased from a commercial insurer, if any.

The Insurance Commission does not purchase commercial insurance.

8.) Reinsurance to be purchased.

The Insurance Commission does not purchase reinsurance.

9.) Procedures for the closure of Insurance Commission years, including the maintenance of all relevant accounting records.

a.) Not applicable at this time.

10.) Assumptions and Methodology used for the calculation of appropriate reserves requirements to be established and administered in accordance with sound actuarial principles.

a.) The general approach in estimating the loss reserves of the Insurance Commission is to project ultimate losses for each Insurance Commission year using paid and incurred loss data. Two traditional actuarial methodologies are used: the paid loss development method and the incurred loss development method. From the two different indications resulting from these methods the Insurance Commission Actuary chooses a "select" estimate of ultimate losses. Subtraction of the paid losses from the select ultimate losses yields the loss reserve liability or Insurance Commission funding requirement.

b.) The following is an overview of the two actuarial methods used to project the ultimate losses.

- Paid Loss Development Method - This method uses historical accident year paid loss patterns to project ultimate losses for each accident year. Because this method does not use case reserve

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.

- Case Incurred Loss Development Method - 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 ^h day of April 2015.

Gloucester County Insurance Commission

By: _____
Chairperson

Attest: _____
Secretary

ADDENDUM I

2015 Risk Management Plan
Addendum #1

NEW JERSEY PERSONAL INJURY PROTECTION

With respects to coverage provided by this Addendum, the provisions of Policy CP0513640 – 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 for a covered **auto** licensed or principally garaged in, or **garage operations** conducted in, New Jersey

This Addendum is effective 1/1/**2015**.

MEDICAL EXPENSE BENEFITS DEDUCTIBLE

The medical expense benefits are subject to a deductible of \$250 per **occurrence**.

Medical expense benefits applicable to:

A. The **named insured** and, if the **named insured** is an individual, any **family members** will be subject to a deductible of \$250 per **occurrence**.

B. insured **persons** other than the **named insured** and, if the **named insured** is an individual, any **family members** shall be subject to a separate deductible of \$250 per **occurrence**.

MEDICAL EXPENSE BENEFITS CO-PAYMENT

Medical expense benefits are subject to a co-payment of 20% per **occurrence** for amounts payable between the applicable deductible and \$5,000.

☐

DELETION OF BENEFITS OTHER THAN MEDICAL EXPENSES OPTION

All Personal Injury Protection benefits other than medical expense benefits are deleted with respect to the **named insured** and, if the **named insured** is an individual, any **family members**, when indicated to the left. Refer to the Deletion Of Benefits Other Than Medical Expenses Provision.

☐

MEDICAL EXPENSE BENEFITS-AS-SECONDARY OPTION

If the **named insured** is an individual, medical expense benefits with respect to the **named insured** and **family members**, are secondary to the health benefits plans under which the **named insured** and **family members** are insured, when indicated to the left.

A. Coverage

1. **Personal Injury Protection**

We will pay personal injury protection benefits for **bodily injury** sustained by an **eligible injured person** or an **insured person** caused by an **occurrence** occurring during the Policy period within the United States of America, its territories or possessions or Canada and arising out of the ownership, maintenance or use, including loading or unloading, or a **private passenger auto** as an auto.

These Personal Injury Protection Benefits consist of:

a. **Medical Expense Benefits**

An amount not exceeding **\$250,000** per person per **occurrence** for reasonable and necessary expenses incurred for medical, surgical, rehabilitation and diagnostic treatments and services, hospital expenses, ambulance or transportation services, medication and non-medical expenses that are prescribed by a treating **health care provider** for a permanent or significant brain, spinal cord or disfiguring injury.

Non-medical expense means charges for products and devices, not exclusively used for medical purposes or as durable medical equipment, such as vehicles, durable goods, equipment, appurtenances, improvements to real or personal property, fixtures and services and activities such as recreational activities, trips and leisure activities.

All medical expenses must be rendered by a **health care provider**, be **clinically supported** and consistent with the symptoms, diagnosis or indications of the **insured**. They must also be consistent with the most appropriate level of service that is in accordance with the standards of good practice and standard professional treatment protocols, including care paths for an **identified injury**. They must not be rendered primarily for the convenience of the **insured** or **health care provider** nor may they involve unnecessary testing or treatment.

