

**PROFESSIONAL MUNICIPAL MANAGEMENT
JOINT INSURANCE FUND
MEETING AGENDA
FEBRUARY 27 – 1:00 PM**

**MOORESTOWN TOWN HALL
111 WEST 2ND STREET
MOORESTOWN, NJ 08057**

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

- I. Sending sufficient notice to the Burlington County Times**
- II. Advance written notice of this meeting was filed with the Clerk/Manager of each member municipalities and,**
- III. Posting this notice on the Public Bulletin Board of all member municipalities**

**PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND
MEETING: FEBRUARY 27, 2017
MOORESTOWN TOWNSHIP**

- MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ**
- ROLL CALL OF 2017 COMMISSIONERS**

- APPROVAL OF MINUTES:** January 23, 2017 Open Minutes.....Appendix I
January 23, 2017 Closed Minutes..... To be distributed

- CORRESPONDENCE – None**

REPORTS

- EXECUTIVE DIRECTOR/ADMINISTRATOR – PERMA Risk Management Services**
.Executive Director's ReportPage 1

- ATTORNEY – William J. Kearns, Esquire**

- TREASURER – Thomas Tontarski**
.February 2017 Voucher List - Resolution No. 17-9..... Page 11
.Treasurer’s Reports Page 13

- UNDERWRITING MANAGER – Conner Strong & Buckelew Companies, Inc.**
.Annual Renewal Certificate Report.....Appendix II

- SAFETY DIRECTOR – J.A. Montgomery Risk Control**
.Monthly ReportPage 18

- MANAGED CARE – Qual Care**
.Monthly ReportPage 46

- CLAIMS SERVICE – Qual Lynx**

- RESOLUTION - EXECUTIVE SESSION FOR CERTAIN SPECIFIED PURPOSE:
PERSONNEL - SAFETY - PUBLIC PROPERTY - LITIGATION**

- OLD BUSINESS**
- NEW BUSINESS**
- PUBLIC COMMENT**
- MEETING ADJOURNED**

Professional Municipal Management Joint Insurance Fund

9 Campus Drive – Suite 216
Parsippany, NJ 07054

Date: February 27, 2017

Memo to: Fund Commissioners
Professional Municipal Management Joint Insurance Fund

From: PERMA Risk Management Services

Subject: Executive Director's Report

- ❑ **2017 Cyber Coverage Options** – At last months meeting, the Underwriting Manager presented higher options for the Fund’s cyber coverage. Currently the fund members share a \$6,000,000 aggregate limit with the 5 members with XL Catlin – option #2 (**Page 3**). Many of the MEL affiliated JIF’s are going with a \$12,000,000 JIF aggregate. The cost per member would be \$509.00 or \$2,545.00 for all members.
- ❑ **2017 PRIMA Conference** – In the past, the JIF has authorized the attendance of Board Members at the annual risk management conference for the purpose of attending seminars. The next PRIMA convention will take place in Phoenix from June 4–7. Resolution 17-8 authorizing travel expenses is on **Page 4**.

❑ *Motion to adopt Resolution 17-8 Authorizing Conference Attendance*

Elected Officials Training: This year’s elected officials training program will focus on Risk Management for Public Officials. A session will be scheduled through Mr. Kearns office. The on-line version is also available; enclosed on **Page 5** are directions for the course.

This program will satisfy requirements that elected officials take employment practices training and ethics training & qualifies for the MEL’s \$250 credit for each elected official and municipal administrator/manager.

- ❑ **2017 MEL & MR HIF Educational Seminar:** The 7th annual seminar is scheduled for Friday, April 21st, beginning at 9:00 AM at the National Conference Center in East Windsor, NJ. The seminar qualifies for an extensive list of Continuing Educational Credits including CFO/CMFO, Public Works, Clerks, Insurance Producers and Purchasing Agents. There is no fee for employees and insurance producers associated with MEL and MR HIF members as well as personnel who work for service companies that are engaged by MEL member JIFs and MR HIF member HIFs. Attached on **Page 6** is the enrollment form which will also be distributed by email to fund commissioners and risk managers.
- ❑ **League Magazine** – Enclosed on **Page 7** is the latest in the series of “Power of Collaboration: to appear in the League magazine. Each of the MEL advertisements highlights activities of the MEL and JIFs as well as people who have rendered significant service.

This advertisement highlights the MEL Safety Institute.

- ❑ **Inclement Weather Procedure:** As a reminder, PERMA has instituted a procedure for Commissioners to confirm whether or not a meeting has been canceled. The Executive Director will discuss with the Fund Chairman if the meeting should be canceled. In the event of an early morning or evening meeting(s), PERMA will provide a recorded message indicating the status of the meeting. The recorded message can be obtained by calling the Fund's main number **(201) 881-7632** at any time of the day or night. For meetings that occur during the course of normal business hours, meeting status can be obtained by utilizing the same number.

- ❑ **Due Diligence Reports:**

Financial Fast Track	Page 8
Income Portfolio	Not Available
Loss Ratio Analysis	Not Available
Loss Time Accident Frequency	Not Available
POL/EPL Compliance Report	Page 9
Regulatory Affairs Checklist	Page 10



Edward Cooney, MBA
 Vice President
 Account Executive/Underwriting Manager

Major Accounts

P : 973-659-6424
 F : 856-830-1432
 ecooney@connerstrong.com
 9 Campus Drive
 Parsippany, NJ 07054
 connerstrong.com

January 5, 2017

RE: 2017 Cyber Coverage Options

Dear Commissioners:

The member JIFs of the MEL now have available higher limit options for the 2017 Cyber coverage renewal. The higher limit options are provided via your current policy with XL Catlin up to \$10,000,000 and via a new insurer, Beazley, up to \$10,000,000 excess of XL Catlin's \$10,000,000.

The detailed options are as follows:

XL Catlin

Option	Limits			Retention	Rate (per member)
	Aggregate	3 rd Party	1 st Party		
1	\$6,000,000	\$3,000,000	\$1,000,000	\$10,000	\$600
2	\$6,000,000	\$3,000,000	\$3,000,000	\$10,000	\$846
3	\$8,000,000	\$5,000,000	\$3,000,000	\$10,000	\$1,015
4	\$10,000,000	\$5,000,000	\$5,000,000	\$25,000	\$1,200

Beazley

Option	Limit			Excess of Option	Rate (per member)
	Aggregate	3 rd Party	1 st Party		
1	\$6,000,000	\$3,000,000	\$1,000,000	1	\$360
2	\$6,000,000	\$3,000,000	\$3,000,000	2	\$509
3	\$5,000,000	\$3,000,000	\$2,000,000	3	\$400
4	\$8,000,000	\$5,000,000	\$3,000,000	3	\$600
5	\$5,000,000	\$2,500,000	\$2,500,000	4	\$380
6	\$10,000,000	\$5,000,000	\$5,000,000	4	\$720

Please remember to report all claims or incidents to your TPA, regardless of perceived or actual cost. We have uncovered an uptick in unreported Cyber events, particularly ransomware. Lack of reporting could result in uncovered future matters and missed compliance requirements. Your Risk Manager, Executive Director and Underwriting Manager are always available for discussion, as well.

Best regards,

Edward J. Cooney, MBA
 MEL Underwriting Manager

NEW YORK NEW JERSEY PENNSYLVANIA DELAWARE FLORIDA MASSACHUSETTS

RESOLUTION NO. 17-8

PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND

**RESOLUTION AUTHORIZING ADVANCED TRAVEL EXPENSES FOR
AUTHORIZED OFFICIAL TRAVEL**

WHEREAS, N.J.S.A. 40a:5-16.1 permits the governing body of any local unit to authorize payment in advance toward expenses for authorized official travel; and

WHEREAS, certain Commissioner(s) of the Professional Municipal Management Joint Insurance Fund may need to travel to the PRIMA Conference on or about June 4, 2017 for the purpose of attending a seminar on public entity risk management and pooling, and;

WHEREAS, the Treasurer has certified that funds are available from the 2017 miscellaneous contingency budget not to exceed \$3,000 per attending commissioner, and;

WHEREAS, the Commissioner(s) representing the Professional Municipal Management Joint Insurance Fund will verify their expenses and any excess cash will be repaid to the Professional Municipal Management Joint Insurance Fund along with a detailed bill of items or demand, and the certification of affidavit required by N.J.S.A. 40A:5-16 which will be submitted within 10 days after the completion of the travel for which the advance was made;

NOW THEREFORE BE IT RESOLVED, that the Treasurer is hereby instructed to make up to \$3,000 in advance or reimbursement payment for the attending Commissioners of the Professional Municipal Management Joint Insurance Fund.

**PROFESSIONAL MUNICIPAL MANAGEMENT
JOINT INSURANCE FUND**

CHAIRPERSON

SECRETARY



2016 - 2017 Elected Officials Online Training

While we recommend that public officials attend a training class, the MEL is also making available an on-line training program for Elected Officials and Authority Commissioners to earn their \$250 training credit. Please follow the steps below to access the program. To receive credit, the program must be completed by May 1, 2017.

Step 1: Go to the MEL's website <http://njmel.org/>

Step 2: On the MEL homepage, click on the MSI logo at the top to access the MSI page.

Step 3: On the MSI page, click "MSI Login" to access the login page.

Step 4: Login to access the Welcome Page. If you have taken MSI classes in the past, enter your username and password. If you do not know your username/password, check with your Training Administrator or call the MSI Helpline listed below. If you are new, click "I am a new user." Complete the fields and you will receive a confirmation email with your username and password.

Step 5: On the Welcome Page, click on "MSI On-line Training Courses" on the lower right to access the course selection page.

Step 6: On the course selection page, click "Ethics in Local Government" on the left. Then click "enroll" on the right.

Step 7: The program will now thank you for enrolling. Hit "Click here" to go to your authorized course list.

Step 8: On your authorized course list, click "Ethics in Local Government" to access the course.

Step 9: When the course appears, click the start symbol in the middle of the screen to begin the course.

You must complete the entire program and the affidavit at the end of the program to receive credit. If you need additional assistance please call the MSI help line at (866) 661-5120 during business hours.

2017 MEL & MRHIF Educational Seminar

Friday, April 21, 9:00 to 4:00

National Conference Center at the East Windsor Holiday Inn
399 Monmouth Street, East Windsor, N.J. 08520, Turnpike Exit 8

The MEL (Municipal Excess Liability Fund) and MRHIF (Municipal Reinsurance Health Fund) are sponsoring the 7th annual educational seminar for commissioners, municipal personnel, risk managers and vendor personnel. This seminar is eligible for the following continuing educational credits:

- CFO/CMFO, Public Works and Clerks:
- Insurance Producers and Purchasing Agents:
- Accountants (CPA's) and Lawyers (CLE):
- TCH Water Supply & Wastewater Licensed Operator Training:
- RPPO and QPA

(Attendance for the full morning and afternoon session required for credit)

Topics

- Keynote: Impact of Healthcare Reform Act repeal:
- Cyber liability risk control:
- Law enforcement risk control:
- Local Government Officials Ethics Act:
- The environmental risks of property transfers:
- Use of social media in claims adjusting:

REGISTRATION: RSVP by Friday, April 14

Name: _____ Title: _____ Organization: _____

Address: _____

Credits being applied for: _____

Seven digit P/C Insurance Producer License # (if applicable) _____

Phone: _____ cell: _____ e-mail: _____

E-mail or fax registrations to Joen Ciannella, PERMA: (201) 881-7633
jciannella@permainc.com

The Power of Collaboration



THE MEL SAFETY INSTITUTE: SHARING KNOWLEDGE FOR 15 YEARS

During the past 15 years, nearly 400,000 municipal employees have participated in MEL instructor-led safety training programs, and an additional 40,000 have enrolled in programs available online.

This year, 1,200 instructor-led courses are being offered throughout the state addressing 50 important safety topics ranging from accident investigation to snow removal. The MEL also offers an additional 20 online topics including safety orientation for new employees and a series on camp counselor safety. "Fast Track" training programs, which feature up to five courses in a one day session, are offered several times a year. All of these courses are open to employees of any MEL member at no additional fee.

The MEL Safety Institute (MSI) is supported by an online learning management system that can be used to customize each employee's curriculum. Enrollment is online and free of charge to members of joint insurance funds participating in the MEL.

For more information regarding the MEL Safety Institute, call 866-661-5120 or visit the MEL website. Click the MEL Safety Institute logo at the top of the page.

THE MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND

Committed to safety as a way of life at the workplace and in your community

NJMEL.ORG

PROFESSIONAL MUNICIPAL MANAGEMENT FUND					
FINANCIAL FAST TRACK REPORT					
		AS OF	December 31, 2016		
		THIS	YTD	PRIOR	FUND
		MONTH	CHANGE	YEAR END	BALANCE
1.	UNDERWRITING INCOME	316,294	3,428,390	70,379,304	73,807,694
2.	CLAIM EXPENSES				
	Paid Claims	83,656	1,001,003	33,476,871	34,621,749
	Case Reserves	(53,838)	(208,022)	2,401,384	2,063,171
	IBNR	(506,230)	(77,712)	1,208,367	1,061,962
	Recoveries	-	(91,060)	(215,688)	(251,739)
	TOTAL CLAIMS	(476,412)	624,209	36,870,935	37,495,144
3.	EXPENSES				
	Excess Premiums	103,055	1,236,628	18,586,111	19,822,739
	Administrative	40,859	490,602	9,493,839	9,984,440
	TOTAL EXPENSES	143,913	1,727,230	28,079,950	29,807,179
4.	UNDERWRITING PROFIT (1-2-3)	648,793	1,076,951	5,428,420	6,505,371
5.	INVESTMENT INCOME	4,730	(7,282)	4,841,616	4,834,333
6.	DIVIDEND INCOME	0	22,049	1,530,967	1,553,016
7.	STATUTORY PROFIT (4+5+6)	653,522	1,091,718	11,801,002	12,892,720
8.	DIVIDEND	0	43,715	10,833,946	10,877,661
9.	STATUTORY SURPLUS (7-8)	653,522	1,048,003	967,056	2,015,059
SURPLUS (DEFICITS) BY FUND YEAR					
	Closed	679	(74,108)	634,712	560,604
	Aggregate Excess LFC	5,494	65,074	0	65,074
	2013	24,795	121,476	390,785	512,261
	2014	75,235	210,613	(291,669)	(81,056)
	2015	104,634	149,403	233,228	382,632
	2016	442,629	575,489		575,489
	TOTAL SURPLUS (DEFICITS)	653,522	1,048,003	967,056	2,015,059
	TOTAL CASH				4,578,033
CLAIM ANALYSIS BY FUND YEAR					
	TOTAL CLOSED YEAR CLAIMS	0	46,351	30,573,084	30,619,435
	FUND YEAR 2013				
	Paid Claims	5,886	184,123	1,350,303	1,534,426
	Case Reserves	(3,555)	(131,160)	311,413	180,254
	IBNR	(7,633)	(121,181)	148,762	27,581
	Recoveries	0	(63,782)	(87,255)	(151,036)
	TOTAL FY 2013 CLAIMS	(5,302)	(131,999)	1,723,224	1,591,225
	FUND YEAR 2014				
	Paid Claims	30,692	224,775	1,213,220	1,437,995
	Case Reserves	(45,191)	(407,956)	1,113,466	705,510
	IBNR	(81,536)	(250,703)	391,932	141,229
	Recoveries	0	(5,520)	(66,492)	(72,012)
	TOTAL FY 2014 CLAIMS	(96,035)	(439,404)	2,652,126	2,212,722
	FUND YEAR 2015				
	Paid Claims	30,811	293,160	444,265	737,425
	Case Reserves	(27,111)	(162,557)	846,880	684,323
	IBNR	(105,316)	(425,081)	638,288	213,207
	Recoveries	0	(8,261)	(6,932)	(15,193)
	TOTAL FY 2015 CLAIMS	(101,616)	(302,739)	1,922,501	1,619,762
	FUND YEAR 2016				
	Paid Claims	16,267	292,467		292,467
	Case Reserves	22,019	493,085		493,085
	IBNR	(311,745)	679,945		679,945
	Recoveries	0	(13,498)		(13,498)
	TOTAL FY 2016 CLAIMS	(273,459)	1,451,999		1,451,999
	COMBINED TOTAL CLAIMS	(476,412)	624,209	36,870,935	37,495,144

MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND					
EMPLOYMENT PRACTICES COMPLIANCE STATUS - Professional Municipal Mgmt Joint Insurance Fund					
Data Valued As of :		February 17, 2017			
Total Participating Members		5			
Complaint		4			
Percent Compliant		80.00%			
		01/01/17		2017	
		Compliant		EPL	
		POL		Co-Insurance	
Member Name		Deductible		Deductible	
				01/01/17	
EVESHAM		Yes		\$ 20,000	
EVESHAM TOWNSHIP FIRE DISTRICT		No		\$ 100,000	
MAPLE SHADE		Yes		\$ 10,000	
MOORESTOWN		Yes		\$ 20,000	
WILLINGBORO		Yes		\$ 20,000	
				20% of 1st 250K	
				20% of 1st 2Mil/20% of 1st 250K POL	
				0%	
				20% of 1st 250K	
				20% of 1st 250K	

Professional Municipal Management Joint Insurance Fund
Annual Regulatory Filing Check List
Year 2016 as of December 31, 2016

<u>Item</u>	<u>Filing Status</u>
<input type="checkbox"/> 2016 Budget	Filed 2/16
<input type="checkbox"/> Assessments	Filed 2/16
<input type="checkbox"/> Actuarial Certification	Filed 6/28
<input type="checkbox"/> Reinsurance Policies	Filed 5/25
<input type="checkbox"/> Fund Commissioners	Filed 2/16
<input type="checkbox"/> Fund Officers	Filed 2/16
<input type="checkbox"/> Renewal Resolutions	None
<input type="checkbox"/> New Members	None
<input type="checkbox"/> Withdrawals	None
<input type="checkbox"/> Risk Management Plan	Filed 2/16
<input type="checkbox"/> Certification of Professional Fees	Filed 3/17
<input type="checkbox"/> Unaudited Financials	Filed 2/26
<input type="checkbox"/> Annual Audit	Filed 6/28
<input type="checkbox"/> State Comptroller Audit Filing	Filed 6/28
<input type="checkbox"/> Ethics Filing	On Line Filing

RESOLUTION NO. 17-9

**PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND
FEBRUARY BILLS LIST**

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

BE IT RESOLVED that the Professional Municipal Management Joint Insurance Fund's Executive Board, hereby authorizes the Fund 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 Fund.

FUND YEAR 2016

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001000			
001000	PERMA	1099 AATRIX E-FILEING - 2016	14.95
			14.95
		Total Payments FY 2016	14.95

FUND YEAR 2017

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001001			
001001	N.J. MUNICIPAL ENVIRONMENTAL	EJIF 1ST 2017 INSTALLMENT	61,266.93
			61,266.93
001002			
001002	APEX INSURANCE SRVS c/o XL INS	TECH ERRORS & OMISSIONS 1OF2 2017	2,115.00
			2,115.00
001003			
001003	APEX INS SRVS c/oQBE INSURANCE	VOLUNTEER EMERG SERV DIR & OFF 1OF2 2017	1,095.00
001003	APEX INS SRVS c/oQBE INSURANCE	POL/EPL 1 OR 2 2017 INSTALLMENT	143,291.00
			144,386.00
001004			
001004	QUAL-LYNX	CLAIMS ADJUSTING SERVICES - 02/2017	11,094.05
			11,094.05
001005			
001005	J.A. MONTGOMERY RISK CONTROL	LOSS CONTROL SERVICES - 02/2017	1,446.52
			1,446.52
001006			
001006	PERMA	POSTAGE FEE 01/2017	3.98
001006	PERMA	EXECUTIVE DIRECTOR FEE 02/2017	10,681.17
			10,685.15
001007			
001007	QUALCARE, INC.	MANAGED CARE SERVICES - 02/2017	6,929.33
			6,929.33
001008			
001008	THOMAS TONTARSKI	TREASURER FEE 02/2017	1,430.67
			1,430.67
001009			
001009	BACIO CATERING AND MARKETPLACE	MEETING EXPENSE - 02/2017	140.00

			140.00
001010			
001010	HELMER, CONLEY & KASSELMAN, PA	LITIGATION MANAGEMENT - 02/2017	1,409.82
001010	HELMER, CONLEY & KASSELMAN, PA	ATTORNEY FEE 02/2017	1,655.08
			3,064.90
001011			
001011	ALLSTATE INFORMATION MANAGEMNT	ACCT: 413 - ACT & STOR 1/31/17	36.36
			36.36
001012			
001012	CONNER STRONG & BUCKELEW	UNDERWRITING MANAGER FEE 02/2017	478.67
			478.67
001013			
001013	SENSATIONAL HOST CATERERS INC	DEPOSIT FOR 03/27/2017 PMM MEETING	500.00
			500.00
001014			
001014	CONNER STRONG & BUCKELEW	AUTOMOBILE ID CARDS RENEWAL - 2017	28.78
			28.78
001015			
001015	COURIER TIMES INC.	ACCT: 2-012012000 1/3/17 2017 ADPT BDGT	46.68
			46.68
		Total Payments FY 2017	243,649.04

TOTAL PAYMENTS ALL FUND YEARS \$ 243,663.99

Chairperson

Attest:

Dated:

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

Treasurer

February 8, 2017

To the Members of the
Executive Board of the
Professional Municipal Management
Joint Insurance Fund

I have enclosed for your review and, in some cases consideration, documents of presentation relating to claims, transfers, and the financial condition of the Fund.

The statements included in this report are prepared on a “modified cash basis” and relate to financial activity through the one month period ending January 31, 2017 for Closed Fund Years 1987 to 2012, and Fund Years 2013, 2014, 2015, 2016 and 2017. The reports, where required, are presented in a manner prescribed or permitted by the Department of Insurance and the Division of Local Government Services of the Department of Community Affairs.

All statements contained in this report are subject to adjustment by annual audit.

A summary of the contents of these statements is presented below.

INVESTMENT INTEREST:

Interest received or accrued for the period totaled \$ 3,378.94. This generated an average annual yield of .76%. However, we have an unrealized net gain of \$ 12,685.00 adjusting the reported yield to 3.62% for the period. The total overview of the asset portfolio for the fund shows an overall unrealized loss of \$19,615.00 as it relates to the market value of \$2,480,385.00 vs. the amount we have invested.

Our asset portfolio with TD Wealth Management has 1 obligation less than two years and 1 obligation greater than two years.

RECEIPT ACTIVITY FOR THE PERIOD:

Subrogation Receipts \$ 00
Overpayment Reimbursements \$.00
FY 2017 Premium Assessments \$1,933,648.57
FY 2013 Appropriation Refund \$56.48

CLAIM ACTIVITY FOR THE PERIOD:

The enclosed report shows 147 claim payments issued during the period for claims paid by the fund and claims payable by the Fund at period end in the amount of \$ 215,257.38.

CASH ACTIVITY FOR THE PERIOD:

The enclosed report shows that during the reporting period the Fund's "Cash Position" changed from an opening balance of \$ 4,577,919.60 to a closing balance of \$ 6,058,490.62 showing an increase in the fund of \$1, 480,511.02.

BILL LIST FOR THE PERIOD:

Vouchers to be submitted for your consideration at the scheduled meeting show on the accompanying bill list.

The information contained in this summary of the document provided in this report. Other detailed information is contained in the attached documents or a more specific explanation on any question can be obtained by contacting me at 609-744-3597.

Respectfully Submitted,

Thomas J. Tontarski
Treasurer

**PROFESSIONAL MUNICIPAL MANAGMENT JOINT INSURANCE FUND
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED**

Current Fund Year: 2017 Month Ending: January		Prop	Liab	Auto	WC	0	POL/EPL	EJIF	Future	Admin	TOTAL
OPEN BALANCE		340,104.91	1,567,751.18	239,191.77	1,971,784.16	0.00	(914.45)	(20,704.14)	36,271.50	444,494.67	4,577,979.60
RECEIPTS											
Assessments		91,385.26	238,175.67	26,304.54	656,971.07	0.00	140,440.76	49,548.70	419,873.71	310,948.86	1,933,648.57
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	13,388.34	13,388.34
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	13,388.34	13,388.34
Other *		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56.48	56.48
TOTAL		91,385.26	238,175.67	26,304.54	656,971.07	0.00	140,440.76	49,548.70	419,873.71	324,393.68	1,947,093.39
EXPENSES											
Claims Transfers		46,963.45	5,352.92	0.00	162,941.01	0.00	0.00	0.00	0.00	0.00	215,257.38
Expenses		909.86	0.00	0.00	0.00	0.00	0.00	0.00	207,791.24	42,623.89	251,324.99
Other *		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL		47,873.31	5,352.92	0.00	162,941.01	0.00	0.00	0.00	207,791.24	42,623.89	466,582.37
END BALANCE		383,616.86	1,800,573.93	265,496.31	2,465,814.22	0.00	139,526.31	28,844.56	248,353.97	726,264.46	6,058,490.62

REPORT STATUS SECTION

Report Month: January

Balance Differences

Opening Balances:	Opening Balances are equal	\$0.00
Imprest Transfers:	Imprest Totals are equal	\$0.00
Investment Balances:	Investment Payment Balances are equal	\$0.00
	Investment Adjustment Balances are equal	\$0.00
Ending Balances:	Ending Balances are equal	\$0.00
Accural Balances:	Accural Balances are equal	\$0.00

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS								
PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND								
ALL FUND YEARS COMBINED								
CURRENT MONTH	January							
CURRENT FUND YEAR	2017							
	Description:	Instrument #1	Instr #2	Instr #3	Instr #4	Instr #5	Instr #6	
	ID Number:	OPERATING A	CASH MGMN	INVEST ACCT	ASSET MGR	CLAIMS ACC	EXPENSE ACC	
	Maturity (Yrs)	0	0	0	0	0	0	0
	Purchase Yield:	0	0	0	0	0	0	0
TOTAL for All Accts & instruments								
Opening Cash & Investment Balance	\$4,577,980.09	1534982.31	-1.7235E-10	24770.7	2467700	50000	500	
Opening Interest Accrual Balance	\$2,870.83	0	0	0	2870.83	0	0	
1	Interest Accrued and/or Interest Cost	\$2,562.50	\$0.00	\$0.00	\$0.00	\$2,562.50	\$0.00	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$816.44	\$191.34	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6	Interest Paid - Term Instr.s	(\$113.10)	\$0.00	\$0.00	(\$113.10)	\$0.00	\$0.00	\$0.00
7	Unrealized Gain (Loss)	\$12,685.00	\$0.00	\$0.00	\$0.00	\$12,685.00	\$0.00	\$0.00
8	Net Investment Income	\$16,063.94	\$191.34	\$0.00	\$0.00	\$15,247.50	\$0.00	\$0.00
9	Deposits - Purchases	\$2,350,787.43	\$506,105.53	\$0.00	\$0.00	\$0.00	\$165,257.38	\$251,324.99
10	(Withdrawals - Sales)	(\$883,664.74)	(\$416,582.37)	\$0.00	\$0.00	\$0.00	(\$215,257.38)	(\$251,824.99)
	Ending Cash & Investment Balance	\$6,058,491.12	\$1,624,696.81	(\$0.00)	\$24,657.60	\$2,480,385.00	\$0.00	\$0.00
	Ending Interest Accrual Balance	\$5,546.43	\$0.00	\$0.00	\$113.10	\$5,433.33	\$0.00	\$0.00
	Plus Outstanding Checks	\$71,820.39	\$0.00	\$0.00	\$0.00	\$0.00	\$71,784.03	\$36.36
	(Less Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Balance per Bank	\$6,130,311.51	\$1,624,696.81	(\$0.00)	\$24,657.60	\$2,480,385.00	\$71,784.03	\$36.36

**CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES
PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND**

Month	January								
Current Fund Year	2017								
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid January	Monthly Recoveries January	Calc. Net Paid Thru January	TPA Net Paid Thru January	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2017	Prop	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Liab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Auto	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	WC	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
2016	Prop	35,858.89	37,614.80	0.00	73,473.69	73,473.69	0.00	0.00	0.00
	Liab	6,277.38	1,190.45	0.00	7,467.83	7,467.83	0.00	0.00	0.00
	Auto	6,007.59	0.00	0.00	6,007.59	6,007.59	0.00	0.00	0.00
	WC	230,825.48	51,819.23	0.00	282,644.71	282,644.71	0.00	0.00	0.00
	Total	278,969.34	90,624.48	0.00	369,593.82	369,593.82	0.00	0.00	0.00
2015	Prop	55,761.56	9,348.65	0.00	65,110.21	65,110.21	0.00	0.00	0.00
	Liab	20,423.25	0.00	0.00	20,423.25	20,423.25	0.00	0.00	0.00
	Auto	23,611.47	0.00	0.00	23,611.47	23,611.47	0.00	0.00	0.00
	WC	622,436.06	4,249.03	0.00	626,685.09	626,685.09	0.00	0.00	0.00
	Total	722,232.34	13,597.68	0.00	735,830.02	735,830.02	0.00	0.00	0.00
2014	Prop	143,367.15	0.00	0.00	143,367.15	143,367.15	0.00	0.00	0.00
	Liab	137,914.23	335.50	0.00	138,249.73	138,249.73	0.00	0.00	0.00
	Auto	18,355.96	0.00	0.00	18,355.96	18,355.96	0.00	0.00	0.00
	WC	1,066,346.59	35,691.30	0.00	1,102,037.89	1,102,037.89	0.00	0.00	0.00
	Total	1,365,983.93	36,026.80	0.00	1,402,010.73	1,402,010.73	0.00	0.00	0.00
2013	Prop	111,384.84	0.00	0.00	111,384.84	111,384.84	0.00	0.00	0.00
	Liab	175,204.92	3,826.97	0.00	179,031.89	179,031.89	0.00	0.00	0.00
	Auto	31,840.75	0.00	0.00	31,840.75	31,840.75	0.00	0.00	0.00
	WC	1,064,960.46	71,181.45	0.00	1,136,141.91	1,136,141.91	0.00	0.00	0.00
	Total	1,383,390.97	75,008.42	0.00	1,458,399.39	1,458,399.39	0.00	0.00	0.00
Closed	Prop	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Liab	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Auto	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	WC	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
TOTAL		3,750,576.58	215,257.38	0.00	3,965,833.96	3,965,833.96	0.00	0.00	0.00

**PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND
SAFETY DIRECTOR'S REPORT**

TO: Municipal Fund Commissioners
FROM: J. A. Montgomery Risk Control, JIF Safety Director
DATE: February 2, 2017

JIF SERVICE TEAM

Joanne Hall, Safety Director jhall@jamontgomery.com Office: 732-736-5286 Cell: 908-278-2792	Danielle Sanders Administrative Assistant dsanders@jamontgomery.com Office: 856-552-6898 Fax: 856-552-6899
Tim Sheehan, Asst. Public Sector Director tsheehan@jamontgomery.com Office: 856-552-6862 Cell: 609-352-6378	Glenn Prince, Associate Public Sector Director gprince@jamontgomery.com Office: 856-552-4744 Cell: 609-238-3949

JANUARY ACTIVITIES

LOSS CONTROL SERVICES

- No survey's conducted for the month of January

MEETINGS ATTENDED

- Fund Commissioner Meeting – January 23

UPCOMING EVENTS

- Fund Commissioner Meeting – February 27

SAFETY DIRECTOR'S BULLETINS & SAFETY ANNOUNCEMENTS

- PMM JIF - Safety Director's Bulletin - Best Practices for Snow Emergencies – January 4
- PMM JIF - Safety Director's Message - *CYBERSECURITY ALERT* - January 5
- PMM JIF - Safety Director's Bulletin - Conducting MVR Record Checks – January 9

- PMM JIF - Safety Director's Bulletin - OSHA Recordkeeping Annual Reminder - January 23
- PMM JIF - Did You Know? – MSI Training Schedule, Feb 2017 – January 23
- PMM JIF - Workplace Injury & Illness Recordkeeping Webinar – January 26

MEL VIDEO LIBRARY

The new MEL Video Library (856-552-4900) is available for borrowing 560+ safety videos in 45 different categories. To view the full video catalog and rent videos please visit www.njmel.org or email the video library at melvideolibrary@jamontgomery.com. The following members utilized the Video Library during the month of July and October 2016:

No videos were utilized.

MEL SAFETY INSTITUTE (MSI)

Listed below are upcoming MSI training programs scheduled for **November through December 2016**. ***Enrollment is required for all MSI classes.*** MSI classes are subject to cancellation or rescheduling at any time. ***Members are reminded to log on to the www.njmel.org website, then click on the MSI logo to access the Learning Management System where you can enroll your employees and verify classes. Enrolling your staff ensures you will be notified of any schedule changes.***

If you need assistance using the MSI Learning Management System, please call the MSI helpline at 866-661-5120.

DATE	LOCATION	TOPIC	TIME
2/1/17	Pennsauken SA #3	LOTO	11:15 - 1:15 pm
2/1/17	Pennsauken SA #3	Fire Safety	1:30 - 2:30 pm
2/1/17	Pennsauken SA #3	Fire Extinguisher	2:45 - 3:45 pm
2/3/17	Township of Berlin #2	Sanitation/Recycling Safety	8:30 - 10:30 am
2/3/17	Township of Berlin #2	BBP	10:45 - 11:45 am
2/3/17	Township of Berlin #2	Back Safety/Material Handling	12:30 - 1:30 pm
2/7/17	Logan Township MUA #1	Snow Plow/Snow Removal	8:30 - 10:30 am
2/7/17	Logan Township MUA #1	HazCom w/GHS	10:45 - 12:15 pm
2/8/17	Pennsauken SA #3	Ladder Safety/Walking Surfaces	12:30 - 2:30 pm
2/8/17	Pennsauken SA #3	Hearing Conservation	2:45 - 3:45 pm
2/10/17	Township of Cherry Hill #4	PPE	8:30 - 10:30 am
2/10/17	Township of Cherry Hill #4	Hearing Conservation	10:45 - 11:45 am
2/10/17	Township of Cherry Hill #4	Asbestos, Lead, Silica Regulatory Overview	12:00 - 1:00 pm
2/15/17	Township of	Fire Safety	8:00 - 9:00 am

	Burlington #3		
2/15/17	Township of Burlington #3	Fire Extinguisher	9:15 - 10:15 am
2/17/17	Township of Mantua	Employee Conduct/Violence Prevention	12:30 - 2:00 pm
2/17/17	Township of Mantua	Back Safety/Material Handling	2:15 - 3:15 pm
2/22/17	Borough of Magnolia #1	CSE-Permit Required w/Classroom Demo-Evening	6:30 - 10:30 pm
2/24/17	Township of Berlin #2	CDL-Drivers Safety Regulations	8:30 - 10:30 am
2/24/17	Township of Berlin #2	Confined Space Awareness	10:45 - 11:45 am
2/27/17	Borough of Glassboro #1	Sanitation/Recycling Safety	8:00 - 10:00 am
2/27/17	Borough of Glassboro #1	Asbestos, Lead, Silica Health Overview	10:15 - 11:15 am
2/27/17	Borough of Glassboro #1	LOTO-Evening	7:00 - 9:00 pm
2/27/17	Borough of Glassboro #1	Confined Space Awareness-Evening	9:00 - 10:00 pm
3/2/17	Township of Pemberton	DDC-6	8:00 - 2:45 pm w/lunch brk
3/9/17	Deptford Township MUA	Jetter/Vacuum Safety	9:00 - 11:00 am
3/9/17	Deptford Township MUA	Asbestos, Lead, Silica Health Overview	11:15 - 12:15 pm
3/10/17	Borough of Clementon #3	Fire Safety	8:30 - 9:30 am
3/10/17	Borough of Clementon #3	Fire Extinguisher	9:45 - 10:45 am
3/13/17	Borough of Glassboro #1	HazMat Awareness w/HazCom GHS	12:00 - 3:00 pm
3/14/17	Township of Washington	LOTO	8:30 - 10:30 am
3/14/17	Township of Washington	Shop & Tool Safety	10:45 - 11:45 am
3/14/17	Township of Washington	HazCom w/GHS*	12:30 - 2:00 pm
3/21/17	Borough of Clementon #3	HazMat Awareness w/HazCom GHS	8:30 - 11:30 am
3/21/17	Borough of Clementon #3	BBP	11:45 - 12:45 pm
3/23/17	Township of Pemberton	Hoists, Cranes, Rigging Safety	8:00 - 10:00 am
3/24/17	Township of Evesham #4	Landscape Safety	8:30 - 11:30 am
3/27/17	Borough of Glassboro #1	Landscape Safety	8:00 - 11:00 am
3/28/17	Township of Voorhees #1	Fire Safety	9:00 - 10:00 am
3/28/17	Township of Voorhees #1	Fire Extinguisher	10:15 - 11:15 am

3/29/17	City of Burlington #2	Driving Safety Awareness	8:30 - 10:00 am
3/31/17	Township of Willingboro	Ladder Safety/Walking Surfaces	8:30 - 10:30 am
3/31/17	Township of Willingboro	Shop & Tool Safety	10:45 - 11:45 am
4/3/17	Township of Pemberton	Landscape Safety	8:00 - 11:00 am
4/4/17	Township of Voorhees #1	Driving Safety Awareness	9:00 - 10:30 am
4/4/17	Township of Voorhees #1	HazCom w/GHS	10:45 - 12:15 pm
4/5/17	Township of Burlington #3	BBP	8:00 - 9:00 am
4/5/17	Township of Burlington #3	Confined Space Awareness	9:15 - 10:15 am
4/6/17	Township of Winslow	LOTO	8:30 - 10:30 am
4/7/17	Township of Willingboro	Flagger/Work Zone	8:30 - 12:30 pm
4/10/17	Borough of Glassboro #1	Driving Safety Awareness	8:00 - 9:30 am
4/11/17	Logan Township MUA #1	Fire Safety	8:30 - 9:30 am
4/11/17	Logan Township MUA #1	Fire Extinguisher	9:45 - 10:45 am
4/12/17	Evesham Township MUA	PPE	8:30 - 10:30 am
4/12/17	Evesham Township MUA	Ladder Safety/Walking Surfaces	10:45 - 12:45 pm
4/17/17	Township of Cherry Hill #4	Heavy Equipment	8:30 - 11:30 am
4/18/17	Borough of Clementon #3	Special Events Management	8:30 - 10:30 am
4/19/17	Township of Washington	Flagger/Work Zone	8:30 - 12:30 pm
4/20/17	Township of Pemberton	Excavation/Trenching/Shoring	8:30 - 1:30 pm w/lunch brk
4/21/17	Township of Bordentown	Fast Track to Safety	8:30 - 2:30 pm w/lunch brk
4/24/17	Township of Winslow	DDC-6	8:30 - 3:00 pm w/lunch brk
4/24/17	Township of Cherry Hill #4	Jetter/Vacuum Safety	8:30 - 10:30 am
4/25/17	Township of Washington	Landscape Safety	8:30 - 11:30 am
4/25/17	Township of Washington	Playground Safety Inspections	12:00 - 2:00 pm
4/26/17	City of Burlington #2	HazMat Awareness w/HazCom	8:30 - 11:30 am
4/28/17	Township of Evesham #4	Employee Conduct/Violence Prevention	8:30 - 10:00 am
4/28/17	Township of Evesham	Back Safety / Material Handling	10:15 - 11:15 am

	#4		
4/28/17	Township of Evesham #4	Shop & Tool Safety	11:30 - 12:30 pm

CEU's for Certified Publics Works Managers			
MSI Course	CEU's/Cat.	MSI Course	CEU's/Cat.
Accident Investigation	2 / M	Hazard Identification - Making Your Observations Count	1 /T,M
Advanced Safety Leadership	10 / M	Hearing Conservation	1 /T,G
Asbestos, Lead & Silica Industrial Health Overview	1 /T,G	Heavy Equipment Safety	1 / G- 2 / T
Back Safety / Material Handling	1 / T	Hoists, Cranes and Rigging	2 / T
Bloodborne Pathogens Training	1 / G	Housing Authority Safety Awareness	3 / T
Bloodborne Pathogens Train- the- Trainer	1 / T	Jetter Safety	2 / T
BOE Safety Awareness	3 / T	Landscape Safety	2 / T
CDL – Supervisors Reasonable Suspicion	2 / M	Leaf Collection Safety Awareness	2 / T
CDL - Drivers' Safety Regulations	2 / G	Lockout Tagout	2 / T
Coaching the Maintenance Vehicle Operator	2 /T,M	Personal Protective Equipment (PPE)	2 / T
Confined Space Entry – Permit Required	3.5 / T	Playground Safety	2 / T
Confined Space Awareness	1 /T,G	Sanitation and Recycling Safety	2 / T
Driving Safety Awareness	1.5 / T	Safety Committee Best Practices	1.5 / M
Employee Conduct and Violence in the Work Place	1.5 / E	Safety Coordinator's Skills Training	3 / M,G
Excavation Trenching & Shoring	2 /T,M	Shop and Tool Safety	1 / T
Fall Protection Awareness	2 /T,M	Seasonal Public Works Operations	3 / T
Fast Track to Safety	4 / T	Snow Plow Safety	2 / T
Flagger / Workzone Safety	2 /T,M	Special Events Management	2 / M
HazCom with Globally Harmonized System	1 /T,G	Toolbox Talk Essentials	1 / M
Hazardous Materials Awareness w/ HazCom & GHS	3 / T		
CEU's for Registered Municipal Clerks			
MSI Course	CEU's/Cat.	MSI Course	CEU's/Cat.
Asbestos, Lead & Silica Industrial Health Overview	1 / P	Hazard Identification - Making your Observations Count	2 / P
Bloodborne Pathogens Training	1 / P	Safety Committee Best Practices	1.5/ P
Employee Conduct and Violence in the Work Place	1.5 / E	Safety Coordinator's Skills Training	6/P
		Special Event Management	2 / P
TCH's For Water/ Wastewater			
MSI Course	TCH's/Cat.	MSI Course	TCH's/Cat.
Accident Investigation	1.5 / S	Hazardous Materials Awareness w/ HazCom & GHS	3 / S
Advanced Safety Leadership	10 / S	Heavy Equipment Safety	3 / S
Asbestos, Lead & Silica Industrial Health Overview	1 / S	Housing Authority Safety Awareness	3 / S
Back Safety / Material Handling	1 / S	Hazard Identification - Making your Observations Count	1.5 / S
Bloodborne Pathogens Training	1 / S	Hearing Conservation	1 / S
Bloodborne Pathogens Train- the- Trainer	2.5 / S	Hoists, Cranes and Rigging	2 / S
BOE Safety Awareness	3 / S	Jetter Safety	2 / S
CDL – Supervisors Reasonable Suspicion	1.5 / S	Ladder Safety/Walking Working Surfaces	2 / S
CDL - Drivers' Safety Regulations	2 / S	Landscape Safety	2 / S
Confined Space Awareness	1 / S	Leaf Collection Safety Awareness	2 / S
Confined Space Entry - Permit Required	3.5 / S	Lockout Tagout	2 / S
Defensive Driving-6-Hour	5.5 / S	Shop and Tool Safety	1 / S
Driving Safety Awareness	1.5 / S	Office Safety	2 / S
Excavation Trenching & Shoring	4 / S	Personal Protective Equipment (PPE)	2 / S
Fall Protection Awareness	2 / S	Safety Committee Best Practices	1.5 / S
Fast Track to Safety	5 / S	Safety Coordinator's Skills Training	5 / S
Fire Extinguisher	1 / S	Seasonal Public Works Operations	3 / S
Fire Safety	1 / S	Snow Plow Safety	2 / S
Flagger / Workzone Safety	2 / S	Special Event Management	2 / S
HazCom with Globally Harmonized System	1.5 / S	Toolbox Talk Essentials	1 / S
CEU's for Tax Collectors		CEU's for County/Municipal Finance Officers	
MSI Course	CEU's/Cat.	MSI Course	CEU's/Cat.
Employee Conduct and Violence in the Work Place	1.5 / E	Employee Conduct and Violence in the Work Place	1.5 / E
CEU's for Certified Recycling Professionals		CEU's for Qualified Purchasing Agents	
MSI Course	CEU's/Cat.	MSI Course	CEU's/Cat.
Fire Extinguisher Safety	1	Employee Conduct and Violence in the Work Place	1.5 / E
Hazard Recognition- Making your Observations Count	2		
Heavy Equipment	3		
Sanitation and Recycling Safety	2		
***Category			
E- Ethics			
T- Technical			
G- Governmental			
S- Safety			
P- Professional Development			
M- Management			



Best Practices for Snow Emergencies

The following guidelines are offered as suggestions when planning for emergency operations presented by winter storms. Every storm event is different and municipal needs and resources will vary. This document offers best practices that have been identified by our member towns regarding hours of operation, rest breaks, and rotating schedules for before, during and after snow events.

