

**PROFESSIONAL MUNICIPAL MANAGEMENT
JOINT INSURANCE FUND
MEETING AGENDA
JANUARY 27, 2026 – 2:00 PM**

**MAPLE SHADE MUNICIPAL BUILDING
200 STILES AVENUE
MAPLE SHADE, NJ 08052**

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/Administrator 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: JANUARY 27, 2026**

- MEETING OF FUND COMMISSIONERS CALLED TO ORDER**
- ROLL CALL OF 2026 COMMISSIONERS**
- APPROVAL OF MINUTES:**
 - November 25, 2025 & December 2025 Special Meeting, Open Session..... **Appendix I**
 - November 25, 2025, Closed Session..... **To be distributed**
- CORRESPONDENCE**..... **None**

Chair vacated - Chairperson asks Executive Director to run meeting

- EXECUTIVE DIRECTOR ASK FOR NOMINATIONS FOR CHAIRPERSON & SECRETARY**
- EXECUTIVE DIRECTOR CONDUCTS ELECTION**
- ATTORNEY SWEARS IN COMMISSIONERS – OATHS OF OFFICE**..... **Page 1**

REPORTS

- EXECUTIVE DIRECTOR/ADMINISTRATOR - PERMA**
 - .Executive Director's Report..... **Page 2**
- ATTORNEY - William J. Kearns, Esquire**
- TREASURER - Thomas Tontarski**
 - .Treasurer's Report..... **Page 31**
 - .December 2025 Voucher List Resolution 25-27..... **Page 33**
 - .January 2026 Voucher List Resolution 26-7..... **Page 35**
- UNDERWRITING MANAGER – Conner Strong & Buckelew**
 - .Monthly Certificate Reports..... **Page 45**
 - .Cyber Risk Management Compliance, Closed Session..... **To be distributed**
- SAFETY DIRECTOR – J.A. Montgomery Risk Control**
 - .Monthly Report **Page 46**
- RISK MANAGERS REPORT – Conner Strong & Buckelew**
 - .Monthly Report..... **To be distributed**
- MANAGED CARE – Qual Care**
 - .Monthly Report..... **Page 49**
- CLAIMS SERVICE – Qual Lynx**
 - .2026 Servicing Personnel Packet **Appendix IV**

OLD BUSINESS
 NEW BUSINESS
 PUBLIC COMMENT

MOTION - EXECUTIVE SESSION FOR CERTAIN SPECIFIED PURPOSE:
PERSONNEL - SAFETY - PUBLIC PROPERTY – LITIGATION

Motion to Return to Open Session and Approve Payment Authorization Requests

NEXT MEETING: February 24, 2026

MEETING ADJOURNED

**PROFESSIONAL MUNICIPAL MANAGEMENT
JOINT INSURANCE FUND**

OATH OF OFFICE

State of New Jersey:

I, _____ do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of New Jersey, that I will bear true faith and allegiance to the same and to the Governments established in the United States and in this State, under the authority of the people; and I will faithfully, impartially and justly perform all of the duties of Commissioner within the Professional Municipal Management Joint Insurance Fund, according to the best of my ability [So Help Me God]*

Signature

Name [Print or Type]

Sworn and subscribed before me this 27th day of January, 2026

Date:

Williams Kearns, Attorney at Law

State of New Jersey

Professional Municipal Management Joint Insurance Fund

2 Cooper Street
Camden, NJ 08102

Date: January 27, 2026

Memo to: Fund Commissioners
Professional Municipal Management Joint Insurance Fund

From: PERMA Risk Management Services

Subject: Executive Director's Report

2026 Reorganization Resolutions

Included in the Agenda Packet are the Resolutions necessary to undertake the 2026 Reorganization of the Fund

<input type="checkbox"/> Resolution 26-1 – Appointing Professionals and Service Organizations	Page 4
<input type="checkbox"/> Resolution 26-2 – Designation of Banking Manager	Page 7
<input type="checkbox"/> Resolution 26-3 - Establishment of Public Meeting Procedures	Page 8
<input type="checkbox"/> Resolution 26-4 - Establishment of a Fiscal Management Plan	Page 10
<input type="checkbox"/> Resolution 26-5 - 2026 Risk Management Plan	Page 15
<input type="checkbox"/> Resolution 26-6 Placement of POL/EPL Coverage	Page 24

Motion to adopt Resolutions 26-1 through 26-6

- 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 2026, Willingboro has this privilege and they are appointing Dwayne Harris.
- Residual Claims Fund 2026 Reorganization Meeting:** The Residual Claims Fund's 2026 Reorganization meeting was held on January 9, 2026 in Monroe Township. Enclosed is a copy of Chairman Aberant's report on the meeting. (**Appendix III**)
- E-JIF 2026 Reorganization Meeting:** The E-JIF 2026 Reorganization meeting was held on January 9, 2026 in Monroe Twp. Enclosed is Chairman Aberant's report on the meeting. (**Appendix III**)
- MEL 2026 Reorganization Meeting:** The MEL 2026 Reorganization meeting was held on January 9, 2026. Enclosed is a copy of Chairman Aberant's report on the meeting. (**Appendix III**)
- NJ Cyber JIF 2026 Reorganization Meeting:** The NJ Cyber Risk Management Fund held their Reorganization meeting on January 15th via Zoom. A copy of Chairman Aberant's report will be distributed when available.

2026 Assessments The 2026 Assessments have been sent to all member entities. First installment payments were due by **January 15, 2026**.