However, medical expenses include any nonmedical remedial treatment rendered in accordance with recognized religious methods of healing.

b. **Income Continuation Benefits**

An amount not exceeding a limit of \$100 per week and a total limit of \$5,200 payable for the loss of income of an **income producer** during his or her lifetime, as a result of **bodily injury** disability, not to exceed net **income** normally earned during the period in which benefits are payable.

c. **Essential Services Benefits**

An amount not exceeding a limit of \$12 per day and a total limit of \$4,380 payable to an **eligible injured person** as reimbursement for payments made to others, for substitute essential services of the type actually rendered during his or her lifetime and which he or she would ordinarily have performed not for **income** but for the care and maintenance of himself or herself and persons related to the **eligible injured person** by blood, marriage

or adoption (including a ward or foster child) who are residents of the same household as the **eligible injured person**.

d. **Death Benefits**

The amount or amounts payable in the event of the death of an **eligible injured person** as determined below:

- (1) If the **eligible injured person** was an **income producer** at the time of the **occurrence**, an amount equal to the difference between \$5,200 and all basic income continuation benefits paid for any loss of **income** resulting from his or her injury prior to his or her death;
- (2) If the **eligible injured person** ordinarily performed essential services for the care and maintenance of himself or herself, his or her family or family household, an amount equal to the difference between \$4,380 and all basic essential services benefits paid with respect to his or her injury prior to death.

e. **Funeral Expense Benefits**

An amount not exceeding \$1,000 of reasonable funeral, burial and cremation expenses incurred.

2. **Pedestrian Personal Injury Protection**

This coverage applies to **pedestrians** and only to **occurrences** which occur during the Policy period in New Jersey. With respect to an **insured motor vehicle** as described for this Coverage, Pedestrian Personal Injury Protection Coverage is the only Personal Injury Protection Coverage for that vehicle.

We will pay pedestrian personal injury protection benefits to an **eligible injured person**. These Pedestrian Personal Injury Protection benefits consist of:

a. **Medical Expense Benefits**

An amount not exceeding **\$250,000** per person per **occurrence** for reasonable and necessary expenses incurred for medical, surgical, rehabilitative and diagnostic treatments and services, hospital expenses, ambulance or transportation services, medical and non-medical expenses that are prescribed by a treating **health care provider** for a permanent or significant brain, spinal cord or disfiguring injury.

Non-medical expense means charges for products and devices, not exclusively used for medical purposes or as durable medical equipment, such as vehicles, durable goods, equipment, appurtenances, improvement to real or personal property, fixtures and services and activities such as recreational activities, trips and leisure activities.

All medical expenses must be rendered by a **health care provider**, be **clinically supported** and consistent with the symptoms, diagnosis or indications of the **insured**. They must also be consistent with the most appropriate level of service that is in accordance with the standards of good practice and standard professional treatment protocols, including care paths for an **identified injury**. They must not be rendered primarily for the convenience of the **insured** or **health care provider** nor may they involve unnecessary testing or treatment.

However, medical expenses include any nonmedical remedial treatment rendered in accordance with recognized religious methods of healing.

b. **Income Continuation Benefits**

An amount not exceeding a limit of \$100 per week and a total limit of \$5,200 payable for the loss of income of an **income producer** during his or her lifetime, as a result of **bodily injury** disability; not to exceed net **income** normally earned during the period in which benefits are payable.

c. **Essential Services Benefits**

An amount not exceeding a limit of \$12 per day and a total limit of \$4,380 payable to an **eligible injured person** as reimbursement for payment made to others, for substitute essential services of the type actually rendered during his or her lifetime and which he or she would ordinarily have performed not for **income** but for the care and maintenance of himself or herself and persons related to the **eligible injured person** by blood, marriage or adoption (including a ward or foster child) who are residents of the same household as the **eligible injured person**.

d. **Death Benefits**

The amount or amounts payable in the event of the death of an **eligible injured person** as determined below:

- (1) If the **eligible injured person** was an **income producer** at the of time the **occurrence**, an amount equal to the difference between \$5,200 and all basic income continuation benefits paid for any loss of **income** resulting from his or her injury prior to his or her death;
- (2) If the **eligible injured person** ordinarily performed essential services for the care and maintenance of himself or herself, his or her family or family household, an amount equal to the difference between \$4,380 and all basic essential services benefits paid with respect to his or her injury prior to death.

e. **Funeral Expense Benefits**

An amount not exceeding \$1,000 for reasonable funeral, burial cremation expenses incurred.

B. **Exclusions**

1. **Personal Injury Protection**

We will not pay Personal Injury Protection benefits for **bodily injury**:

- a. To a person whose conduct contributed to the **bodily injury** in any of the following ways:
 - (1) While committing a high misdemeanor or felony or seeking to avoid lawful apprehension or arrest by a police officer; or
 - (2) While acting with specific intent to cause injury or damage to himself or herself or others;
- b. To any person who, at the time of the **occurrence**, was the owner or registrant of a **private passenger auto** registered or principally garaged in New Jersey that was being operated without Personal Injury Protection Coverage;
- c. To any person who is not occupying a covered **auto**, other than the **named insured** or any **family member** or a resident of New Jersey, if the **occurrence** occurs outside of New Jersey;
- d. Arising out of the ownership, maintenance or use, including loading or unloading, of any vehicle while located for use as a residence or premises other than for transitory recreational purposes;
- e. Due to war, whether or not declared, civil war, insurrection, rebellion or revolution, or to any act or **CONDITION** incident to any of the foregoing;
- f. Resulting from the radioactive, toxic, explosive or other hazardous properties of nuclear material;
- g. To any person, other than the **named insured** or any **family member**, if such person is entitled to New Jersey Personal Injury Protection Coverage as a **named insured** or **family member** under the terms of any other Policy with respect to such coverage;
- h. To any **family member**, if such person is entitled to New Jersey Personal Injury Protection Coverage as a **named insured** under the terms of another Policy; or
- i. To any person operating or occupying a **private passenger auto** without the permission of the owner or the **named insured** under

the Policy insuring that **auto**.