Municipal emergency planners are also encouraged to refer to federal and state CDL driving limitations, and other standards or regulations that may apply.

Pre-planning

- **Chain of command**
 - Identify who will hold command staff positions. Plan for at least two persons for each command staff position to man the command center around the clock for the first day or two for major snow events.
 - Develop a written snow plan with defined roles and hierarchy.
 - Verify emergency contact information.
- **Staffing**
 - Supplement crews with back ups, including contractors, utilities, fire department and per diem drivers
 - Consider developing a list of retired CDL drivers you might call upon.
 - Consider areas that may require the use of contractors with specialized equipment i.e. cul-de-sacs.
 - Consider having departments clear their own lots if possible; i.e. fire departments and utilities.
- **Shift work planning**
 - Remind workers of need to prepare their homes and families for their absence during the emergency.
 - Consider sending workers home early in anticipation of call back e.g. sending a crew home if storm predicted to begin during the night. May be treated as “excused absence.”
 - Consider shifts of 12 hours of continuous operation (with allowances for meal breaks and periodic rest periods); followed by 6 hours of downtime. Under extreme conditions, entities may need to extend to, but should not exceed, 18 hours.
- **Plan for rest breaks / sleeping accommodations**
 - Entities may need to encourage drivers to stay at municipal facilities. Provide sleeping arrangements at fire and EMS stations, Senior Centers or municipal complex.
 - Ensure quiet time at these locations.
 - Plan for possible power interruptions at these locations.
- **Plan for Health and Welfare**
 - Consider needs for food and hydration.
 - Educate workers on appropriate winter and protective apparel.
 - Remind workers to pack personal items such as medications, special dietary needs, etc.
 - Remind supervisors and employees that employees on transitional duty may not work beyond their medical restrictions.

This bulletin is intended for general information purposes only. It should not be construed as legal advice or legal opinion regarding any specific or factual situation. Always follow your organization's policies and procedures as presented by your manager or supervisor. For further information regarding this bulletin, contact your Safety Director at 877.398.3046.

Operations during storm

- **Establish priority routes and areas**
 - Clear parking lots and access routes of emergency response agencies (police, fire, and EMS) first
 - Consider providing sand / salt to use until clearing occurs at municipal facilities
- **Communication plans / telephone or radio contact**
 - Establish who will operate as Base (part of incident command structure)
 - Determine who takes calls from residents, both emergency and non-emergency (complaints)
 - Establish liaison with other towns or agencies, news agencies, etc.
 - Ensure operators remain in constant contact with base
 - Establish procedures for reporting and responding to accidents / incidents
- **Deteriorating Storm Conditions “When to temporarily halt operations”**
 - Who makes the final call
 - Include the criteria for “temporary halting of operations” in plan, i.e., discontinuing operations until conditions improve, with consultation of major stakeholders,
 - Encourage all who are in the field to report status of conditions for the safety of the entire crew
- **Rest breaks / Fatigue**
 - Inform drivers that they have the personal responsibility to pull themselves from driving if they feel overly fatigued or diminished. Have a procedure on how the driver will report to a supervisor and how to address the situation within employment agreements.
- **Rotations**
 - Incorporate travel distance to work into shift planning. Those who live farthest, home after 12 hours to sleep and return for next shift.

Post-Storm Operations

- **Return to normal operations**
 - As conditions normalize, transition back to normal 8-hour shifts
 - Consider the impact of fatigue from the extended shifts when transitioning back to normal operations.
 - Inspect, repair and perform routine maintenance on equipment
- **Conduct after-incident debriefing**
 - Review with all stakeholders what worked and what challenges were encountered
 - Update Snow Emergency Plan with lessons learned from the event

Liability issues – Recommendations to limit liability

- Maintain a record of weather conditions
- Document actions taken, date, time, crews, equipment employed, and materials (salt etc.) used
- Record *all* complaints with date and time received
- Document specific actions taken and time of action in response to complaints
- Take photographs to record weather conditions and incidents
- Preserve newspaper articles on storm severity and clean up activities
- Work with police to have their accident reports supplemented with photographs showing conditions

Snow events are difficult. Proper planning and training can ease the strain on employees, managers, and the community. The Safety drop-down menu on the MEL homepage offers Toolbox Talk lesson plans on several topics to assist.



SAFETY DIRECTOR'S BULLETIN Motor Vehicle Record Checks

January 2017

Conducting Motor Vehicle Record Checks

Public entities have many drivers in their employ. Law enforcement officers are on patrol around the clock. Volunteer firefighters and emergency medical technicians respond in their private vehicles before getting in apparatus and ambulances. Public works and utility employees drive large vehicles that require Commercial Drivers Licenses (CDL). Administrative personnel may occasionally use agency or private vehicles to conduct official business. **Managers of public agencies must verify that all employees who drive on the agency's behalf possess a valid driver's license and an acceptable driving record.**

Public entities should have a motor vehicle policy that encompasses all the types of drivers they employ. The Model Employee Handbook on the MEL website (www.njmcl.org) includes a basic policy. Department managers should supplement the general policies and procedures to fully reflect their operations. The Safety Directors recommend Motor Vehicle Records (MVRs) be obtained and reviewed:

- once a year for all full-time, part-time, seasonal and volunteer employees who drive a public or personal vehicle as part of their job responsibilities.
- As part of the pre-employment screening process, MVRs of prospective employees should also be reviewed.
- Before approving a "Blue Light" application, the volunteer's MVR should be reviewed.

Here are answers to several frequently asked questions:

IS IT LEGAL TO OBTAIN MVR'S?

Employer may order MVRs on their employees under the Federal Driver's Privacy Act (effective 9-13-97). The Act defines the following "permissible uses" of an MVR:

- i. For use by any governmental agency...in carrying out its functions...
- ii. For use by any insurer or insurance support organization or by a self-insured entity...in connection with claims investigation activities, antifraud activities rating or underwriting.
- iii. For use by an employer ... to obtain or verify information relating to a holder of a commercial drivers license (CDL) that is required under Chapter 313 of Title 49.

WHO SHOULD OBTAIN THE MVR ABSTRACTS?

Designate one or two authorized individuals to order the MVRs from the N.J. Motor Vehicle Commission, by establishing a CAIR account. MVRs may not be obtained through the local Police Department. Authorized individuals may be the Clerk, an Administrator, a Human Resource representative or the Police Chief. The designated individual must understand they are not to share the information with unauthorized individuals. **Remember, these are confidential reports.** Department heads who review or act upon the MVR reports must also be aware of the confidential nature of driving histories.

WHAT ABOUT VOLUNTEERS AND SEASONAL EMPLOYEES?

Inform part-time or seasonal employees and volunteers who may operate a public agency's or personal vehicles as part of their job duties that their MVRs will be periodically checked. The policy must be enforced consistently and without discrimination.

This bulletin is intended for general information purposes only. It should not be construed as legal advice or legal opinion regarding any specific or factual situation. Always follow your organization's policies and procedures as presented by your manager or supervisor. For further information regarding this bulletin, contact your Safety Director at 877.398.3046.

HOW DO I ORDER MVRs?

New Jersey Public Entities and/or Authorities can order MVR abstracts from the NJ Motor Vehicle Commission (NJMVC). If you **are ordering less than 25 MVRs per year and your agency has not received notification from the NJMVC of the CAIR system then you are eligible to request MVRs by mail. Mail your request on letterhead to New Jersey Motor Vehicle Commission, Business and Government Services, 225 East State Street, 3rd Floor East Wing, P.O. Box 122, Trenton, New Jersey 08666-0122. If you have any questions, you can call 609-292-4572.**

Public employers requiring more than 25 MVRs will need to establish a Customer Abstract Information Retrieval (CAIR) account by applying on-line at <http://www.state.nj.us/mvcbiz/Records/CAIR.htm>. There is an annual fee. This allows the employer to request up to 5,000 MVRs per year. A User Guide is also available on the CAIR homepage. New regulations require users to log in to their account at least every 90 days or their account will be suspended and update their password every 45 days. Suspended accounts need to be reactivated by a CAIR Administrator. The Safety Director suggests users put a reminder on their calendars.

HOW DO I EVALUATE INFORMATION ON THE MVR?

A sample policy for evaluating MVR information is provided below. It is up to each public entity / authority to establish evaluation standards for their agency. Be sure to apply standards consistently among all drivers.

All employees authorized to drive vehicles owned, leased, or controlled by the [Public Entity Name] or use their personal vehicles to conduct business on behalf of the [Entity Name] may have their MVRs reviewed prior to entrustment of a vehicle and annually thereafter.

*Drivers with acceptable, marginal or probation grading **may** be allowed to operate [Entity Name] vehicles or their personal vehicles to conduct business on behalf of the agency.*

Drivers with marginal or probation grading will have their MVRs reviewed more frequently. [Semiannual or quarterly reports are recommended] Additional violations or accidents may result in suspension of driving privileges for [Public Entity / Department Name].

Drivers with unacceptable driving records will not be permitted to operate an agency or their personal vehicle to conduct business on behalf of [Public Entity Name].

Acceptable: *No moving violations and/or preventable accidents over the last 36 months.*

Marginal: *Up to 2 moving violations and/or preventable accidents in the last 36 months.*

Probation: *Up to 3 moving violations and/or preventable accidents within the last 36 months.*

Unacceptable: *More than 3 moving violations and/or preventable accidents within the last 36 months, or more than 2 moving violations and/or preventable accidents within the most recent year, or **any** of the violations listed below:*

- *Driving while under the influence (DWI or DUI)*
- *Leaving the scene of an accident*
- *Reckless driving violations*
- *Homicide or assault through the use of a motor vehicle*
- *Drivers who currently have a revoked or suspended license*

If an accident is shown on an MVR, it will be assumed to be an “at-fault,” chargeable accident. Any change to such a classification will be made only upon receipt of a police report or ruling from the Accident Review Panel showing that the driver in question was not at fault.

Please contact your Risk Control Consultant or JIF Safety Director if you have any additional Motor Vehicle Record questions.



OSHA Recordkeeping – Annual Reminder

February 1st is the deadline to tabulate the Log of Work-Related Injuries and Illnesses (NJOSH-300). **The Summary Log (NJOSH-300A) must be posted in a visible area for each establishment, where notices to employees are posted, from February 1 to April 30 of each year.**

New Jersey requires all public employers to *record* occupational injuries and illnesses. In addition, certain serious injuries must be *reported* directly to New Jersey PEOSH within specified timeframes. The complete rules for recording and reporting injuries can be accessed at <http://nj.gov/health/peosh/record.shtml>

Recording of Occupational Injuries

There are two important forms for the recording of injuries. The *Log of Work-Related Injuries and Illnesses (NJOSH-300)* is a listing of work-related injuries and illness that is maintained throughout the year. Injuries and illnesses are entered into the *Log* within 7 days of being notified of the injury / illness. Five years of *NJOSH-300 Logs* must be readily available to NJPEOSH inspectors. The second form is the annual summary of work-related injuries, *NJOSH 300A Summary of Work-Related Injuries and Illnesses*. This summary is posted at each work establishment from February through April.

‘Work-related’ is defined as any event or exposure in the work environment either causing or contributing to the resulting condition, or significantly aggravating a pre-existing injury or illness. ‘Work-related’ is presumed for injuries and illnesses resulting from events occurring in the work environment, unless an exception given in OSHA 1904.5(b)(2) applies. Recordable work-related injuries and illnesses are those that result in:

- Death or loss of consciousness
- Days away from work, placement on restricted work activity, or a job transfer
- Medical treatment beyond first aid

Public employers must also record the following conditions if they have been determined to be work-related:

- Any needle stick injury or cut from an object that is contaminated with a potentially infectious material
- Any case requiring an employee to be medically removed under an OSHA health (chemical) standard
- A tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician
- An employee’s audiogram reveals a specified hearing Standard Threshold Shift in one or both ears

Reporting of Serious Occupational Injuries to NJPEOSH

New Jersey Public Employers must report fatalities to NJPEOSH **within eight (8) hours** of the occurrence, and report work-related hospitalizations, amputations, or loss of an eye **within 24 hours** by calling the 24-hour hotline (800) 624-1644 or the 24-hour fax line (609) 292-3749. Refer to the decision-making flow chart on page 2.