- **2026 Budget:** In accordance with the regulations, the budget adopted by the Fund has been advertised in the Fund's official newspaper. In addition, PERMA has sent the budget to member municipalities and was filed with the State.
- **Power of Collaboration:** Included on **page 25** is the latest in a series of advertisements to appear in the League Magazine. The ad highlights that the South Bergen JIF was the 2nd municipal JIF organized in New Jersey and has provided savings of \$296 million since inception and a 60% reduction in Lost Time Accident rate since 1991.
- **Elected Officials Training:** The MEL's Annual Elected Officials Seminar was held as part of the League of Municipalities Conference. We expect the course will be uploaded into the MEL's Learning Management System in February.

□ **Due Diligence Reports:**

<input type="checkbox"/> Financial Fast Track Report	<i>Distributed Quarterly</i>
<input type="checkbox"/> Expected Loss Ratio Analysis	Pages 26
<input type="checkbox"/> Claims Activity Report	Pages 27
<input type="checkbox"/> Lost Time Accident Frequency Report	Pages 28
<input type="checkbox"/> 2025 EPL Checklist	Pages 29
<input type="checkbox"/> Regulatory Affairs Checklist	Page 30

**PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND
APPOINTING PROFESSIONAL AND SERVICE ORGANIZATIONS**

Whereas, the Professional Municipal Management Joint Insurance Fund is duly constituted as a Municipal Self Insurance Fund and is subject to certain requirements of the *Local Public Contracts Law*, and

Whereas, the Commissioners of the Professional Municipal Management Joint Insurance Fund have determined that it is in the best interest of the Professional Municipal Management Joint Insurance Fund to have the terms of appointment and contracts with its professionals begin as of February 1st each year, so that the terms begin after the annual reorganization meeting of the Professional Municipal Management Joint Insurance Fund,

Whereas, after careful consideration by the Fund Commissioners of the Fund, it has been determined to be in the best interest of the Fund to obtain these services following a "non-fair and open" process pursuant to NJSA 19:44A-20.1 et seq. so as to eliminate the possibility of any of the Fund's professionals from making reportable contributions to any elected officials in any member town and so as to guarantee the continuity of the Fund's professionals; many of which have been servicing the Fund since its inception and have directly contributed to its success; and

Now, THEREFORE, BE IT RESOLVED by the Commissioners of the Professional Municipal Management Joint Insurance Fund, that the following be appointed for Fund Year 2026:

1. **PERMA Risk Management Services** is hereby appointed as **Administrator**, with **Bradford C. Stokes** as **Executive Director** and **Joseph Hrubash** as **Deputy Executive Director** and **Karen Read** as **Account Manager** and all as agents for process of service.
2. **Mr. William John Kearns, Jr** of the law firm of **Helmer, Conley & Kasselman**, is appointed as the **Fund Attorney** and shall receive a retainer for administrative services, legal research and legal opinions. In addition, **William Kearns** shall provide **Litigation Management Services** for the Fund.
3. **Thomas Tontarski** is appointed as **Treasurer** for the Fund.
4. **The Actuarial Advantage** is appointed as **Actuary** for the Fund.
5. **J.A. Montgomery Risk Control** is appointed as **Safety Director and Right to Know** for the Fund.
6. **PKF O'Connor Davies** (formally Bowman & Company) is appointed as **Auditor** for the Fund.
7. **Conner Strong & Buckelew** is appointed as **Underwriting Manager** for the Fund.
8. **Qual-Lynx** is appointed as **Claims Administrator** for the Fund.

9. **Citizens Bank** is appointed as **Banking Manager** for the Fund.
10. **Conner Strong** is appointed as **Risk Management Consultant**
11. **Qual Care** is appointed as **Workers' Compensation Managed Care Organization** for the Fund.
12. **Russo & Associates** is appointed as **Payroll Auditor** for the Fund.

Be It Further Resolved, that the Commissioners of the Professional Municipal Management Joint Insurance Fund find and determine that the appointments herein specified require either professional services for which the individuals designated are licensed to practice a profession or for extraordinary and unspecifiable services that cannot be adequately described in specifications that would make solicitation of bids for those services meaningful or advisable, and

Be It Further Resolved, that the compensation for the services shall be in accordance with the amounts budgeted for the services and contracts hereby authorized and approved by the Commissioners of the Professional Municipal Management Joint Insurance Fund, and

Be It Further Resolved, that the Chairman and Secretary of the Professional Municipal Management Joint Insurance Fund are hereby authorized to execute Agreements with the individuals, partnerships and corporations hereby appointed for the performance of professional or for extraordinary and unspecifiable services and providing for compensation, as follows:

1. PERMA as Administrator for the Professional Municipal Management Joint Insurance Fund for calendar year 2026 in the amount of \$175,449.00 as set forth specifically in the Agreement.
2. The law firm of Helmer, Conley & Kasselman, with William John Kearns, Jr., Esquire as the designated attorney, as the Attorney for the Professional Municipal Management Joint Insurance Fund for calendar year 2026 in the amount of \$23,725.00 for general legal services and the sum of \$20,218.00 for litigation management, plus expenses, as set forth specifically in the Agreement.
3. Thomas Tontarski as Treasurer for the Professional Municipal Management Joint Insurance Fund for calendar year 2026 in the amount of \$20,516 as set forth specifically in the Agreement.
4. The Actuarial Advantage, with Kyle Mrotek, as its designated representative, as Actuary for the Professional Municipal Management Joint Insurance Fund for calendar year 2026 at a rate not to exceed \$45,136.00, as set forth specifically in the Agreement.
5. J.A. Montgomery Risk Control, as Safety Director and for Right to Know Services for the Professional Municipal Management Joint Insurance Fund for calendar year 2026 with a fee in the amount of \$28,653.00 for Safety Director services and \$23,788.00 for Right to Know services as set forth specifically in the Agreement