- j. To any person who is convicted of, or pleads guilty to:
 - (1) Operating a motor vehicle; or
 - (2) Allowing another person to operate a motor vehicle owned by that **insured** or in that **insureds** care, custody or control;

while the **insured** or that other person:

- (1) Is under the influence of intoxicating liquor or a narcotic, hallucinogenic or habit-producing drug; or
 - (2) Is later found to have a blood alcohol concentration by weight of alcohol in excess of the legal limit of the jurisdiction where the violation occurred.
- k. To any person who refused to submit to a chemical test after being arrested for operating a motor vehicle while under the influence of intoxicating liquor or a narcotic hallucinogenic or habit-producing drug.
- l. For the following diagnostic tests:
 - (1) Brain mapping;
 - (2) Iridology;
 - (3) Mandibular tracking and simulation;
 - (4) Reflexology;
 - (5) Spinal diagnostic ultrasound;
 - (6) Surface electromyography (surface EMG);
 - (7) Surrogate arm mentoring; or
 - (8) Any other diagnostic test that is determined to be ineligible for coverage under Personal Injury Protection Coverage by New Jersey law or regulation.

2. **Pedestrian Personal Injury Protection**

The EXCLUSIONS that apply to Personal Injury Protection also apply to Pedestrian Personal Injury Protection, except EXCLUSIONS b. and c., which do not apply to Pedestrian Personal Injury Protection Coverage.

C. **Limit Of Insurance**

- 1. Any amount payable by **us** as Personal Injury Protection benefits for **bodily injury** shall be reduced by:
 - a. All amounts paid, payable or required to be provided under any workers' compensation or employees' temporary disability law.
 - b. Medicare provided under federal law.
 - c. Benefits actually collected that are provided under federal law to

active and/or retired military personnel.

2. Any amount payable by **us** as medical expense benefits will be limited by medical fee schedules, as promulgated by the New Jersey Department of Banking and Insurance for specific injuries or services.
3. Any amount payable for medical expense benefits as the result of any one **occurrence** shall be:
 - a. Reduced by the applicable deductible of \$500; and
 - b. Subject to the co-payment of 20% for the amount between the applicable deductible and \$5,000.
4. The applicable limit of income continuation benefits applies separately to each full, regular and customary work week of an **eligible injured person**. If this disability from work or employment consists of or includes only a part of such a week, **we** shall be liable for only that proportion of such weekly limit that the number of days lost from work or employment during the partial week bears to the number of days in his or her full work week.
5. If the Addendum indicates that the **named insured** has elected the Medical Expense Benefits As Secondary option, the following provisions apply to medical expense benefits:
 - a. **Priority Of Benefits**
 - (1) The health benefits plans under which the **named insured** and any **family member** are insured shall provide primary coverage for **allowable expenses** incurred by the **named insured** and any **family member** before any medical expense benefits are paid by **us**.
 - (2) This insurance shall provide secondary coverage for the medical expense benefits for **allowable expenses**, which remained uncovered.
 - (3) The total benefits paid by the health benefits plans and this insurance shall not exceed the total amount of **allowable expenses**.
 - b. **Determination Of Medical Expense Benefits Payable**
 - (1) To calculate the amount of **actual benefits** to be paid by **us**, **we** will first determine the amount of **eligible expenses** which would have been paid by **us**, after

application of the deductible and co-payment indicated in this Addendum had the **named insured** not elected the Medical Expense Benefits As Secondary Coverage option.

- (2) If the remaining **allowable expenses** are:
 - (a) Less than the benefits calculated in Paragraph (1) above, **we** will pay **actual benefits** equal to the remaining **allowable expenses**, without reducing the remaining **allowable expenses** by the deductible or co-payment.
 - (b) Greater than the benefits calculated in Paragraph (1) above, **we** will pay **actual benefits** equal to the benefits calculated in Paragraph 1 above, without reducing the remaining **allowable expenses** by the deductible or co-payment.
- (3) **We** will not reduce the **actual benefits** determined in Paragraph 2.:
 - (a) By any deductibles or co-payments of the health benefits plans which have provided primary coverage for medical expense benefits; or
 - (b) For any **allowable expense** remaining uncovered which otherwise would not be an **eligible expense** under Personal Injury Protection Coverage, except as set forth in Paragraph (4) below.
- (4) In determining remaining uncovered **allowable expenses**, **we** shall not consider any amount for items of expense which exceed the dollar or percent amounts recognized by the medical fee schedules promulgated by the New Jersey Department of Banking and Insurance.
- (5) The total amount of medical expense benefits for the **named insured** or any **family member** per **occurrence** shall not exceed the maximum amount payable for medical expense benefits under this Policy.