Links to additional resources

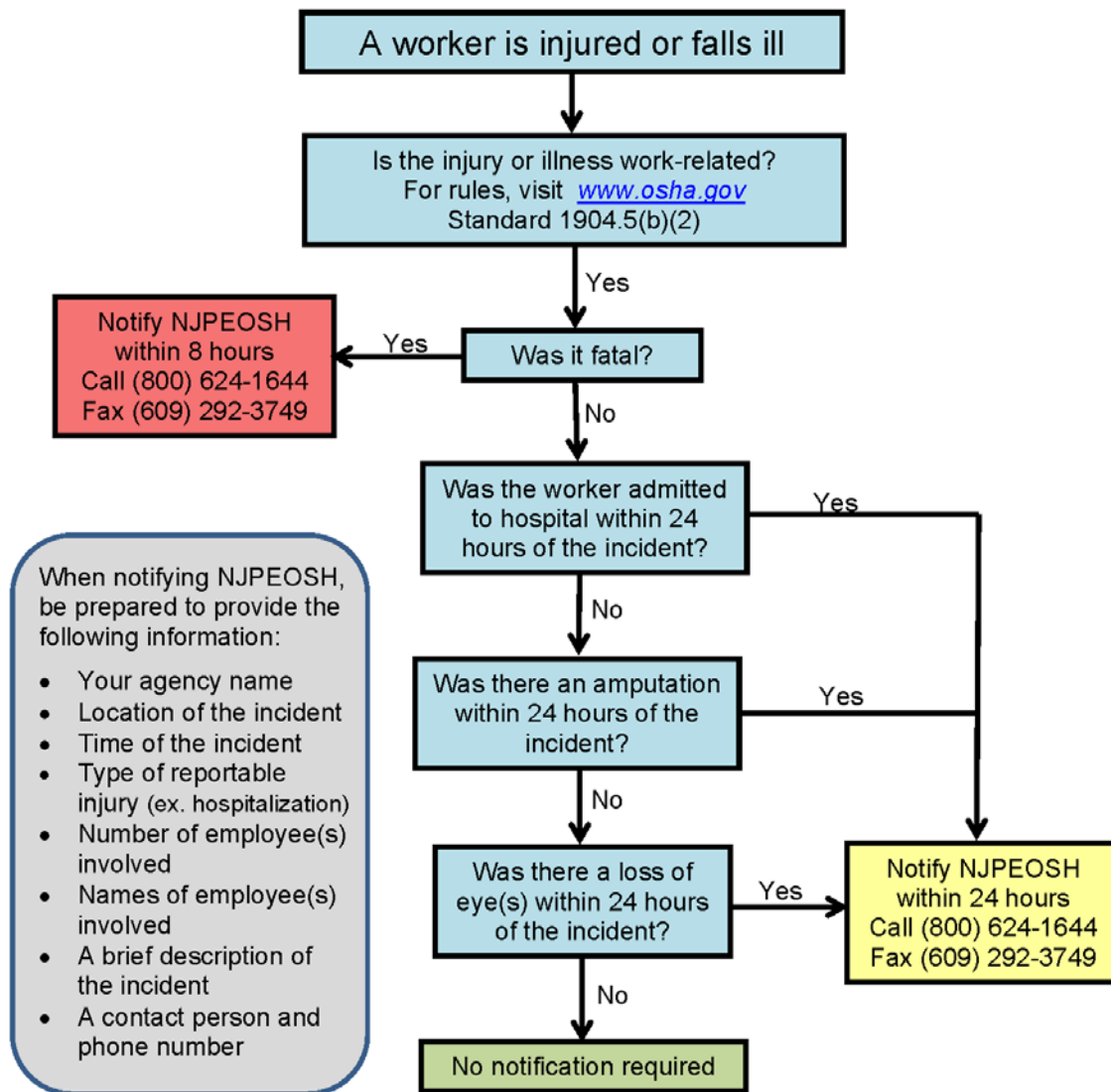
NJPEOSH 16-page guide to Recording and Reporting of Occupational Injuries and Illnesses is available at http://lwd.dol.state.nj.us/labor/forms_pdfs/Isse/NJOSH300.pdf

NPEOSH revised their Public Employee Alert #27 to reflect the new reporting regulations. It is available at http://lwd.dol.state.nj.us/labor/forms_pdfs/Isse/Alert27.pdf.

Now is also a good time to verify the PEOSH poster is posted. A copy can be downloaded at http://lwd.dol.state.nj.us/labor/forms_pdfs/Isse/wps35.pdf

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NJPEOSH 2015 Injury Reporting Requirements



Notes:

- OSHA defines amputation as the traumatic loss of a limb or external body part, including a part, such as a limb or appendage, that has been severed, cut off (either completely or partially); fingertip amputations with or without bone loss; medical amputations resulting from irreparable damage; amputations of parts that have been reattached. Amputations do not include avulsions, enucleations, degloving, scalping, severed ears, or broken or chipped teeth.
- If a motor vehicle accident occurs in a construction work zone, you must report the fatality, in-patient hospitalization, amputation, or loss of an eye. If the motor vehicle accident occurred on a public street or highway, but not in a construction work zone, you do not have to report the fatality, hospitalization, amputation, or loss of an eye.
- A work-related fatality or in-patient hospitalization caused by a heart attack must be reported



Office of Public Employees' Occupational Safety & Health
PO Box 386, Trenton, New Jersey 08625

RECORDING AND REPORTING OF OCCUPATIONAL INJURIES AND ILLNESSES

An Overview: Recording Work-Related Injuries and Illnesses

The Occupational Safety and Health (OSH) Act of 1970 requires certain employers to prepare and maintain records of work-related injuries and illnesses. Use these definitions when you classify cases on the Log. OSHA's recordkeeping regulation (see 29CFR Part 1904) provides more information about the definitions below.

New Jersey requires all public employers regardless of size or SIC code to report all occupational injuries and illnesses.

The ***Log of Work-Related Injuries and Illnesses (NJOSH-300)*** is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the ***Log*** to record specific details about what happened and how it happened.

The ***Summary (NJOSH-300A)***, a separate form, shows the totals for the year in each category. At the end of the year, post the ***Summary*** in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace.

Employers must keep a ***Log*** for each establishment or site. If you have more than one establishment, you must keep a separate ***Log & Summary*** for each physical location that is expected to be in operation for one year or longer.

Note that your employees have the right to review your injury and illness records. For more information, see 29CFR Part 1904.35, ***Employee Involvement***.

Cases listed on the ***Log of Work-Related Injuries and Illnesses*** are not necessarily eligible for workers' compensation or other insurance benefits. Listing a case on the ***Log*** does not mean that the employer or worker was at fault or that a PEOSHA standard was violated.

When is an Injury or Illness considered work-related?

An injury or illness is considered work-related if an event or exposure in the work environment causes or contributed to the condition or significantly aggravated a preexisting condition. Work-

relatedness is presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See 29 CFR Part 1904.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29CFR1904.5(b)(1).

Which work-related Injuries and Illnesses should you record?

Record those work-related injuries and illnesses that result in:

- Death
- Loss of consciousness,
- Days away from work,
- Restricted work activity or job transfer, or
- Medical treatment beyond first aid.

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum, See 29CFR 1904.7.

What are the additional criteria?

You must record the following conditions when they are work-related:

- Any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
- Any case requiring an employee to be medically removed under the requirements of an OSHA health standard;
- Tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis.
- An employee's hearing test (audiogram) reveals 1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000, and 4000 Hz) and 2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.

What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are **NOT** recordable:

- Visits to a doctor or health care professional solely for observation or counseling;

- Diagnostic procedures, including administering prescription medication that are used solely for diagnostic purposes; and,
- Any procedure that can be labeled first aid. (*See below for more information about first aid.*)

WHAT DO YOU NEED TO DO?

1. Within seven (7) calendar days after you receive information about a case, decide if the case is recordable under the PEOSHA recordkeeping requirements.
2. Determine whether the incident is a new case or a recurrence of an existing one.
3. Establish whether the case was work-related.
4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.

You may use *NJOSH's – 301: Injury and Illness Incident Report* or an equivalent form.

Some state workers compensation, insurance, or other reports may be acceptable substitutes, as long as they provide the same information as the *NJOSH – 301*.

How To Work With The Log

1. Identify the employee involved unless it is a privacy concern case as described below.
2. Identify when and where the case occurred.
3. Describe the case, as specifically as you can.
4. Classify the seriousness of the case by recording the **most serious outcome** associated with the case, with column J (Other recordable cases) being the least serious and column G (Death) being the most serious.
5. Identify whether the case is an injury or illness. If the case is an injury, check the injury category. If the case is an illness, check the appropriate illness category.

What Is First Aid?

If the incident required only the following types of treatment, consider it first aid. Do **NOT** record the case if it involves only:

- Using non-prescription medications at non-prescription strength;
- Administering tetanus immunizations;
- Cleaning, flushing, or soaking wounds on the skin surface;
- Using wound coverings, such as bandages, BandAids™, gauze pads, etc; or using SteriStrips™, or butterfly closures;
- Using hot or cold therapy;
- Using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
- Using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or backboards).
- Drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- Using eyepatches;
- Using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- Using irrigation, tweezers, cotton swab or other simple means to remove splinters or

3

- foreign material from areas other than the eye;
- Using finger guards;
- Using massages;
- Drinking fluids to relieve heat stress.

How Do You Decide If The Case Involved Restricted Work

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

How Do You Count The Number Of Days Of Restricted Work Activity Or The Number Of Days Away From Work?

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day **after** the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days.

Under What Circumstances Should You NOT Enter The Employee's Name On The NJOSH – 300?

You must consider the following types of injuries or illnesses to be privacy concern cases:

- An injury or illness to an intimate body part or to the reproductive system,
- An injury or illness resulting from a sexual assault,
- A mental illness,
- A case of HIV infection, hepatitis or tuberculosis,
- A needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29CFR Part 1904.8 for definition), and
- Other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

You must not enter the employee's name on the NJOSH 300 *Log* for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the NJOSH 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of the injury or illness, but you do not need to include details of an intimate or private nature.

What If The Outcome Changes After You Record The Case?

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

Classifying Injuries

An injury is any wound or damage to the body resulting from an event in the work environment.

Examples: Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.

Classifying Illnesses

Skin diseases or disorders

Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

Examples: Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants, oil acne, friction blisters, chrome ulcers, inflammation of the skin.

Respiratory conditions

Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work.

Examples: Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis, or acute congestion; farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconiosis.

Poisoning

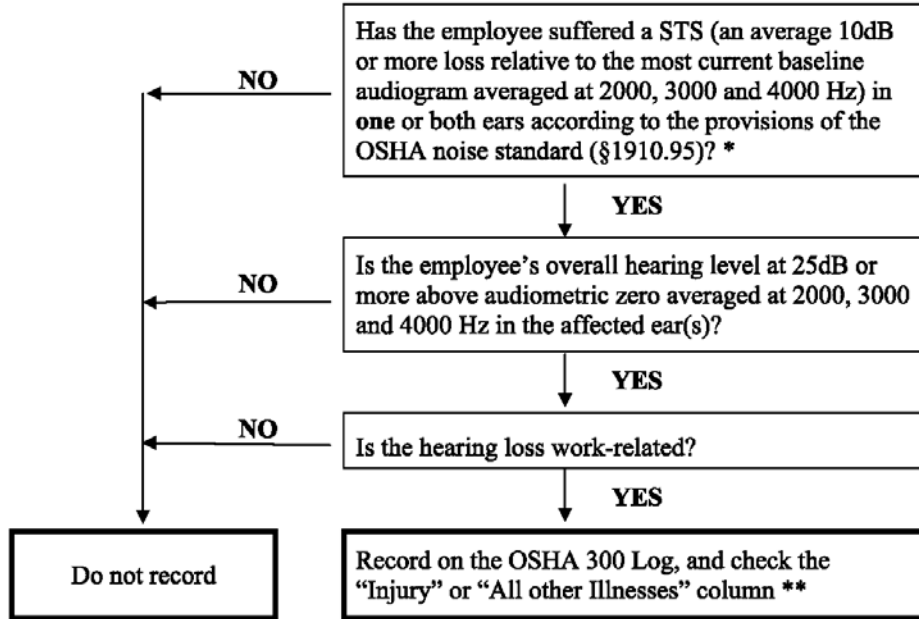
Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

Examples: Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, carbon tetrachloride, benzol, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals such as formaldehyde.

Hearing Loss

Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more in either ear at 2000, 3000 and 4000 hertz, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

Use this “decision tree” to determine whether the results of the audiometric exam given on or after January 1, 2003 reveal a recordable STS.



Note: In all cases, use the most current baseline to determine recordability as you would to calculate a STS under the hearing conservation provisions of the noise standard (§1910.95). If an STS occurs in only one ear, you may only revise the baseline audiogram for that ear.

* The audiogram may be adjusted for presbycusis (aging) as set out in §1910.95.

** A separate hearing loss column on the OSHA 300 Log beginning in calendar year 2004.

All Other Illnesses

All other occupational illnesses.

Examples: Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbit, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis, malignant or benign tumors, histoplasmosis, coccidioidomycosis.

When Must You Post The Summary?

You must post the **Summary** only – not the **Log** – by February 1 of the year following the year covered by the form and keep it posted until April 30 of that year.

How Long Must You Keep The Log And Summary On File?

You must keep the *Log* and *Summary* for 5 years following the year to which they pertain.

Do You Have To Send These Forms To The OPEOSH At The End Of The Year?

No, you do not have to send the completed forms to the OPEOSH unless specifically asked to do so.

CALCULATING INJURY AND ILLNESS INCIDENCE RATES

What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your public entity's injury and illness experience over time or to compare your public entity's experience with that of the public sector as a whole, you need to compute your incidence rate. Because a specific number of workers and specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases that involved days away from work quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, and for both rates the instructions paragraph (c).

- a) *To find out the total number of recordable injuries and illnesses that occurred during the year*, count the number of line entries on your NJOSH form 300, or refer to NJOSH form 300A and sum the entries for columns (G), (H), (I), and (J).
- b) *To find out the number of injuries and illnesses that involved days away from work*, count the number of line entries on your NJOSH Form 300 that received a check mark in column (H), or refer to the entry for column (H) on the NJOSH form 300A.
- c) *The number of hours all employees actually worked during the year*. Refer to NJOSH form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

Total number of injuries and illnesses divided by the Number of hours worked by all employees times 200,000 hours = Total recordable case rate.

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates).

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

(Number of entries in column H + Number of entries in column I) divided by the Number of hours worked by all employees times 200,000 hours = DART incidence rate.

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at www.bls.gov or by calling a BLS Regional Office.

Worksheet

Total number of recordable injuries
and illnesses for your Public Entity.

÷

Hours worked by all your employees

X 200,000 =

Total recordable cases
Incidence rate

Total number of recordable injuries
And illnesses with a checkmark in
Column H or column I

÷

Hours worked by all your employees

X 200,000 =

DART incidence rate

Worksheet to Help You Fill Out the Summary

At the end of the year, the OPEOSH requires you to enter the average number of employees and the total hours worked by your employees on the summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the *Summary* page at the end of the year.