6. PFK O'Connor Davies (formally Bowman & Company) with Dennis Skalkowski as its designated representative, as Auditor for the Professional Municipal Management Joint Insurance Fund for calendar year 2026 on the basis of an hourly fee schedule attached to the Agreement, but not to exceed \$26,566.00 without the specific approval of the Commissioners, as set forth specifically in the Agreement.
7. Citizens Bank as Banking Manager for the Professional Municipal Management Joint Insurance Fund for calendar year 2026 at an earning rate based on a combined average balance of \$20,000,000 of participating joint insurance funds.
8. Qual Lynx as Claims Administrator for the Professional Municipal Management Joint Insurance Fund for calendar year 2026 in accordance with the fee schedule set forth in the Agreement in the amount of \$175,449.00 plus the actual cost of a performance bond as set forth specifically in the Agreement.
9. Conner Strong & Buckelew as Underwriting Manager for the Professional Municipal Management Joint Insurance Fund for calendar year 2026 in the amount of \$7,433.00 as set forth specifically in the Agreement.
10. Qual Care as Workers' Compensation Managed Care Organization for calendar year 2026 in the amount of \$110,137.00 as set forth specifically in the Agreement.
11. Conner Strong as Risk Management Consultant for the calendar year 2026 in the amount of \$160,254 as set forth specifically in the Agreement.
12. Russo & Associates as Payroll Auditor for calendar year 2026 in the amount of \$4,934.00 as set forth specifically in the Agreement.

Be It Further Resolved, that all of the Agreements set forth above are subject to specific approval by the Commissioners of the Professional Municipal Management Joint Insurance Fund, and

Be It Further Resolved, that notice of the appointments and the Agreements for professional shall be published as required by law, and

This resolution was duly adopted by the Professional Municipal Management Joint Insurance Fund at a public meeting held on January 27, 2026.

CHAIRPERSON

SECRETARY

RESOLUTION NO. 26-2

**PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND
DESIGNATION OF BANKING MANAGER**

WHEREAS, the Professional Municipal Management Joint Insurance Fund (hereinafter the Fund), finds it necessary for the proper conduct and order of business that official depositories for the Fund be designated and named; and

WHEREAS, Citizens Bank for Banking Services - at an earnings rate based on a combined average balance of \$75,000,000 of participating joint insurance funds which will earn Federal Funds minus 25 basis point (.25%) with a floor of 50 basis point (.50). - is hereby proposed by the Board of Fund Commissioners as the official designated depository in accord with N.J.S.A. 40A:11-5-15.1(f)

NOW, THEREFORE, BE IT RESOLVED, by the Professional Municipal Management Joint Insurance Fund, that Citizens Bank for Banking Services - at an earnings rate based on a combined average balance of \$75,000,000 of participating joint insurance funds which will earn Federal Funds minus 25 basis point (.25%) with a floor of 50 basis point (.50). - is hereby proposed by the Board of Fund Commissioners as the official designated depository in accord with N.J.S.A. 40A:11-5-15.1(f)-is hereby approved by the Board of Fund Commissioners as the official designated depository in accord with N.J.S.A. 40A:11-5-15.1(f) and that sums so deposited may be withdrawn upon a check, draft or order of the Board of Fund Commissioners; and

BE IT FURTHER RESOLVED that a certified copy of this Resolution, duly executed, be delivered to the proper officers of Citizens Bank.

**PROFESSIONAL MUNICIPAL MANAGEMENT
JOINT INSURANCE FUND**

Attest:

CHAIRPERSON

SECRETARY

RESOLUTION NO. 26-3

**PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND
ADOPTING PROCEDURES IN COMPLIANCE WITH THE
OPEN PUBLIC MEETINGS ACT**

Whereas, the Professional Municipal Management Joint Insurance Fund is duly constituted as a Municipal Self Insurance Fund and is subject to certain requirements of the Open Public Meetings Act, N.J.S.A. 10:4-6, et seq., and

Whereas, the participating Municipalities have made their respective designations of Commissioners who will collectively serve as the Board of Fund Commissioners of the Professional Municipal Management Joint Insurance Fund, and

Whereas, the Open Public Meetings Act provides that upon the adoption by a public body of a schedule of meetings to be held during the calendar year that no further notice of those meetings will be necessary, and

Whereas, it is necessary for the Commissioners of the Professional Municipal Management Joint Insurance Fund to make certain administrative and organizational determinations for the proper operation of the Professional Municipal Management Joint Insurance Fund,

Now, THEREFORE, BE IT RESOLVED by the Commissioners of the Professional Municipal Management Joint Insurance Fund, assembled in public session on this 27th day of January 2026, that:

1. The Professional Municipal Management Joint Insurance Fund hereby designates the Fourth Tuesday (unless otherwise noted) of each Month, in the Municipal Buildings of the member municipalities set forth for each date, specifically:

February 24, 2026	Maple Shade Municipal Building	2:00 PM
April 28, 2026	Evesham Municipal Building	2:00 PM
May 26, 2026	Evesham Municipal Building	2:00 PM
June 23, 2026	Willingboro Municipal Complex	2:00 PM
July 28, 2026	Willingboro Municipal Complex	2:00 PM
September 22, 2026	Moorestown Town Hall	2:00 PM
October 27, 2026	Moorestown Town Hall	2:00 PM
November 24, 2026	Maple Shade Municipal Building	2:00 PM
January 26, 2027	Maple Shade Municipal Building	2:00 PM

as the dates and places of its regular meetings and the meeting of January 27, 2026, shall serve as the 2026 Reorganization Meeting; unless otherwise modified by Resolution; all meetings shall begin at 2:00 PM unless otherwise noted.