c. **Health Benefits Plan Ineligibility**

- (1) If, after the **named insured** has elected the Medical Expense Benefits As Secondary Coverage option, it is determined that the **named insured** or any **family member** did not have a health benefits plan in effect at the time an **occurrence** occurred which resulted in **bodily injury** to the **named insured** or any **family member**,

medical expense benefits shall be provided to the **named insured** or any **family member**, subject to the following:

- (a) Only Paragraph 1. of the Limit Of Insurance Provision will apply with respect to medical expense benefits.
- (b) Any amount payable for medical expense benefits for the **named insured** and any **family member** as a result of any one **occurrence** shall;
 - (1) Be reduced by a deductible equal to the sum of \$750 plus the \$500 deductible indicated in this Addendum; and
 - (2) Be subject to a co-payment of 20% for amounts less than \$5,000 after the deductible has been applied.
 - (3) Be determined:
 - (i) By the medical fee schedules promulgated by the New Jersey Department of Insurance; or
 - (ii) By us, on a reasonable basis, considering the medical fee schedules for similar services or equipment in the region where the service or equipment was provided, if an item or expense is not included on the medical fee schedules.
 - (4) Not exceed the maximum amount payable for medical expense benefits under this Policy.
- (2) All items of medical expense incurred by the **named insured** or any **family member** for the treatment of **bodily injury** shall be **eligible expenses** to the extent the treatment or procedure from which the expenses arose:
 - (a) Is recognized on the medical fee schedules promulgated by the New Jersey Department of Banking and Insurance; or
 - (b) Are reasonable expenses in accordance with Section 4 of the New Jersey Reparation Reform Act.
- (3) **We** shall be entitled to recover the difference between:
 - (a) The reduced premium paid under this Policy for the Medical Expense Benefits As Secondary option; and

- (b) The premium which would have been paid under this Policy had the **named insured** not elected such option.

We will not provide any premium reduction for the Medical Expense Benefits As Secondary option for the remainder of the Policy period.

6. The limit of insurance shown in this Addendum for weekly income continuation benefits shall be prorated for any period of **bodily injury** disability less than one week.

D. Changes in Conditions

All conditions stated in Policy #CP0513640 – Coverage forms CA 00 01 12 93, IL 00 17 11 98, IL 00 21 07 02, IL 02080702 applies, however:

1. The **Duties In The Event Of Occurrence**, Condition is amended by the addition of the following:
 - a. If an **eligible injured person, insured person** or the legal representative or survivors of either institutes legal action to recover damages for injury against a person or organization who is or may be liable in tort there for, he or she must promptly give **us** a copy of the summons and complaint or other process served in connection with the legal action.
 - b. The **eligible injured person, insured person** or someone on their behalf must promptly give us written proof of claim including:
 - (1) Full particulars of the nature and extent of the **bodily injury**; and
 - (2) Such other information that will help us determine the amount due and payable.
 - c. The **eligible injured person or insured person** must submit to physical examination by physicians when and as often as **we** reasonably require and a copy of the medical report will be forwarded to such **eligible injured person or insured person** if requested.
2. The following Conditions are added:
 - a. **Reimbursement And Trust**

Subject to any applicable limitations set forth in the New Jersey Automobile Reparation Reform Act, if **we** make any payment to any **eligible injured person** or **insured person**

under this coverage and that person recovers from another party, he or she shall hold the proceeds in trust for **us** and pay **us** back the amount **we** have paid. **We** will have a lien against such payment, and may give notice of the lien to the person or organization causing **bodily injury**, his or her agent or insurer or a court having jurisdiction in the matter.

b. **Payment Of Personal Injury Protection Benefits**

- (1) Medical expense benefits and essential services benefits may be paid at our option to the **eligible injured person**, **insured person** or the person or organization furnishing the products or services for which such benefits are due. These benefits shall not be assignable except to providers of service benefits. Any such assignment is not enforceable unless the provider of service benefits agrees to be subject to the requirements of our Decision Point Review Plan. In the event of the death of an **eligible injured person** or **insured person** any amounts payable, but unpaid prior to death, for medical expense benefits are payable to the **eligible injured person's** or **insured person's** estate.
- (2) Benefits payable under Paragraph A.2.d.(1) of the description of death benefits are payable to the **eligible injured person's** surviving spouse, or if there is no surviving spouse, to his or her surviving children, or if there is not a surviving spouse or any surviving children, to the **eligible injured person's** estate.
- (3) Benefits payable under Paragraph A.1.d.(2) of the description of death benefits are payable to the person who has incurred the expense of providing essential services.
- (4) Funeral expense benefits are payable to the **eligible injured person's** or **insured person's** estate.

c. **Deletion Of Benefits Other Than Medical Expenses Option**

When the Addendum indicates that the Deletion Of Benefits Other Than Medical Expenses Option applies, **we** will pay personal injury protection benefits consisting only of medical expense benefits for the **named insured** and **family members**.