How to figure the average number of employees who worked for you during the year:

- ❶ **Add** the total number of employees you paid in all pay periods during the year. Include all employees: full-time, part-time, temporary seasonal, salaried, and hourly. The number of employees paid in all pay periods = ❶ _____
- ❷ **Count** the number of pay periods you had during the year. Be sure to include any pay periods when you had no employees. The number of pay periods during the year = ❷ _____
- ❸ **Divide** the number of employees by the number of pay periods. ❶ _____ ÷ ❷ _____ = ❹ _____
- ❹ **Round the answer** to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*. The number rounded = ❹ _____

For example, the Township of Able figured its average employment this way:

For pay period....	Able paid this number of employees...	
1	10	Number of employees paid = 830 ❶
2	0	
3	15	Number of pay periods = 26 ❷
4	30	
5	40	$830 = 31.92$ ❸
↓	↓	<hr style="width: 50px; margin-left: 0;"/> 26
24	20	
25	15	31.92 rounds to 32 ❹
26	+10	
	<hr style="width: 50px; margin-left: 0;"/> 830	32 is the annual average number of employees

How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by you. Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If you keep records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

OPTIONAL WORKSHEET

Find the number of full-time employees for the year.

Multiply by the number of work hours for a full-time employee in a year.

x _____

This is the number of full-time hours worked.

Add the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal).

+ _____

Round the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked by all employees last year*.

HOW TO FILL OUT THE LOG:

The *Log of Work-Related Injuries and Illnesses* is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

If your public entity has more than one worksite, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

Copies of this *Log* are available from our website at:

http://lwd.dol.state.nj.us/labor/forms_pdfs/lsse/NJOSH300_forms.pdf

If you need more than one, you may photocopy and use as many as you need.

The *Summary* – a separate form – shows the work-related injury and illness totals for the year in each category. At the end of the year, count the number of incidents in each category and transfer the totals from the *Log* to the *Summary*. Then post the *Summary* in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace. You do not post the *Log*.

You post only the *Summary* at the end of the year.

NJOSH – 300 (EXAMPLE of how to fill out) Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20 _____
N.J. Department of Labor & Workforce Development
 Public Employees Occupational Safety and Health

You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need it. You must complete an Injury and Illness Incident Report (NIOSH 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call the Office of Public Employees Occupational Safety and Health for help.

Public Employer: _____
 State: _____
 County: _____ Other: _____

Identify the person			Describe the case			Classify the case CHECK ONLY ONE box for each case based on the most serious outcome for that case.		Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:											
(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (month/day)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and objective/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from polystyrene foam)	Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)	Away from work (Days) (K)	On job transfer or restriction (Days) (L)	(1)	(2)	(3)	(4)	(5)	(6)	(7)			
1	Mark Eglin	Welder	5/25	Basement	Fracture, left arm and left leg, fell from ladder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Shana Alexander	Foundry man	7/2	Pouring deck	Poisoning from lead fumes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Sam Sander	Electrician	8/5	2 nd floor storeroom	Broken left foot, fell over box	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	30	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Rafiah Rocotella	Labourer	9/12	Packaging dept.	Back strain, lifting boxes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Jared Daniels	Machine Opr.	10/23	Production floor	Dust in eye	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						0	4	0	2	19	78	4	0	0	1	0	0	0			
Page total >													4	0	0	1	0	0			
Be sure to transfer these totals to the Summary page (Form 300A) before you post it.													4	0	0	1	0	0			

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Questions regarding this form should be directed to the Office of Public Employees Occupational Safety and Health, New Jersey Department of Labor and Workforce Development, PO Box 386, Trenton, New Jersey 08623.

Choose ONE of these categories. Classify case by recording most serious outcome of the case with column J (Other recordable cases) being the least serious and column G (Death) being the most serious.

Revise the log if the injury or illness progresses and the outcome is more serious than you originally recorded for the case. Cross out, erase, or white-out the original entry.

NJOSH Form-300 Log of Work-Related Injuries and Illnesses

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year: _____

N.J. Department of Labor & Workforce Development
Public Employees Occupational Safety & Health

You must record information about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call the Office of Public Employees Occupational Safety and Health for help.

Public Employer: _____
State: _____
County: _____ Other: _____


Identify the person			Describe the case		Classify the case												
(A) Case No.	(B) Employee's Name	(C) Job Title (e.g., Welder)	(D) Date of Injury or onset of illness (mo./day)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
						Death	Days away from work	Remained at work		Away From Work (days)	On job transfer or restriction (days)	(M)					
						(G)	(H)	Job transfer or restriction	Other recordable cases	(K)	(L)	Injury	Skin Disorder	Respiratory Condition	Poisoning	Hearing Loss	All other illnesses
						(G)	(H)	(I)	(J)	(K)	(L)	(1)	(2)	(3)	(4)	(5)	(6)
Page totals						0	0	0	0	0	0	0	0	0	0	0	0

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Questions regarding this form should be directed to the Office of Public Employees Occupational Safety and Health, New Jersey Department of Labor and Workforce Development, PO Box 386, Trenton, New Jersey 08625. Do not send the completed forms to this office.

NJOSH - 300A

Summary of Work-Related Injuries and Illnesses

Year _____ 
N.J. DOL & WD
 Public Employees Occupational Safety & Health

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases write "0."

Employers, former employers and their representatives have the right to review the NJOSH Form 300 in its entirety. They also have limited access to the NIOSH Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

Injury and Illness Types			
Total number of... (M)			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 50 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Comments regarding this form should be sent to the Office of Public Employees Occupational Safety and Health, NJ Department of Labor and Workforce Development, PO Box 386, Trenton, NJ 08625.

Public Employer

Department or Agency _____

Street _____

City _____ State _____ Zip _____

Industry description (e.g., Police, DPW, Sewerage Treatment, School) _____

Standard Industrial Classification (SIC), if known (e.g., SIC 3715) _____

OR North American Industrial Classification (NAICS), if known (e.g., 336212) _____

Employment information

Annual average number of employees _____

Total hours worked by all employees last year _____

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

Public Employer Management Representative

Title

Phone

Date

NJOSH Form 301 Injuries and Illnesses Incident Report

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



N.J. DOL & WD

Public Employees Occupational Safety & Health

This Injury and Illness Incident Report is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-Related Injuries and Illnesses and the accompanying Summary, these forms help the employer and PEOSH develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by _____
Title _____
Phone _____ Date _____

Information about the employee

- 1) Full Name _____
- 2) Street _____
City _____ State _____ Zip _____
- 3) Date of birth _____
- 4) Date hired _____
- 5) Male
 Female

Information about the physician or other health care professional

- 6) Name of physician or other health care professional _____
- 7) If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ Zip _____

- 8) Was employee treated in an emergency room?
 Yes
 No
- 9) Was employee hospitalized overnight as an in-patient?
 Yes
 No

Information about the case

- 10) Case number from the Log _____ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness _____
- 12) Time employee began work _____ AM/PM
- 13) Time of event _____ AM/PM Check if time cannot be determined
- *14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

- *15) **What happened?** Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

- *16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected. Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

- *17) **What object or substance directly harmed the employee?** Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

- 18) **If the employee died, when did death occur?** Date of death _____

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: The Office of Public Employees Occupational Safety and Health, NJ Department of Labor & Workforce Development, PO Box 386, Trenton, New Jersey 08625.



PMM JIF
CUMULATIVE CLAIMS SUMMARY*

2017

	UNITS OF SERVICE	BILLED	APPROVED	SAVINGS	% SAVINGS
JANUARY	90	\$124,479.14	\$32,991.31	\$91,487.83	73.5%
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPT					
OCTOBER					
NOVEMBER					
DECEMBER					
TOTALS	90	\$124,479.14	\$32,991.31	\$91,487.83	73.5%

2016

	UNITS OF SERVICE	BILLED	APPROVED	SAVINGS	% SAVINGS
JANUARY	77	\$90,269.69	\$31,754.94	\$58,514.75	64.8%
FEBRUARY	88	\$53,424.04	\$21,536.23	\$31,887.81	59.7%
MARCH	99	\$90,381.60	\$28,598.21	\$61,783.39	68.4%
APRIL	82	\$104,251.70	\$34,457.52	\$69,794.18	66.9%
MAY	104	\$127,741.41	\$32,886.89	\$94,854.52	74.3%
JUNE	107	\$118,751.30	\$33,366.11	\$85,385.19	71.9%
JULY	79	\$40,442.57	\$20,142.37	\$20,300.20	50.2%
AUGUST	92	\$32,588.12	\$12,780.16	\$19,807.96	60.8%
SEPT	48	\$34,210.25	\$13,172.14	\$21,038.11	61.5%
OCTOBER	56	\$75,857.84	\$31,806.84	\$44,051.00	58.6%
NOVEMBER	43	\$141,199.34	\$58,996.38	\$82,202.96	58.2%
DECEMBER	71	\$39,689.40	\$15,462.62	\$24,226.78	61.0%
TOTALS	948	\$948,807.28	\$334,980.41	\$614,848.86	64.7%

2015

	UNITS OF SERVICE	BILLED	APPROVED	SAVINGS	% SAVINGS
JANUARY	113	\$165,310.10	\$90,766.02	\$74,544.08	45.1%
FEBRUARY	129	\$230,692.36	\$84,816.61	\$145,875.75	63.2%
MARCH	152	\$96,836.26	\$42,041.32	\$54,794.94	56.6%
APRIL	161	\$107,319.66	\$42,081.95	\$65,237.71	60.8%
MAY	192	\$124,860.76	\$44,440.41	\$80,420.35	64.4%
JUNE	187	\$92,811.14	\$34,469.85	\$58,341.29	62.9%
JULY	152	\$106,502.78	\$31,989.55	\$74,513.23	70.0%
AUGUST	114	\$53,791.53	\$21,388.48	\$32,403.05	60.2%
SEPT	175	\$79,210.95	\$30,111.94	\$49,099.01	62.0%
OCTOBER	111	\$56,796.68	\$23,790.96	\$33,005.72	58.1%
NOVEMBER	68	\$80,656.76	\$23,300.05	\$57,356.71	71.1%
DECEMBER	95	\$49,979.96	\$17,794.26	\$32,185.70	64.4%
TOTALS	1848	\$1,244,788.84	\$488,881.40	\$767,777.64	60.9%



PMM JIF
 CHARGES/SAVINGS BY SPECIALTY
 JANUARY 2017

	BILLED	APPROVED	SAVINGS	% Of SAVINGS
Orthopedic Surgery	\$52,781.78	\$11,247.57	\$41,534.21	78.7%
Ambulatory Surgical Center	\$34,030.00	\$9,450.00	\$24,580.00	72.2%
Physical Therapy	\$23,611.00	\$5,038.00	\$18,573.00	78.7%
Hospital	\$5,379.35	\$2,784.89	\$2,594.46	48.2%
Anesthesiology	\$3,520.00	\$1,732.00	\$1,788.00	50.8%
Occupational Medicine	\$1,470.95	\$728.75	\$742.20	50.5%
Hand Surgery	\$1,268.06	\$595.10	\$672.96	53.1%
MRI	\$1,125.00	\$485.00	\$640.00	56.9%
Behavioral Health	\$570.00	\$400.00	\$170.00	29.8%
Family Practice	\$508.00	\$320.00	\$188.00	37.0%
Urgent Care Center	\$165.00	\$160.00	\$5.00	3.0%
Durable Medical Equipment	\$50.00	\$50.00	\$0.00	0.0%
Grand Total	\$124,479.14	\$32,991.31	\$91,487.83	73.5%



PMM JIF
Top 10 Providers By Charges
PAR/ NonPAR /MCCI
January 2017

	Billed	Approved	SAVINGS	% OF SAVINGS	SPECIALTY
Participating Provider	\$119,084.19	\$29,862.52	\$89,221.67	74.9%	
PREMIER ORTHOPEDIC OF SOUTH JERSEY	\$52,151.78	\$10,867.13	\$41,284.65	79.2%	Orthopedic Surgery
SOUTH JERSEY MUSCULOSKELETAL INSTITUTE	\$34,030.00	\$9,450.00	\$24,580.00	72.2%	Surgery Center
IVY REHAB NETWORK, INC	\$20,845.00	\$3,825.00	\$17,020.00	81.7%	Physical Therapy
VIRTUA WEST JERSEY HEALTH, INC.	\$2,638.85	\$1,491.00	\$1,147.85	43.5%	Hospital
RANCOCAS ANESTHESIOLOGY, PA	\$1,920.00	\$1,212.00	\$708.00	36.9%	Anesthesia
KENNEDY UNIVERSITY HOSPITAL, INC.	\$1,716.50	\$935.49	\$781.01	45.5%	Hospital
STRIVE PHYSICAL THERAPY AND SPORTS REHABILITATION LLC	\$1,610.00	\$405.00	\$1,205.00	74.8%	Physical Therapy
LOURDES ANESTHESIA ASSOC PA	\$1,600.00	\$520.00	\$1,080.00	67.5%	Anesthesia
U.S. HEALTHWORKS MEDICAL GROUP OF NEW JERSEY, P.C.	\$1,304.00	\$561.80	\$742.20	56.9%	Occupational Medicine
HAND SURGERY AND REHABILITATION CENTER OF NEW JERSEY	\$1,268.06	\$595.10	\$672.96	53.1%	Hand Surgery
Out Of Network	\$620.00	\$450.00	\$170.00	27.4%	
JOHN MCGOWAN PHD	\$345.00	\$250.00	\$95.00	27.5%	Behavioral Health
GARY M. GLASS MD	\$225.00	\$150.00	\$75.00	33.3%	Behavioral Health
MAIN LINE MEDICAL SUPPLIES INC.	\$50.00	\$50.00	\$0.00	0.0%	Durable Medical Supplies
Grand Total	\$119,704.19	\$30,312.52	\$89,391.67	74.7%	

APPENDIX I - MINUTES

**PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND
 OPEN SESSION MINUTES
 MEETING – JANUARY 23, 2017
 111 WEST 2ND STREET
 MOORESTOWN TOWNSHIP
 1:00 PM**

Meeting of 2016 Fund Commissioners called to order. Open Public Meetings notice read into record.

ROLL CALL OF 2016 FUND COMMISSIONERS:

Scott Carew, Chairman	Township of Moorestown	Absent
Thomas Merchel, Alternate	Township of Moorestown	Present
Richard Brevogel, Secretary	Township of Willingboro	Present
Thomas Czerniecki	Township of Evesham	Absent
Joseph Andl	Township of Maple Shade	Present

SPECIAL FUND COMMISSIONERS:

Thomas Shanahan	Township of Evesham	Present
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APPOINTED OFFICIALS PRESENT:

Executive Director/Administrator	PERMA Risk Management Services Bradford C. Stokes, Karen A. Read Rachel Chwastek
Treasurer	Tom Tontarski
Attorney	Kearns, Reale & Kearns, Esquires William Kearns, Esquire Shannon Boggan
Auditor	Bowman & Company
Claims Service	Qual Lynx Kathy Kissane
Safety Director	J.A. Montgomery Risk Control Glenn Prince
Managed Care Organization	QualCare
Underwriting Manager	Conner Strong & Buckelew Edward Cooney (via telephone)

ALSO PRESENT:

Nelson Wiest, Maple Shade Township
George Gravenstine, AJM Insurance

APPROVAL OF MINUTES: NOVEMBER 21, 2016 - Open & Closed Minutes.