2. A copy of all advance notices of special meetings of the Professional Municipal Management Joint Insurance Fund shall, at least forty-eight (48) hours in advance of the special meeting be mailed to the newspaper designated in this Resolution; be filed with the Clerk of each of the municipalities which are members of the Professional Municipal Management Joint Insurance Fund and be posted in the Municipal Buildings of each of the member municipalities in the same manner as notices of other public meetings are posted.
3. Any person may request, in writing, that the Professional Municipal Management Joint Insurance Fund mail to him or her a copy of the schedule of meetings and/or advance written notice of regular, special or re-scheduled meetings of the Professional Municipal Management Joint Insurance Fund. Upon prepayment by such person of the applicable fee set forth in this Resolution, the schedule and/or advance notice shall be mailed to that person. All requests made pursuant to this paragraph shall terminate at midnight, December 31st of the current year, subject to renewal thereafter upon filing of a new written request to the Board together with the prepayment of the applicable fee. Notices requested by news media shall be mailed to one representative of such media free of charge.
4. The following newspaper is hereby designated as the official newspapers for transmittal of all notices of the Professional Municipal Management Joint Insurance Fund required pursuant to the Open Public Meetings Act:

Burlington County Times

until March 1, 2026. In addition, the Fund's webpage is designated for official notices - www.pmmjif.org. Effective March 1, 2026 the Fund will publish all legal notices on its webpage designated for official notices – www.pmmjif.org and said webpage will include a hyperlink to the Secretary of State's legal notices webpage.

5. Upon the affirmative vote of three-fourths of the Commissioners present, the Professional Municipal Management Joint Insurance Fund may hold a meeting without compliance with the notice requirements of this Resolution if such a meeting is required to deal with matters of such urgency and importance that delay for the purpose of providing adequate notice would be likely to result in substantial harm to the public interest, and

Be It Further Resolved, that copies of this Resolution shall be provided to the newspapers designated above to receive notice of meetings and to the Clerks of the municipalities participating in the Professional Municipal Management Joint Insurance Fund for posting as required by law and to the Administrator and Treasurer of the Professional Municipal Management Joint Insurance Fund for their information and attention.

This resolution was duly adopted by the Professional Municipal Management Joint Insurance Fund at a public meeting held on January 27, 2026.

CHAIRPERSON

SECRETARY

**PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND
ADOPTING FISCAL POLICIES AND PROCEDURES**

Whereas, the Professional Municipal Management Joint Insurance Fund has been organized in accordance with the provisions of *N.J.S.A. 40A:10-36 et seq.*, and

Whereas, the participating Municipalities have made their respective designations of Commissioners who will collectively serve as the Governing Body of the Professional Municipal Management Joint Insurance Fund, and

Whereas, the Commissioners of the Professional Municipal Management Joint Insurance Fund find that it is necessary and appropriate to make decisions regarding the operations of the Professional Municipal Management Joint Insurance Fund,

Now, Therefore, Be It Resolved by the Commissioners of the Professional Municipal Management Joint Insurance Fund, meeting in public session on January 27, 2026, that:

1. There is hereby established an interest rate to be charged on all delinquent assessments for the year 2026, of ten (10%) per cent per annum from the due date for any such assessments, except that no interest shall be charged prior to January 15, 2026.
2. Bradford C. Stokes, Executive Director and/or the Account Manager so designated by the Executive Director, is designated as the person authorized to accept service of process on behalf of the Professional Municipal Management Joint Insurance Fund at 9 Campus Drive Parsippany NJ 07054 and at 2 Cooper Street, Camden, NJ 08102.
3. The Executive Director of the Professional Municipal Management Joint Insurance Fund is hereby designated as the custodian of the records which shall be maintained at the office of the Administrator located at 2 Cooper Street, Camden, NJ 08102.
4. Citizens Bank having principal offices within the State of New Jersey, and organized under the laws of the United States or of the State of New Jersey is hereby designated as the primary depository of the Professional Municipal Management Joint Insurance Fund and any Bank, Trust Company, Savings Bank or Savings and Loan Association, having its principal place of business in the State of New Jersey and organized under the laws of the United States of the State of New Jersey is hereby designated as an investment depository of the Professional Municipal Management Joint Insurance Fund for the term ending December 31, 2026 with a “30 – day cancellation clause”, provided that prior to the deposit of any funds in any depository authorized herein, the designated institution shall file with the Treasurer of the Professional Municipal Management Joint Insurance Fund a statement certifying that the institution is covered under the provisions of the Government Units Deposit Protection Act, N.J.S.A. 18:9-41, et seq.
5. The State of New Jersey Cash Management Fund is hereby designated as a legal depository for the Professional Municipal Management Joint Insurance Fund for the term ending December 31, 2026.

6. The following officials of the Professional Municipal Management Joint Insurance Fund are hereby authorized to sign checks or withdrawal slips where any two (2) of the following signatures are required:

Thomas Tontarski

CHAIRPERSON
SECRETARY
COMMISSIONER
TREASURER

7. The Professional Municipal Management Joint Insurance Fund has determined that idle funds of the Professional Municipal Management Joint Insurance Fund should be invested in legal investment vehicles at all times and that it is occasionally necessary to transfer funds for the purpose of meeting claims, expenses of the Professional Municipal Management Joint Insurance Fund or to effect investments. The Professional Municipal Management Joint Insurance Fund hereby authorizes the Treasurer to request bids and to place orders for the investment of idle funds solely in legally authorized investment vehicles and the Treasurer is hereby authorized to transfer funds by wire solely for the following purposes and subject to pertinent laws and regulations:

- A. To and from checking or savings accounts of the Professional Municipal Management Joint Insurance Fund to other accounts of the Professional Municipal Management Joint Insurance Fund.
- B. To or from checking or savings accounts of the Professional Municipal Management Joint Insurance Fund to or from accounts specified as authorized depositories of the Professional Municipal Management Joint Insurance Fund or the State of New Jersey Cash Management Funds solely for the purpose of investing for the account of the Professional Municipal Management Joint Insurance Fund.