d. **Employee Benefits Reimbursement**

If the **eligible injured person** or **insured person** fails to apply for workers' compensation benefits or employees' temporary disability benefits for which that person

is eligible, **we** may immediately apply to the provider of these benefits for reimbursement of any personal injury protection benefits that **we** have paid.

e. **Proof of Health Benefits Plan Coverage**

If the **named insured** has elected the Medical Expense Benefits As Secondary option, the **named insured** shall provide proof that the **named insured** and **family members** are insured by health insurance coverage or benefits in a manner and to an extent approved by the New Jersey Department of Banking and Insurance.

f. **Special Requirements For Medical Expenses**

(1) **Care Paths For Identified Injuries (Medical Protocols)**

- (a) The New Jersey Department of Banking and Insurance has established by regulation the standard courses of medically necessary diagnosis and treatment for **identified injuries**. These courses of diagnosis and treatments are known as care paths.

The care paths do not apply to treatment administered during **emergency care**.

- (b) Upon notification to use of a **bodily injury** covered under this Policy, **we** will advise the **insured** of the care path requirements established by the New Jersey Department of Banking and Insurance.
- (c) Where the care paths indicate a decision point, further treatment or the administration of a diagnostic test is subject to our Decision Point Review Plan.

A decision point means the juncture in treatment where a determination must be made about the continuation or choice of further treatment of an **identified injury**.

(2) **Coverage For Diagnostic Tests**

- (a) In addition to the care path requirements for an **identified injury**, the administration of any of the following diagnostic tests is also subject to the requirements of our Decision Point Review Plan:
 - (i) Brain audio evoked potential (BAEP);
 - (ii) Brain evoked potential (BEP);
 - (iii) Computer assisted tomographic studies

- (CT, CAT Scan);
- (iv) Dynatron/cyber station/cybex;
- (v) Electroencephalogram (EEG);
- (vi) H-reflex Study;
- (vii) Magnetic resonance imaging (MRI);
- (viii) Needle electromyography (needle EMG);
- (ix) Nerve conduction velocity (NCV);
- (x) Somasensory evoked potential (SSEP);
- (xi) Sonogram/ultrasound;
- (xii) Videofluorosocpy;
- (xiii) Visual evoked potential (VEP); or
- (xiv) Any other diagnostic test that is subject to the requirements of our Decision Point Review Plan by New Jersey law or regulation.

- (b) The diagnostic tests listed under Paragraph (2)(a) must be administered in accordance with New Jersey Department of Banking and Insurance regulations which set forth the requirements for the use of diagnostic tests in evaluating injuries sustained in **auto accidents**.

However, those requirements do not apply to diagnostic tests administered during **emergency care**.

- (c) **We** will pay for other diagnostic tests that are:
 - (i) Not subject to our Decision Point Review Plan; and
 - (ii) Not specifically excluded under EXCLUSION 1.I.;

only if administered in accordance with the criteria for medical expenses as provided in this ENDORSEMENT.

(3) **Decision Point Review Plan**

- (a) Coverage for certain medical expenses under this Addendum is subject to our Decision Point Review Plan, which provides appropriate notice and procedural requirements that must be adhered to in accordance with New Jersey law or regulation. **We** will provide a copy of this plan upon request, or in the event of any claim for medical expenses under this coverage.
- (b) Our Decision Point Review Plan includes the

following minimum requirements as prescribed by New Jersey law or regulation:

- (i) The requirements of the Decision Point Review Plan only apply after the tenth day following the **occurrence**.
- (ii) **We** must be provided prior notice as indicated in our plan, with appropriate **clinically supported** findings, that additional treatment for an **identified injury** or the administration of a diagnostic test listed under Paragraph (2)(a) is required.

The notice and **clinically supported** findings may include a comprehensive treatment plan for additional treatment.

- (c) Once **we** receive such notice with the appropriate **clinically supported** findings, **we** will, in accordance with our plan:
 - (i) Promptly review the notice and supporting materials; and
 - (ii) If required as part of our review, request any additional medical records or schedule a physical examination.
- (d) **We** will then determine and notify the **eligible injured person** or the **insured person** whether **we** will provide coverage for the additional treatment or diagnostic test as indicated in our plan. Any determination **we** make will be based on the determination of a **health care provider**.
- (e) Any physical examination of an **eligible injured person** or **insured person** scheduled by **us** will be conducted in accordance with our plan.
- (f) A penalty will be imposed in accordance with **our** plan if:
 - (i) **We** do not receive proper notice and **clinically supported** findings;
 - (ii) **We** are not provided medical records if requested by **us**; or
 - (iii) Any **eligible injured person** or **insured person** fails to appear for the physical examination if required by **us**.

g. **Dispute Resolution**

If **we** and any person seeking Personal Injury Protection Coverage do not agree as to the recovery of Personal Injury Protection Coverage under this Addendum, then the matter may be submitted to dispute resolution, or the initiative of any party to the dispute, in accordance with New Jersey law or regulation.