MOTION TO APPROVE OPEN & CLOSED MINUTES OF NOVEMBER 21, 2016:

Moved: Commissioner Andl
Second: Commissioner Merchel
Vote: 3 Ayes – 0 Nays – 1 Abstain

CORRESPONDENCE: NONE.

MOTION TO ADJOURN:

Moved: Commissioner Andl
Second: Commissioner Shanahan
Vote: 4 Ayes – 0 Nays

Meeting of 2016 Fund Commissioners closed by the Executive Director, Bradford C. Stokes.

Meeting of the 2017 Fund Commissioners called to order by Executive Director, Bradford C. Stokes.

MOTION TO NOMINATE TOM CZERNIECKI TO SERVE AS CHAIRMAN FOR FUND YEAR 2017:

Moved: Commissioner Brevogel
Second: Commissioner Merchel

MOTION TO NOMINATE RICHARD BREVOGEL TO SERVE AS SECRETARY FOR FUND YEAR 2017:

Moved: Commissioner Merchel
Second: Commissioner Andl

MOTION TO CLOSE NOMINATIONS AND CONFIRM ELECTION TOM CZERNIECKI TO SERVE AS CHAIRMAN AND RICHARD BREVOGEL TO SERVE AS SECRETARY FOR FUND YEAR 2017

Moved: Commissioner Merchel
Second: Commissioner Andl
Vote: 4 Ayes, 0 Nays, (Roll Call)

The Fund Attorney administered the Oaths of Office to the Fund Commissioners.

ROLL CALL OF 2017 FUND COMMISSIONERS:

Thomas Czerniecki, Chairman	Township of Evesham	Absent
Thomas Shanahan, Alternate	Township of Evesham	Present
Richard Brevogel, Secretary	Township of Willingboro	Present
Thomas Merchel	Township of Moorestown	Present
Joseph Andl	Township of Maple Shade	Present

SPECIAL FUND COMMISSIONERS:

Nelson Wiest	Township of Maple Shade	Present
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EXECUTIVE DIRECTOR:

Fund Professionals & Professional Service Agreements: At the January 26, 2015 Reorganizational meeting, appointed professional contracts in accordance with the fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq. for fund years 2015, 2016 and 2017. Enclosed with the reorganization resolutions is Resolution 17-1 reflecting re-appointments and establishing compensation for Fund Year 2017.

MOTION TO ADOPT RESOLUTION 17-1

Moved: Commissioner Merchel
 Second: Commissioner Andl
 Vote: 4 Ayes – 0 Nays

The Executive Director reviewed Resolution 17-2 Establishment of Public Meeting Procedures, Resolution 17-3 Establishment of a Fiscal Management Plan, Resolution 17-4 Appointing Defense Panel Attorneys and Resolution 17-5 2017 Risk Management Plan with the Commissioners.

The Underwriting Manager discussed the changes to the Risk Management Plan with the Fund..

MOTION TO ADOPT RESOLUTION 17-2 THROUGH 17-5

Moved: Commissioner Merchel
 Second: Commissioner Andl
 Vote: 4 Ayes – 0 Nays

UNDERWRITNG MANAGER REPORT: The Underwriting Manager reported under the property insurance the limit for flood insurance has been increased from 75 million to 100 million. He also reported that under general liability coverage has been added for owned drones. The MEL website has a bulletin regarding this coverage, 17-28, and he suggested all the commissioners review this addition. For Cyber Liability coverage, excess limits are being offered, specifically from Beazley. There has been an influx in cyber crime, and the underwriting manager would like the commissioners to be aware.

The Executive Director advised the Commissioners would discuss the excess cyber liability option and advise the Underwriting Manager accordingly. There was 1 certificate issued for the period 10/26/16 to 11/25/16.

Residual Claims Fund 2017 Reorganization Meeting: The Residual Claims Fund's 2017 Reorganization meeting was held on January 4, 2017 at the Forsgate Country Club. Enclosed was a copy of Commissioner Carew's report on the meeting.

E-JIF 2017 Reorganization Meeting: The E-JIF 2017 Reorganization meeting was held on January 4, 2017 at the Forsgate Country Club. Enclosed in the agenda was a copy of Commissioner Carew's report on the meeting.

MEL 2017 Reorganization Meeting: The MEL 2017 Reorganization meeting was held on January 4, 2017 at the Forsgate Country Club. Enclosed in the agenda was a copy of Commissioner Carew's report on the meeting.

Special Fund Commissioner: With the Fund's membership at four, the bylaws require the appointment of a Special Fund Commissioner in an effort to avoid tying votes. For 2017, Maple Shade has this privilege and they are appointing Mayor Nelson Wiest.

2017 Assessments: The 2017 Assessments were mailed to all member towns in mid December. First Installment payments were due to the Treasurer by January 15, 2017.

Elected Officials Training: This year, the MEL will reduce each member's 2017 liability claims premium by \$250 for each municipal elected official and Twp. Manager who completes the course by May 31. The Fund along with Mr. Kearns office will be scheduling sessions in the coming months. The MEL is making available an on-line training program for elected officials to earn the training credit.

2017 MEL & MR HIF Educational Seminar – The 7th annual seminar is scheduled for Friday April 21, 2017 at the National Conference Center. The seminar qualifies for an extensive list of Continuing Education credits including CFO/CMFO, Clerks, Public Works, Insurance Producers, Purchasing Agents, TCH Water Supply, Wastewater, RPPO and QPA. There is no fee for employees and insurance producers associated with eh MEL and MR HIF Members as well as personnel who work for service companies that are engaged by MEL member JIFS and HIFS.

Inclement Weather Procedure: As a reminder, PERMA has instituted a procedure for Commissioners to confirm whether or not a meeting has been canceled. The Executive Director will discuss with the Fund Chairman if the meeting should be canceled. In the event of an early morning or evening meeting(s), PERMA will provide a recorded message indicating the status of the meeting. The recorded message can be obtained by calling the Fund's main number (201) 881-7632 at any time of the day or night. For meetings that occur during the course of normal business hours, meeting status can be obtained by utilizing the same number.

Due Diligence Reports: Monthly report submitted to Fund Commissioners including Monthly Fast-track Accident Frequency, Fast-Track Financial report, Claim Activity Report, Interest Rate Summary Comparison, Monthly Loss Ratio by fund year and line of coverage and the Monthly and Annual Regulatory Checklist. The Executive Director advised both the FFT for October and November showed the fund's surplus at over 1.3 million. The LTAF frequency report shows PMM is at 1.59, which is excellent, the state average is 1.8.

The Executive Director then welcomed Thomas Merchel, who had been on the board previously, and concluded his report.

Executive Director's Report Made Part of Minutes.

ATTORNEY: No report.

TREASURER:

Payment of December 2016 Vouchers Resolution 16-28

Fund Year 2016	209,317.89
Total	209,317.89

Payment of Supplemental December 2016 Vouchers Resolution 16-29

Fund Year 2016	500,000.00
Total	500,000.00

Payment of January 2017 Vouchers Resolution 17-6

Fund Year 2015	36.83
Fund Year 2016	251,148.16
Total	251,184.99

MOTION TO APPROVE RESOLUTION 16-28 VOUCHER LIST FOR THE MONTH OF DECEMBER, RESOLUTION 16-29 SUPPLEMENTAL VOUCHER LIST FOR THE MONTH OF DECEMBER AND RESOLUTION 17-6 VOUCHER LIST FOR THE MONTH OF JANUARY AS SUBMITTED

Motion: Commissioner Merchel
 Second: Commissioner Shanahan
 Vote: 4 Ayes – 0 Nays

Confirmation of Claims Payments/Certification of Claims Transfers for the Month of November 2016:

2012	0.00
2013	49,523.72
2014	48,299.35
2015	13,804.62
2016	37,718.24
Closed	0.00
TOTAL	149,345.93

Treasurer's Report Made Part of Minutes.

SAFETY DIRECTOR:

REPORT: Safety Director advised included in his report is all the risk control activities through the month of November, as well as a list of MSI Training and Fast Track training information. Included in the agenda were 2 safety director bulletins. The Safety Director asked if there were any questions and then concluded his report.

Monthly Activity Report/Agenda Made Part of Minutes.

TREASURER:

Payment of January 2017 Supplemental Vouchers Resolution 17-7

Fund Year 2017	140.00
Total	140.00

MOTION TO APPROVE RESOLTUION 17-7 SUPPLEMENTAL VOUCHER LIST FOR THE MONTH OF JANUARY AS SUBMITTED

Motion: Commissioner Andl
Second: Commissioner Shanahan
Vote: 4 Ayes – 0 Nays

MANAGED CARE:

REPORT: Kathy Kissane advised December’s reports were included in the agenda. Ms. Kissane reported there were 71 bills during the month of December totaling \$39,689.40, of that amount \$15,462.62 was paid for a savings of \$24,226.78 which is a 61.0% savings.

Monthly Activity Report Part of Minutes.

CLAIMS ADMINISTRATOR:

REPORT: The Claims Manager advised the report was for closed session.

Report Part of Minutes.

**RESOLUTION - EXECUTIVE SESSION FOR CERTAIN SPECIFIED PURPOSES:
PERSONNEL - SAFETY & PROPERTY OF PUBLIC LITIGATION**

Motion: Commissioner Andl
Second: Commissioner Shanahan
Vote: Unanimous

MOTION TO RETURN TO OPEN SESSION:

Motion: Commissioner Andl
Second: Commissioner Shanahan
Vote: Unanimous

MOTION TO APPROVE CLAIM PAYMENTS AS DISCUSSED IN EXECUTIVE SESSION:

Motion: Commissioner Andl
Second: Commissioner Shanahan
Roll Call Vote: 4 Ayes – 0 Nays

OLD BUSINESS: NONE

NEW BUSINESS: NONE

PUBLIC COMMENT: NONE

MOTION TO ADJOURN MEETING:

Motion: Commissioner Andl
Second: Commissioner Shanahan
Vote: Unanimous

MEETING ADJOURNED: 1:52pm

**NEXT REGULAR MEETING: March 23, 2017
Moorestown Town Hall 1:00PM**

Rachel Chwastek, Assisting Secretary for
RICHARD BREVOGEL, SECRETARY

***APPENDIX II – RENEWAL
CERTIFICATES***

**Professional Municipal Management Joint Insurance Fund
Certificate Of Insurance Monthly Report**

Friday, January 20, 2017

From 1/1/2017 To 1/20/2017

Holder (H) / Insured Name (I)	Holder / Insured Address	Holder Code	Description of Operations	Issue Date	Coverag
<u>PMM JIF</u>					
H- State of New Jersey	Dept of Health & Senior Services Office of EMS PO Box 4182 360 Trenton, NJ 08625		Evidence of Insurance with respects to maple Shade First Aid Squad, 44 S Maple Ave., Maple Shade, NJ 08052.	1/4/2017	GL EX AU WC
I- Township of Maple Shade	PO Box 368 Maple Shade, NJ 08052				
H- Burlington County Board of Chosen Freeholders	Att: Insurance & Risk Management Division 49 Rancocas Road, PO Box 6000 Mt. Holly, NJ 08060-6000	5099	Evidence of insurance with respects to our Shared Services Agreement with the County and 911 calls (Res 284-2010).	1/9/2017	GL EX WC
I- Township of Evesham	984 Tuckerton Road Marlton, NJ 08053				
H- Burlington County Board of Chosen Freeholders	Att: Insurance & Risk Management Division 49 Rancocas Road, PO Box 6000 Mt. Holly, NJ 08060-6000	5099	Evidence of insurance with respects to our Shared Services agreement for snow plow removal of County roads in Evesham Township.	1/9/2017	GL EX WC
I- Township of Evesham	984 Tuckerton Road Marlton, NJ 08053				
H- Burlington County Board of Chosen Freeholders	Att: Insurance & Risk Management Division 49 Rancocas Road, PO Box 6000 Mt. Holly, NJ 08060-6000	5099	Evidence of insurance as respects to 2017 Municipal Alliance Grant Agreement.	1/9/2017	GL EX WC
I- Township of Evesham	984 Tuckerton Road Marlton, NJ 08053				
H- County of Burlington	Office of the Fire Marshall 49 Rancocas Rd., PO Box 5104 6000 Mt. Holly, NJ 08060		Evidence of insurance as respects the use of facilities by Willingboro Twp Fire Department, Police Dept and Emergency Squad for training purposes.	1/6/2017	GI EX
I- Township of Willingboro	Municipal Complex 1 Rev. Dr. M. L. King, Jr. Drive Willingboro, NJ 08046				
H- Golf Cart Services, Inc.	4296 York Rd. New Oxford, PA 17350	19397	Certificate Holder is amended to be included as "additional insured" the person(s) or organization(s) as shown in the description section of this certificate of insurance for General Liability & Excess Liability & as "Mortgagee/Loss Payee" ATIMA, for Property pursuant to the terms, conditions, limitations, and exclusions of the JIF Casualty and Property Insurance Policies (but only with respect to liability caused in whole or in part by the acts or omissions of the named insured)Lease of 75 – 2015 E-Z-Go TXT 48 V electric golf cars(\$4950 ea). The lease agreement is from 1/1/17 – 12/31/17.	1/9/2017	GL EX AU PR
I- Township of Evesham	984 Tuckerton Road Marlton, NJ 08053				