8. All funds of the Professional Municipal Management Joint Insurance Fund for claims payments shall be withdrawn from the official named depositories by check, wire or ACH which shall bear the signatures and/or electronic approvals of at least two (2) of the following persons who are duly authorized pursuant to this Resolution to sign claim payment checks on behalf of the Professional Municipal Management Joint Insurance Fund:

Alice Lihou	Qual-Lynx
David S. Ruber	Qual-Lynx
Edward Koreiveo	Qual-Lynx
Thomas Tontarski	Fund Treasurer

9. FOR WIRE TRANSFERS – that the FUND does hereby require that Citizens Bank obtain voice confirmation prior to executing wire transfers to external accounts from the Fund Treasurer

This resolution was duly adopted by the Professional Municipal Management Joint Insurance Fund at a public meeting held on January 27, 2026.

CHAIRPERSON

SECRETARY

PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND
2026 CASH MANAGEMENT AND INVESTMENT POLICY

1.)

Cash Management and Investment Objectives

The Professional Municipal Management Joint Insurance Fund (hereinafter referred to as the FUND) objectives in this area are:

- a) Preservation of capital.
- b) Adequate safekeeping of assets.
- c) Maintenance of liquidity to meet operating needs, claims settlements and dividends.
- d) Diversification of the FUND's portfolio to minimize risks associated with individual investments.
- e) Maximization of total return, consistent with risk levels specified herein.
- f) Investment of assets in accordance with State and Federal Laws and Regulations.
- g) Accurate and timely reporting of interest earnings, gains and losses by line of coverage in each Fund year.
- h) Where legally permissible, cooperation with other local municipal joint insurance funds, and the New Jersey Division of Investment in the planning and execution of investments in order to achieve economies of scale.
- i) Stability in the value of the FUND's economic surplus.

2.)

Permissible Investments

Investments shall be limited to investments authorized under N.J.S.A. 40A:5-15.1. Joint Insurance Funds and Chapter 38, Joint Insurance Funds, Subchapter 1. Investments 5:38-1.1, 5:38-1.2 and 5:38-1.3 of the New Jersey Administrative Code.

3.)

Authorized Depositories

In addition to the above, the FUND is authorized to deposit funds in certificates of deposit and other time deposits in banks covered by the Governmental Unit Depository Protection Act, NJS A 17:9-14 *et seq.* (GUDPA). Specifically authorized depositories include but are not limited to:

Citizens Bank

The FUND is also authorized to invest its assets in the New Jersey Cash Management Fund.

4.)

Authority for Investment Management

The Treasurer is authorized and directed to make investments, with a maturity of three months or longer, through asset managers that may be selected by the Executive Board. Such asset managers shall be discretionary trustees of the FUND.

Their actions and decisions shall be consistent with this plan and all appropriate regulatory constraints.

In executing investments, asset managers shall identify the investment that is the most advantageous to the fund, unless otherwise directed by the FUND. Transactions may also be processed through the New Jersey Division of Investment by the Fund's asset managers.

5.) **Preservation of Capital**

Securities shall be purchased with the ability to hold until maturity.

6.) **Safekeeping**

Securities purchased on behalf of the FUND shall be delivered electronically or physically to the FUND's custodial bank, which shall maintain custodial and/or safekeeping accounts for such securities on behalf of the FUND.

7.) **Selection of Asset Managers, Custodial Banks and Operating Banks**

Asset managers, custodial banks and operating banks shall be retained for contract periods of one (1) year. Additionally, the FUND shall maintain the ability to change asset managers and/or custodial banks more frequently based upon performance appraisals and upon reasonable notice, and based upon changes in policy or procedures.

8.) **Reporting**

Asset managers will submit written statements to the treasurer and executive director describing the proposed investment strategy for achieving the objectives identified herein. Asset managers shall also submit revisions to strategy when justified as a result of changing market conditions or other factors. Such statements shall be provided to the Treasurer and Executive Director. The statements shall also include confirmation that all investments are made in accordance with this plan. Additionally, the Investment Manager shall include a statement that verifies the Investment Manager has reconciled and determined the appropriate fair value of the Funds portfolio based on valuation guidelines that shall be kept on file in the Executive Director's office.

The Treasurer shall report to the Executive Committee at all regular meetings on all investments. This report shall include information on the balances in all bank and investment accounts, and purchases, sales, and redemptions occurring in the prior month.

9.) **Audit**

This plan, and all matters pertaining to the implementation of it, shall be subject to the FUND's annual audit.

10.) **Cash Flow Projections**

Asset maturity decisions shall be guided by cash flow factors payout factors supplied by the Fund Actuary and reviewed by the Executive Director and the Treasurer.

11.) **Cash Management**

All moneys turned over to the Treasurer shall be deposited within forty-eight (48) hours in accordance with NJSA 40A:5-16.

In the event a check is made payable to the Treasurer rather than the Fund, the following procedure is to be followed:

- a.) The Treasurer endorses the check to the Fund and deposits it into the Fund account.
- b.) The Treasurer notifies the payer and requests that in the future any check be made payable to the Fund.

Cash may be withdrawn from investment pools under the discretion of asset managers only to fund operations, claims impress accounts, or approved dividend payments.