Any request for dispute resolution may include a request for review by a medical review organization.

3. The following Condition is added for **Personal Injury Protection** and **Pedestrian Personal Injury Protection**:

COORDINATION AND NON-DUPLICATION

- a. Regardless of the number of **autos** insured for basic personal injury protection coverage pursuant to Section 4 of the New Jersey Automobile Reparation Reform Act or the number of insurers or policies providing such coverage, there shall be no duplication of payment of basis personal injury protection benefits and the aggregate maximum amount payable under this and all applicable policies with respect to **bodily injury** to any one person as the result of any one **occurrence** shall not exceed the applicable amounts or limits specified in Section 4 of said Act.
- b. If an **eligible injured person** under this coverage is also an **eligible injured person** under other complying policies, the insurer paying benefits to such person shall be entitled to recover from each of the other insurers an equitable pro rata is the proportion that the insurer's liability bears to the total of all applicable limits. Complying Policy means a Policy of automobile liability insurance maintained pursuant to the requirements of Section 3 of the New Jersey Automobile Reparation Reform Act and providing basic personal injury protection coverage as approved by the Commissioner of Insurance.

4. The following Condition is added for **Personal Injury Protection**:

MEDICAL PAYMENTS DELETION

In consideration of the Coverage provided for Personal Injury Protection and in Paragraphs A.1. and A.2. of this Addendum, and the adjustment of applicable rates because of **bodily injury** to an **eligible injured person**, any auto medical payments coverage provided under the coverage part is deleted with respect to an **auto** which is a covered **auto**.

E. Definitions

The **Definitions** Section is amended as follows:

1. The definition of **bodily injury** is replaced by the following:

Bodily injury means bodily harm, sickness or disease, including an **identified injury** or death that results.

2. The following definitions are added for **Personal Injury Protection**, and **Pedestrian Personal Injury Protection**:

- a. **Actual benefits** means those benefits determined to be payable for **allowable expenses**.
- b. **Allowable expense** means a medical necessary, reasonable and customary item of expense covered as benefits by the **named insured's** or **family member's** health benefits plan or personal injury protection benefits as an **eligible expense**, at least in part. When benefits provided are in the form of services, the reasonable monetary value of each such service shall be considered as both an **allowable expense** and a paid benefit.
- c. **Clinically supported** means that a **health care provider**, prior to selecting, performing or ordering the administration of a treatment or diagnostics test, has:
 - (1) Physically examined the **eligible injured person** or **insured person** to ensure that the proper medical indications exist to justify ordering the treatment or test;
 - (2) Made an assessment of any current and/or historical subjective complaints, observations, objective findings, neurologic indications, and physical tests;
 - (3) Considered any and all previously performed tests that relate to the injury and the results and which are relevant to the proposed treatment or test; and
 - (4) Recorded and documented these observations, positive and negative findings and conclusions on the **insureds** medical records.
- d. **Eligible expense** means:
 - (1) In the care of health benefits plans, that portion of the medical expenses incurred for the treatment of **bodily**

injury which is covered under the terms and CONDITIONS of the plan, without application of the deductible(s) and co-payment(s), if any.

(2) In the case of personal injury protection benefits, that portion of the medical expenses incurred for the treatment of **bodily injury** which, without considering any deductible and co-payment, shall not exceed:

- (a) The percent or dollar amounts specified on the medical fee schedules, or the actual billed expense, whichever is less; or
- (b) The reasonable amount, as determined by us, considering the medical fee schedules for similar services or equipment in the region where the service or equipment was provided, when an incurred medical expense is not included on the medical fee schedules.

e. **Emergency care** means all treatment of a **bodily injury** which manifests itself by acute symptoms of sufficient severity such that absence of immediately attention could reasonably be expected to result in death, serious impairment to bodily functions or serious dysfunction to a bodily organ or part. Such emergency care shall include all medical necessary care immediately following an **occurrence**, including but not limited to, immediate pre-hospitalization care, transportation to a hospital or trauma center, emergency room care, surgery, critical and acute care. Emergency care extends during the period of initial hospitalization until the patient is discharged from acute care by the attending physician. Emergency care shall be presumed when medical care is initiated at a hospital within 120 hours of the **occurrence**.

f. **Family member** means a person related to the **named insured** by blood, marriage or adoption (including a ward or foster child) who is a resident of the same household as the **named insured**.

g. **Health care provider** means those persons licensed or certified to perform health care treatment or services compensable as medical expenses and shall include, but not be limited to:

- (1) Hospital or healthcare facilities that are maintained by a State or any of its political subdivisions or licensed by the

Department of Health and Senior Services.