<p>H- Golf Cart Services, Inc. I- Township of Evesham</p>	<p>4296 York Rd. New Oxford, PA 17350 984 Tuckerton Road Marlton, NJ 08053</p>	<p>19397</p>	<p>Certificate Holder is amended to be included as "additional insured" the person(s) or organization(s) as shown in the description section of this certificate of insurance for General Liability & Excess Liability & as "Mortgagee/Loss Payee" ATIMA, for Property pursuant to the terms, conditions, limitations, and exclusions of the JIF Casualty and Property Insurance Policies (but only with respect to liability caused in whole or in part by the acts or omissions of the named insured) for the use of a 2016 E-Z-Go Terrain 250 gasoline utility vehicle with Fairway Café EZ Junior unit (\$14000).</p>	<p>1/9/2017 GL EX AU PR</p>
<p>H- Verizon Global Real Estate I- Township of Evesham</p>	<p>Cushman & Wakefield of Florida, Inc. Mail Code 20751 FLTDSB1W 7701 E. Telecom Parkway Temple Terrace, FL 33637 984 Tuckerton Road Marlton, NJ 08053</p>	<p>20751</p>	<p>Certificate Holder is amended to be included as "additional insured" the person(s) or organization(s) as shown in the description section of this certificate of insurance for General Liability & Excess Liability pursuant to the terms, conditions, limitations, and exclusions of the JIF Casualty Insurance Policy (but only with respect to liability caused in whole or in part by the acts or omissions of the named insured) use of Verizon New Jersey's parking lot located at 5 North Maple Ave., Marlton, NJ 08053.</p>	<p>1/9/2017 GL EX AU WC</p>
<p>H- Grapevine Wrestling League I- Township of Willingboro</p>	<p>230 Hewlings Ave Riverside, NJ 08073 Municipal Complex 1 Rev. Dr. M. L. King, Jr. Drive Willingboro, NJ 08046</p>	<p>21933</p>	<p>NJMSIJIF & MELJIF limits are excess of the Twp. of Burlington's \$100,000 SIR for GL & \$150,000 for WC. Evidence of insurance.</p>	<p>1/5/2017 GI EX</p>
<p>H- New Jersey Transit I- Township of Maple Shade</p>	<p>c/o Greystone Realty Estate Dept 7th fl One Penn Plaza 23295 East Newark, NJ 07105 PO Box 368 Maple Shade, NJ 08052</p>	<p>23295</p>	<p>NJ Transit and State of New Jersey to be included as "additional insured" the person(s) or organization(s) as shown in the description section of this certificate of insurance for General Liability & Excess Liability pursuant to the terms, conditions, limitations, and exclusions of the JIF Casualty Insurance Policy (but only with respect to liability caused in whole or in part by the acts or omissions of the named insured) as respects to license #L0375-3290-01 parcel u sed as soccer field.</p>	<p>1/18/2017GL EX AU WC</p>

H- Willingboro Township BOE I- Township of Willingboro	440 Beverly-Rancocas Rd Willingboro, NJ 08046 Municipal Complex 1 Rev. Dr. M. L. King, Jr. Drive Willingboro, NJ 08046	24209	Evidence of insurance.	1/5/2017 GI EX
H- Burlington County Highway Department I- Township of Moorestown	P.O. Box 6000 49 Rancocas Road Mount Holly, NJ 08060 111 W. Second St. Moorestown, NJ 08057	24329	Evidence of insurance as respects to Snow Plowing Shared Services for 2017.	1/6/2017 GI EX
H- Maple Shade Twp I- Township of Maple Shade	Recreation Department 200 Stiles Avenue Maple Shade, NJ 08052 PO Box 368 Maple Shade, NJ 08052	24372	Certificate Holder is amended to be included as "additional insured" the person(s) or organization(s) as shown in the description section of this certificate of insurance for General Liability & Excess Liability pursuant to the terms, conditions, limitations, and exclusions of the JIF Casualty Insurance Policy (but only with respect to liability caused in whole or in part by the acts or omissions of the named insured) as respects all recreation programs affiliates with the township. Does not include amusements or fireworks.	1/9/2017 GL EX AU WC
H- Township of Evesham I- Township of Evesham	984 Tuckerton Road Marlton, NJ 08053 984 Tuckerton Road Marlton, NJ 08053	24375	Evidence of insurance as respects to Statutory Bond coverage for Kathryn Merkh - Tax Collector and Elizabeth J. Peddicord - Treasurer, effective 01/01/2017.	1/9/2017 BOND
H- Township of Evesham I- Township of Evesham	984 Tuckerton Road Marlton, NJ 08053 984 Tuckerton Road Marlton, NJ 08053	24377	JIF Blanket Crime – Evidence of Public Employee Dishonesty (Employees & Volunteers)-Coverage O; Forgery and Alteration-Coverage B; Theft, Disappearance and Destruction-Coverage C; Robbery and Safe Burglary-Coverage D and Computer Fraud with Funds Transfer-Coverage F. Coverage O includes Municipal Court employees not required by law to be individually bonded. Coverage O excludes all "Statutory" positions (those positions required by law to be individually bonded).	1/9/2017 BOND
H- Township of Evesham I- Township of Evesham	984 Tuckerton Road Marlton, NJ 08053 984 Tuckerton Road Marlton, NJ 08053	24377	JIF Blanket Crime – Evidence of Public Employee Dishonesty (Employees & Volunteers)-Coverage O; Forgery and Alteration-Coverage B; Theft, Disappearance and Destruction-Coverage C; Robbery and Safe Burglary-Coverage D and Computer Fraud with Funds Transfer-Coverage F. Coverage O includes Municipal Court employees not required by law to be individually bonded. Coverage O excludes all "Statutory" positions (those positions required by law to be individually bonded).	1/9/2017 Fidelity

H- Township of Maple Shade	200 Stiles Ave, Box 368 Maple Shade, NJ 08052-0368		24378	Evidence of insurance as respects to Statutory Bond coverage for 1/9/2017 BOND Michele Adams - Tax Collector and Doris Brode - Treasurer, effective 01/01/2017.	
I- Township of Maple Shade	PO Box 368 Maple Shade, NJ 08052				
H- Township of Maple Shade	200 Stiles Ave, Box 368 Maple Shade, NJ 08052-0368		24379	JIF Blanket Crime – Evidence of Public Employee Dishonesty 1/9/2017 Fidelity (Employees & Volunteers)-Coverage O; Forgery and Alteration-Coverage B; Theft, Disappearance and Destruction-Coverage C; Robbery and Safe Burglary-Coverage D and Computer Fraud with Funds Transfer-Coverage F. Coverage O includes Municipal Court employees not required by law to be individually bonded. Coverage O excludes all "Statutory" positions (those positions required by law to be individually bonded).	
I- Township of Maple Shade	PO Box 368 Maple Shade, NJ 08052				
H- Township of Willingboro	One Salem Road Willingboro, NJ 08046	24381		Evidence of insurance as respects to Statutory Bond coverage for 1/9/2017 BOND LaMar Arnold - Tax Collector and Parthenia Cogdell - Library Treasurer, effective 01/01/2017.	
I- Township of Willingboro	Municipal Complex 1 Rev. Dr. M. L. King, Jr. Drive Willingboro, NJ 08046				
H- Township of Willingboro	One Salem Road Willingboro, NJ 08046	24382		JIF Blanket Crime – Evidence of Public Employee Dishonesty 1/9/2017 Fidelity (Employees & Volunteers)-Coverage O; Forgery and Alteration-Coverage B; Theft, Disappearance and Destruction-Coverage C; Robbery and Safe Burglary-Coverage D and Computer Fraud with Funds Transfer-Coverage F. Coverage O includes Municipal Court employees not required by law to be individually bonded. Coverage O excludes all "Statutory" positions (those positions required by law to be individually bonded).	
I- Township of Willingboro	Municipal Complex 1 Rev. Dr. M. L. King, Jr. Drive Willingboro, NJ 08046				
H- Evesham Township Board of Education	25 S Maple Ave Marlton, NJ 08053	24460		Certificate Holder is amended to be included as "additional insured" the person(s) or organization(s) as shown in the description section of this certificate of insurance for General Liability & Excess Liability pursuant to the terms, conditions, limitations, and exclusions of the JIF Casualty Insurance Policy (but only with respect to liability caused in whole or in part by the acts or omissions of the named insured) the use of school facilities for Primary Election on June 7, 2017 and November 7, 2017.	1/9/2017 GL EX AU WC
I- Township of Evesham	984 Tuckerton Road Marlton, NJ 08053				

H- Burlington County Board of Chosen Freeholders	Attn: Insurance & Risk Management Division 49 24534 Rancocas Raod PO Box 6000 Mt. Holly, NJ 08060-6000	Evidence of Insurance with respects to our Shared Services Agreement with the County and 911 calls (Res 284-2010).	1/10/2017 GL EX WC
I- Township of Evesham	984 Tuckerton Road Marlton, NJ 08053		
H- Burlington County Board of Chosen Freeholders	Attn: Insurance & Risk Management Division 49 24534 Rancocas Raod PO Box 6000 Mt. Holly, NJ 08060-6000	Certificate Holder is amended to be included as "additional insured" the person(s) or organization(s) as shown in the description section of this certificate of insurance for General Liability & Excess Liability pursuant to the terms, conditions, limitations, and exclusions of the JIF Casualty Insurance Policy (but only with respect to liability caused in whole or in part by the acts or omissions of the named insured) participation in the Harvest Fest on Saturday, September 23, 2017 from 8:00am to 5:30pm along Main Street. Does not include amusements or fireworks.	1/12/2017 GL EX AU WC
I- Township of Evesham	984 Tuckerton Road Marlton, NJ 08053		
H- Burlington County Board of Chosen Freeholders	Attn: Insurance & Risk Management Division 49 24534 Rancocas Raod PO Box 6000 Mt. Holly, NJ 08060-6000	Certificate Holder is amended to be included as "additional insured" the person(s) or organization(s) as shown in the description section of this certificate of insurance for General Liability & Excess Liability pursuant to the terms, conditions, limitations, and exclusions of the JIF Casualty Insurance Policy (but only with respect to liability caused in whole or in part by the acts or omissions of the named insured) participation in the Marlon Day on Saturday June 10, 2017 from 7:30am to 5:30pm along Main Street. Does not include amusements or fireworks.	1/12/2017 GL EX AU WC
I- Township of Evesham	984 Tuckerton Road Marlton, NJ 08053		
H- Burlington County Board of Chosen Freeholders	Attn: Insurance & Risk Management Division 49 24534 Rancocas Raod PO Box 6000 Mt. Holly, NJ 08060-6000	Certificate Holder is amended to be included as "additional insured" the person(s) or organization(s) as shown in the description section of this certificate of insurance for General Liability & Excess Liability pursuant to the terms, conditions, limitations, and exclusions of the JIF Casualty Insurance Policy (but only with respect to liability caused in whole or in part by the acts or omissions of the named insured) participation in the Taste of Evesham on Sunday May 21, 2017. Does not include amusements or fireworks.	1/12/2017 GL EX AU WC
I- Township of Evesham	984 Tuckerton Road Marlton, NJ 08053		
H- Burlington County Board of Chosen Freeholders	Attn: Insurance & Risk Management Division 49 24535 Rancocas Road PO Box 6000 Mt. Holly, NJ 08060-6000	Certificate Holder is amended to be included as "additional insured" the person(s) or organization(s) as shown in the description section of this certificate of insurance for General Liability & Excess Liability pursuant to the terms, conditions, limitations, and exclusions of the JIF Casualty Insurance Policy (but only with respect to liability caused in whole or in part by the acts or omissions of the named insured) as respects Branch of the County Library.	1/10/2017 GL EX AU WC
I- Township of Evesham	984 Tuckerton Road Marlton, NJ 08053		

H- Evesham Township Board of Education I- Township of Evesham	25 S. Maple Avenue Marlton, NJ 08053 984 Tuckerton Road Marlton, NJ 08053	24536	Certificate Holder is amended to be included as "additional insured" the person(s) or organization(s) as shown in the description section of this certificate of insurance for General Liability & Excess Liability & as "Mortgagee/Loss Payee" ATIMA, for Property pursuant to the terms, conditions, limitations, and exclusions of the JIF Casualty and Property Insurance Policies (but only with respect to liability caused in whole or in part by the acts or omissions of the named insured) as respects to the use of the facilities of the Evesham Twp Board of Education for the year 2017.	1/10/2017	GL EX AU PR
H- Evesham Residents & Businesses I- Township of Evesham	Main Street Marlton, NJ 08053 984 Tuckerton Road Marlton, NJ 08053	24609	Evidence of insurance as respects to Taste of Evesham on Main Street between Cooper Ave. and Locust Ave., Marlton NJ to be held on May 21, 2017 from 10:00am to 6:00pm. Does not include Amusements or Fireworks.	1/12/2017	GI EX
H- Evesham Residents & Businesses I- Township of Evesham	Main Street Marlton, NJ 08053 984 Tuckerton Road Marlton, NJ 08053	24609	Evidence of insurance as respects to Evidence of insurance with respects with the Evesham Harvest Fest to be held on Saturday, September 23, 2017 from 8:00am to 5:30pm along Main Street, South Locust Ave. and Cooper Ave. in Marlton, NJ 08053. Does not include amusements or fireworks.	1/12/2017	GI EX
H- Evesham Residents & Businesses I- Township of Evesham	Main Street Marlton, NJ 08053 984 Tuckerton Road Marlton, NJ 08053	24609	Evidence of insurance as respects to Taste of Evesham on Main Street between Cooper Ave. and Locust Ave., Marlton NJ to be held on May 21, 2017 from 10:00am to 6:00pm. Does not include Amusements or Fireworks.	1/12/2017	GI EX
H- Evesham Residents & Businesses I- Township of Evesham	Main Street Marlton, NJ 08053 984 Tuckerton Road Marlton, NJ 08053	24609	Evidence of insurance as respects to Taste of Evesham on Main Street between Cooper Ave. and Locust Ave., Marlton NJ to be held on June 10, 2017 from 7:30am to 5:30pm along Main Street. Does not include amusements or fireworks	1/12/2017	GI EX
H- Evesham Residents & Businesses I- Township of Evesham	Main Street Marlton, NJ 08053 984 Tuckerton Road Marlton, NJ 08053	24609	Evidence of insurance as respects to Turkey Trot on Main Street, Marlton, NJ 08053 on November 23, 2017 from 7:00am to 10:00am.	1/12/2017	GL EX AU WC

H- Evesham Residents & Businesses	Main Street Marlton, NJ 08053	24609	Evidence of insurance with respects to Marlton Day on Saturday, 1/12/2017	GI EX
I- Township of Evesham	984 Tuckerton Road Marlton, NJ 08053		June 10, 2017 from 7:30am to 5:30pm along Main Street. Does not include amusements or fireworks.	
H- Burlington County Board of Chosen Freeholders	Attn: Insurance & Risk Management Division 49	24619	Certificate Holder is amended to be included as "additional insured" the person(s) or organization(s) as shown in the description section of this certificate of insurance for General Liability & Excess Liability pursuant to the terms, conditions, limitations, and exclusions of the JIF Casualty Insurance Policy (but only with respect to liability caused in whole or in part by the acts or omissions of the named insured) as respects to the use of Main Street on November 23, 2017 for the Annual Turkey Trot from 7:00am to 10:00am.	1/12/2017 GL EX AU WC
I- Township of Evesham	Rancocas Road PO Box 6000 Mt. Holly, NJ 08060-6000			
	984 Tuckerton Road Marlton, NJ 08053			

Total # of Holders = 34