The Treasurer shall escheat to the State of New Jersey checks which remain outstanding for twelve or more months after the date of issuance. However, prior to implementing such procedures, the Treasurer, with the assistance of the claims agent, as needed, shall confirm that the outstanding check continues to represent a valid claim against the FUND.

RESOLUTION NO. 26-5

Professional Municipal Management Joint Insurance Fund

(hereinafter the "Fund" or the "PMM JIF")

ESTABLISHING THE 2026 PLAN OF RISK MANAGEMENT

BE IT RESOLVED by the Fund's Commissioners that the 2026 Plan of Risk Management shall be:

Definitions:

“Commissioners” mean: The Board of Fund Commissioners or the Executive Committee thereof as appropriate

“Member” means: A local unit of government that has joined the Fund

“Sexual Abuse” means: An action brought pursuant to Section 1 of P.L. 1992, c.109 (C.2A:61B-1), paragraph (1) of subsection c. of section 1 of P.L.1959 (C.2A:53A-7) or section 1 of P.L.2005, c.264 (C.2A:53A-7.4)

Section I – Coverage

Insurance Coverages

The following coverages are provided to the Fund's members, effective January 1, 2026:

- Workers' Compensation
- Liability (including optional excess)
- Public Officials Liability / Employment Practices Liability (including optional excess){
- Optional Volunteer Directors & Officers Liability}
- Crime
- Non-Owned Aircraft Liability
- Environmental Impairment Liability
- Cyber
- Property & Equipment Breakdown (effective December 31, 2025)
- Terrorism

Limits of Coverage

Unless otherwise stated, all limits shown apply less any local member unit's SIRs/deductibles . All references to the “MEL” stand for the “Municipal Excess Liability Joint Insurance Fund”. **Please note, the following is a general discussion of the coverages and limits provided via the Fund; however, the actual terms and conditions are defined in the policy documents and all issues shall be decided on such. Additional coverages, limits and conditions may apply. Please also note, deductibles may differ for individual members; please refer to your policy(ies) for full details.**

1. Workers' Compensation

- Workers' Compensation: \$250,000
- Employer's Liability: \$250,000

- USL&H, Harbor Marine/Jones Act, Incidental Foreign Workers' Compensation, Communicable Disease: Per Person
- MEL Excess Limit: Statutory
- Employer's Liability Excess Limit: \$6,750,000

2. **Liability** (*includes General, Automobile, Employee Benefits and Law Enforcement Liability*)

- Fund Limit: \$250,000
- MEL Excess Limit: \$4,750,000
 - The \$3,000,000 layer excess of \$2,000,000 is subject to a 3,000,000 per local member unit annual aggregate (Automobile Liability is not aggregated)
- Sublimits: The following sublimits are part of, and not in addition to, the limits above:
 - Good Samaritan Liability: Included
 - Fungus or Spores: \$1,000,000
 - Disinfectants Release Hazard Coverage: \$1,000,000
 - Dam and Reservoir: \$5,000,000
 - a. \$5,000,000 per occurrence for any member entity owned dams defined as Class III or IV in New Jersey Administrative Code, Title 7, Department of Environmental Protection, Chapter 20, 7:20-1.8;
 - b. Included for premises owned, occupied or controlled by the member entity on which a dam or reservoir is located, or from the operations conducted on such premises;
 - c. \$2,000,000 per occurrence for any member entity owned dam defined as Class I or II in New Jersey Administrative Code, Title 7, Department of Environmental Protection, Chapter 20, 7:20-1.8; and
 - d. \$2,000,000 per occurrence for any Class III or IV member entity owned dam involved with a Class I or II member entity owned dam.
 - Sanitary/Storm Water System Sewerage Backup and/or Sanitary System Sewerage Backup, Escape or Release: \$3,000,000 Per Occurrence and \$4,000,000 Annual Aggregate for all member entities
 - Subsidence: \$3,000,000 Per Occurrence and \$4,000,000 Annual Aggregate for all member entities
 - Quasi Entities Coverage: \$5,000,000
 - Skateboard Facilities: \$5,000,000 Per Occurrence (where approved)
 - Riot, Civil Commotion or Mob Action: \$5,000,000 Per Occurrence
 - Failure to Supply Utility: \$5,000,000 Per Occurrence
 - Garagekeepers Liability: \$2,000,000 Per Occurrence
 - New Jersey Personal Injury Protection (NJ PIP): Statutory Minimum
 - New Jersey Uninsured/Underinsured Motorist (NJ UM/UIM): Statutory Minimum

3. Optional Excess Liability Limit

The MEL offers Optional Excess Liability Limits excess of the MEL Excess Limit.

- The following limits are the Optional Excess Limits:
 - \$2,000,000 (equals \$7,000,000 total);
 - \$5,000,000 (equals \$10,000,000 total);
 - \$10,000,000 (equals \$15,000,000 total); and
 - \$15,000,000 (equals \$20,000,000 total);

The MEL also offers Optional JIF Shared Aggregate Excess Liability coverage, with limits of \$10,000,000 from the MEL. This coverage is only available to members of the Fund who purchase all \$20,000,000 available to them from the Optional Excess Liability Limits.

- \$10,000,000 aggregate (equals \$30,000,000 total)

4. Public Officials Liability / Employment Practices Liability

Each local member unit is 100% commercially insured with Lexington Insurance Company for \$2,000,000 in the aggregate per member on a claims made and reported basis for each Fund year.