- (2) Other hospitals or health care facilities designated by the Department of Health and Senior Services to provide health care services, or other facilities, including facilities for radiology and diagnostic testing, free-standing emergency clinics or offices, and private treatment centers;
- (3) A non-profit voluntary visiting nurse organization providing health care services other than in a hospital;
- (4) Hospitals or other health care facilities or treatment centers located in other states or nations;
- (5) Physicians licensed to practice medicine and surgery;
- (6) Licensed chiropractors, dentists, optometrists, pharmacists, chiropodists (Podiatrists), psychologists, physical therapists, health maintenance organizations, orthotics and prosthetics, professional nurses occupational therapists, speech language pathologists, audiologists, physician assistants, physical therapists assistants and occupational therapy assistants;
- (7) Registered bio-analytical laboratories;
- (8) Certified nurse-midwives and nurse practitioners/clinical nurse-specialists; or
- (9) Providers of other health care services or supplies including durable medical goods.

h. **Identify injury** means the following **bodily injuries** for which the New Jersey Department of Banking and Insurance has established standard courses of medically necessary diagnosis and treatment;

- (1) Cervical Spine: Soft Tissue Injury;
- (2) Cervical Spine: Herniated Disc/Radiculopathy;
- (3) Thoracic Spine: Soft Tissue Injury;
- (4) Thoracic Spine: Herniated Disc/Radiculopathy;
- (5) Lumbar-Sacral Spine: Soft Tissue Injury;
- (6) Lumbar-Sacral Spine: Herniated disc/Radiculopathy; and
- (7) Any other **bodily injury** for which the New Jersey Department of Banking and Insurance has established standard courses of appropriate diagnosis and treatment.

i. **Income** means salary, wages, tips commissions, fees and other earnings derived from work or employment.

- j. **Income producer** means a person who, at the time of the **occurrence**, was in an occupational status, earning or producing income.
- k. **Named insured** means the person or organization named in General Endorsements (SNS Gen **01-01** (04/10) and SNS GEN **01-06** (04-10) of Policy #CP0513640, if an individual, includes his or her spouse if the spouse is a resident of the household of the **named insured**, except that if the spouse ceases to be a resident of the same household, the spouse shall be a **named insured** for the full term of the Policy in effect at the time of cessation of residency. If the covered **auto** is owned by a farm family co-partnership or corporation, the term **named insured** also includes the head of the household of each family designated in the Policy as having a working interest in the farm.
- l. **Pedestrian** means any person who is not occupying, using, entering into, or alighting from a vehicle propelled by other than muscular power and designed primarily for use on highways, rails and tracks.
- m. **Private passenger auto** means a self-propelled vehicle designed for use principally on public roads and which is one of the following types:
 - (1) A private passenger or station wagon type auto;
 - (2) A van, a pickup or panel truck or delivery sedan; or
 - (3) A utility auto designed for personal use as a camper or motor home or for family recreational purposes

A **private passenger auto** does not include:

- (a) A motorcycle;
- (b) An auto used as a public or livery conveyance for passengers;
- (c) A pickup or panel truck, delivery sedan or utility auto customarily used in the occupation, profession or business of an **insured** other than farming or ranching; or
- (d) A utility auto customarily used for the transportation of passengers other than members of the user's family or their guests.

3. The following definition is added to the **Definitions** Section for **Personal Injury Protection**:

Eligible injured person means:

- a. The **named insured** and, if the **named insured** is an individual, any **family member**, if the **named insured** or the **family member** sustains **bodily injury**:
 - (1) As a result of any **occurrence** while occupying, using, entering into or alighting from a **private passenger auto**, or
 - (2) While a **pedestrian**, caused by a **private passenger auto** or by an object propelled by or from a **private passenger auto**.
- b. Any other person who sustains **bodily injury**:
 - (1) While, with **your** permission, that person is occupying, using, entering into or alighting from the covered **auto**; or
 - (2) While a **pedestrian**, caused by the covered **auto** or as a result of being struck by an object propelled by or from the covered **auto**.

4. The following are added to the **Definitions** Section for **Pedestrian Personal Injury Protection**:

- a. **Eligible injured person** means:

A person who sustains **bodily injury** while a **pedestrian**, caused by an **Insured motor vehicle** or as a result of being struck by an object propelled by or from the **insured motor vehicle**.

- b. **Insured motor vehicle** means a self-propelled motor vehicle designed for use principally on public roads, which is not a **private passenger auto** and to which the liability coverage of this Coverage Form applies.

ADDENDUM II

2015 Risk Management Plan
Addendum #2
New Jersey Uninsured Motorists Coverage

With respects to coverage provided by this Addendum, the provisions of Policy #CP0513640 – 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 _____, **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 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 motor vehicle**.
2. 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 #CP0513640 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:
 - i. 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:

1. With respect to an **uninsured 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 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 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 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 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**.

2. With respect to damages resulting from an accident involving an **uninsured 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 #CP0513640.

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 #CP0513640 are deleted in their entirety and replaced with the following:

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

1. 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:

- i. 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 #CP0513640 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.

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.

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 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
- Occupying** means in, upon, getting in, on, or out off.

3. **Property damage** means damage to a covered auto, or to any property of an insured while contained in a covered auto.
4. **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 identified 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:

- i. 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.