- Retentions and Coinsurance:
 - \$20,000 is the standard retention per claim and 20% of the first \$250,000 of the loss is the standard coinsurance, although other retentions and coinsurances may apply.
 - Local member units may qualify based on certain criteria to have options to purchase a lower retention and/or coinsurance contribution.
 - Members with adverse loss experience may be subject to higher retention and/or coinsurance.
 - Non-compliance with the MEL's EPL Risk Management Plan will result in a deductible of \$100,000 and copay of 20% of \$2,000,000
-

5. Optional Excess Public Officials Liability / Employment Practices Liability

The MEL offers Optional Excess Public Officials Liability / Employment Practices Liability limits excess of the local member units' primary \$2,000,000 Public Officials Liability / Employment Practices Liability policies with Lexington Insurance Company as follows:

- \$1,000,000 (equals \$3,000,000 total);
- \$2,000,000 (equals \$4,000,000 total);
- \$3,000,000 (equals \$5,000,000 total);
- \$4,000,000 (equals \$6,000,000 total); and
- \$8,000,000 (equals \$10,000,000 total).

6. Optional Volunteer Directors & Officers Liability

Volunteer Emergency Service Units have the option of adding Volunteer Directors & Officers Liability coverage to the Public Officials coverage. The coverage applies to the non-emergency activities of such entity. If elected, coverage will be included in the Public Officials Liability limits and subject to a \$1,000 deductible.

7. Crime

- The Fund provides Crime coverage with a limit of \$50,000 for: Loss of Assets, Credit Card Forgery, Loss of Employee Benefit Plan Assets and Public Employee Dishonesty
- The member deductible is \$2,500
- MEL Crime
 - MEL Crime Excess: \$4,950,000 excess of the Fund Crime limit
 - MEL Crime Statutory Position:
 - a. The MEL provides primary employee dishonesty and faithful performance coverage for those employed positions which are required by law to be individually bonded and where they have applied and have been approved for coverage at a limit of \$5,000,000 per occurrence per position.
 - b. The deductible is \$1,000
 - a. \$10,000 if approved via the MEL appeal board
 - MEL Crime Excess Public Officials:
 - a. The MEL provides excess employee dishonesty and faithful performance coverage for those employed positions which are required by law to be individually bonded and where they have not applied or have not been approved for coverage under the MELJIF Statutory Position Program at a limit of \$5,000,000
 - b. The deductible is the greater of the underlying bond/policy in place or the statutory limit required

8. Non-Owned Aircraft Liability

- \$5,000,000; and
- Medical Expense for each passenger: \$5,000
- The coverage is 100% commercially insured with Endurance American

9. Environmental Impairment Liability

- Environmental Impairment Liability is provided to the Fund's local member units by the New Jersey Environmental Risk Management Fund (EJIF). Please refer to the EJIF's Plan of Risk Management.

10. Cyber

The Fund purchases Cyber insurance from the New Jersey Cyber Risk Management Fund

- Limits and Retention: Please contact your Risk Manager or the Cyber JIF

11. Property & Equipment Breakdown

- The Fund provides a \$100,000 limit per occurrence (Property & Time Element combined)
- The MEL provides a \$2,400,000 limit excess of the Fund's limit
- The MEL purchases additional excess property limits, as follows: \$125,000,000, including certain sublimits, including, but not limited, to:
 - Aggregate, Earth Movement: \$75,000,000
 - Aggregate, Flood (includes Storm Surge): \$110,000,000
 - a. Per Location, High Hazard Flood Zone: \$75,000,000 /Aggregate : \$75,000,000
 - Named Storm: Included
 - Vehicles: \$10,000,000
 - a. Rental Reimbursement \$100,000.
 - a. Monthly Limit, Per Occurrence: \$10,000
 - Miscellaneous unnamed locations \$50,000,000
 - Newly acquired locations \$50,000,000
 - Transit \$5,000,000
- Unmanned Aircraft Systems: \$100,000
- Member deductibles:
 - All Other: \$2,500
 - Automobile Physical Damage: \$2,500
 - Equipment Breakdown: \$5,000
 - SFHA Flood Maximum available NFIP limit, per location, regardless if member purchases it or not, but no less than \$500,000 building / \$500,000 contents (\$250,000 / \$100,000 for housing authorities and related non-profit buildings), but no more than the value of the building and contents.
 - Named Storm : \$2,500

12. Terrorism

Aggregate: \$125,000,000

Individual Self-Insured Retentions

Optional Individual Self-Insured Retentions:

Amount of Risk to be Retained by the Fund

Unless otherwise stated, all limits shown apply less any local member unit's SIRs/deductibles.

1. Workers' Compensation: \$250,000

2. **Liability:** \$250,000
 - NJ Uninsured/Underinsured Motorist: Statutory minimum
 - NJ Personal Injury Protection: Statutory minimum
3. **Optional Excess Liability Limit:** \$0
4. **Public Officials Liability / Employment Practices Liability:** \$0
5. **Optional Excess Public Officials Liability / Employment Practices Liability:** \$0
6. **Optional Volunteer Directors & Officers Liability:** \$0
7. **Crime:** \$50,000
 - MEL Crime Excess: None
 - MEL Crime Statutory Position: None
 - MEL Crime Excess Public Officials: None
8. **Non-Owned Aircraft Liability:** \$0
9. **Environmental Impairment Liability :** \$0
10. **Cyber:** \$0
11. **Property:** \$100,000
 - Equipment Breakdown: \$0
 - SFHA Flood: \$0
 - Named Storm: \$100,000
12. **Unmanned Aircraft Systems (UAS):** \$100,000
13. **Terrorism:** \$0

Commercial Insurance / Reinsurance Purchased

The insurance/reinsurance listed below may contain sublimits, retentions and deductibles in addition to such already stated.