APPENDIX III

LOSS CONTROL REPORT

Gloucester County Insurance Commission

Gloucester County Improvement Authority Child Development Center

To: H.R. Director Carmen Trifiletti
Date: February 27, 2015
Date of Survey: February 6, 2015
Contact: H.R. Director, Carmen Trifiletti
H.R. Coordinator, Kathy Shryock
GCIC Insurance Manager, Dean Sizemore

OBJECTIVE OF THE SURVEY

Conduct a loss control visit and safety assessment of the Gloucester County Improvement Authority Child Development Center, located at: 256 County House Road, Clarksboro, NJ.

SURVEY RESULTS

On February 6, 2015 Glenn Prince of J.A. Montgomery Risk Control met with the GCIA Child Development Center Receptionist Brittany Sullivan, who was informed of the purpose of the visit. Upon arrival to the Center, the front exterior door of the facility was observed to be closed and secured. I was then admitted into the building where the interior vestibule door was observed to be propped open by a chair and a barn style half door was also observed to be open. I then verbally recommended that all doors intended and designed to be secured should be closed and secured, to enhance the security of the facility.

Miss Sullivan was also reminded that the staff of the facility has an obligation to take every precaution to ensure the safety and security of the children in their care, custody and control.

This report does not and is not intended to address every loss potential, but covers only those conditions specifically examined at time of the survey. There may be other conditions not examined or brought to our attention at the time of this survey, that may contain a potential for liability. This report does not include matters of a legal nature or violations of any federal, state or local statute, ordinance or regulation, except as specifically noted in the report.

J. A. Montgomery Risk Control
40 Lake Center Executive Park
401 Route 73 North, Suite 300
Marlton, NJ 08053

Glenn A. Prince
Associate Public Sector Director
Telephone: (856) 552-4744
Cell: (609) 238-3949

New suggestions have been classified by the following system.

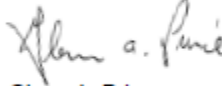
- **"Urgent" (U)** refer to situations of "imminent danger" or "critical safety / health issues which might be expected to cause death or serious physical harm.
- **"Important" (I)** encompass regulatory concerns and hazards not classified as either "Urgent" or "Program Improvement" suggestions.
- **"Program Improvement" (PI)** encompass suggestions related to safety, process improvements, management systems, and other practices that would be expected to improve the overall safety, quality, and effectiveness of the organization.

GCIA 1-2015 (PI) *It is recommended that the security doors at the GCIA Child Development Center be maintained closed and secured at all times to enhance the safety and security of the occupants of the facility.*

Please review each of the suggested items as identified above and provide an appropriate response on the attached form and fax to the GCIC Insurance Manager within 60 days upon receipt of this report.

If there are any questions regarding this report or any safety related matter, please call or e-mail Glenn Prince, GCIC Risk Control Consultant, at 856-552-4744 or gprince@jamontgomery.com.

REPORT SUBMITTED BY:



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

cc: David McHale, J.A. Montgomery Risk Control, Public Sector Director
Joseph Hrubash, PERMA, Executive Director
Bonnie Rick, Risk Manager
Cathy Dodd, PERMA, Account Manager

Loss Control Report Gloucester County Insurance Commission (GCIC)

Open Suggestions

Report Date 3/9/2015

Town	Sug #	Type	Status	Date of Survey Date Completed	Location
Gloucester County Improvement Authority					
1-2015	PI	O	2/6/2015	<u>GCLA - Child Development Center</u>	
It is recommended that the security doors at the GCLA Child Development Center be maintained closed and secured at all times to enhance the safety and security of the occupants of the facility.					
Type	Type	Type	Status	Survey Date	
U- Urgent	C -Critical	1 - Requires immediate attention	O - Open	The date the survey was conducted.	
I -Important	D -Desirable	2- Should be addressed before next loss control survey	C - Completed	Status Date	
PI - Prog. Improvement		3 - Are desirable improvements		The date the Safety Director Office was notified of the change in the status of the Suggestion For Improvement. ie; Open, Completed, etc.	
R - Regulatory		N/A - Not Applicable			
N/A - Not Applicable					
Total Count of SFI = 1					

SUGGESTIONS FOR IMPROVEMENT STATUS

Gloucester County Insurance Commission – NJ CE JIF

In order that J.A. Montgomery Risk Control can update the status of Suggestions for Improvement, we are requesting that this form be returned to our office within sixty (60) days upon receipt of the survey conducted on _____.

J.A. MONTGOMERY RISK CONTROL

Please Fax Completed Form to Natalie Dougherty at 856-552-4739

Ms. Dougherty will scan and email all forms upon receipt to:

Dean Sizemore @ dsizemore@co.gloucester.nj.us

SUGGESTION(S) FOR IMPROVEMENT:

(Indicate by Number and Date of Estimated Completion)

SUGGESTION(S) COMPLETED:

(Indicate by Number)

SUGGESTIONS NEEDING FURTHER CLARIFICATION/DISCUSSION:

SUGGESTION(S) THAT IS/ARE A BUDGET ITEM:

Signature _____ Title _____

Agency _____ Date _____