1. **Non-Owned Aircraft Liability:** The Fund purchases this coverage through the MEL
2. **Excess Property & Equipment Breakdown:** The Fund purchases this coverage from the MEL
3. **Excess Liability:** The Fund purchases this coverage from the MEL
4. **Excess Workers' Compensation:** The Fund purchases this coverage from the MEL
5. **Excess Crime:** The Fund purchases this coverage from the MEL
6. **Public Officials Liability / Employment Practices Liability:** The Fund purchases this coverage from Lexington Insurance Company
7. **Optional Volunteer Directors & Officers Liability:** The Fund purchases this coverage from Lexington Insurance Company
8. **Cyber:** The Fund purchases this coverage from the New Jersey Cyber Risk Management Fund
9. **Environmental Impairment Liability:** EJIF
10. **Terrorism:** The Fund purchases this coverage from the MEL

Section II – Conditions

The Amount of Unpaid Claims to be Established

1. The general reserving philosophy is to set reserves based upon the probable total cost of the claim at the time of conclusion. Historically, on claims aged eighteen (18) months, the Fund expects the claims servicing company to set reserves at 85% accuracy. The Fund also establishes reserves recommended by the Fund's actuary for claims that have been incurred but not yet reported so that the Fund has adequate reserves to pay all claims and allocated loss adjusted expense liability.
2. Claims reserves are subject to regular review by the Fund's Executive Director/Administrator, Attorney, Commissioners and claims servicing company. Reserves on large or unusual claims are also subject to review by the claims departments of the commercial insurance companies or reinsurance companies providing primary or excess coverages to the Fund.

The Method of Assessing Contributions to be Paid by Each Member of the Fund

1. By November 15th of each year, the actuary computes the probable net cost for the upcoming Fund year by line of coverage and for each prior Fund year. The actuary includes all budget items in these computations. The annual assessment of each participating member is its pro rata share of the probable net cost of the upcoming Fund year for each line of coverage as computed by the actuary.
2. The calculation of pro rata shares is based on each member's experience modified manual premium for that line of coverage. The Commissioners also adopts a capping formula which limits the increase of any member's assessment from the preceding year to the Fund wide average increase plus a percentage selected by the Commissioners. The total amount of each member's annual assessment is certified by majority vote of the Commissioners at least one (1) month prior to the beginning of the next fiscal year.
3. The treasurer deposits each member's assessment into the appropriate accounts, including the administrative account, and the claim or loss retention trust fund account by Fund year for each type of coverage in which the member participates.
4. If a local unit becomes a member of the Fund or elects to participate in a line of coverage after the start of the Fund year, such participant's assessments and supplement assessments are reduced in proportion to that part of the year which had elapsed.
5. The Commissioners may by majority vote levy upon the participating members additional assessments wherever needed or so ordered by the Commissioner of Insurance to supplement the Fund's claim, loss retention or administrative accounts to assure the payment of the Fund's obligations. All supplemental assessments are charged to the participating members by applicable Fund year, and shall be apportioned by the year's assessments for that line of coverage.
6. Should any member fail or refuse to pay its assessments or supplemental assessments, or should the Fund fail to assess funds required to meet its obligations, the chairman or in the event by his or her failure to do so, the custodian of the Fund's assets, shall notify the Commissioner of Insurance and the Director of Community Affairs. Past due assessments shall bear interest at the rate established annually by the Commissioners.
7. Sexual Abuse Liability Account: The Commissioners may establish a sexual abuse liability account. Reserves, IBNR, expenses, assets, assessments and other assets for this account shall be accounted for separately. After the end of the year before the Fund has finalized its year end accounting, the Commissioners may levy a supplementary assessment if the sexual abuse claims account is negative on a statutory basis.
8. At the discretion of the Commissioners, any supplemental assessments may be payable in equal installments for up to ten years. Deferred assessments shall become due and immediately payable if a member leaves the Fund.

Procedures Governing Loss Adjustment and Legal Expenses

1. The Fund engages a claims service company to handle all claims, except for the JIF's POL/EPL and Volunteer D&O, which are handled by Summit Risk Services representing Lexington Insurance Company. The performance of the claims adjusters is monitored and periodically audited by the Executive Director's office, the Fund attorney, the MEL's attorney's office, as well as the claims department of the MEL's three major liability insurers/re-insurers (i.e. Munich Re for liability, and Safety National for workers' compensation). Every three years, the MEL's internal auditors also conduct an audit.
2. Each member is provided with a claims reporting procedure and appropriate forms.
3. In order to control workers' compensation medical costs, the Fund has engaged a managed care organization (MCO) whose procedures are integrated into the Fund's claims process.

4. To provide for quality defense and control costs, the Fund has established an approved defense attorney panel with firms which specialize in governmental claims. The performance of the defense attorneys is overseen by the Fund attorney, as well as the various firms which audit the claims adjusters.

Procedures for the Closure of Fund Years, including the Maintenance of All Relevant Accounting Records

1. The Fund utilizes the Municipal Excess Liability Residual Claims Fund (RCF) to facilitate the closure of Fund years.
2. Upon the transfer of outstanding liabilities of a Fund year to the RCF, the Fund adopts a resolution closing that year and transfers all remaining assets to the closed Fund year account. This amount is allocated by member local units using the same procedure as is used to calculate a dividend. Each month, interest is credited to the closed Fund year account by member.
3. Each year, the Commissioners will determine if a dividend is appropriate from the closed Fund year account, and will make application to the Department of Banking and Insurance as appropriate. Further, in the event an open Fund year incurs a deficit, the Fund's governing body will consider an inter-year transfer from the closed Fund year account to offset the deficit. In either case, the dividend or inter-Fund year transfer will be calculated on a member by member basis.
4. In the event a member leaves the Fund, the Commissioners may assess the member's closed Fund Year account an amount not exceeding three (3) years stranded costs that the Fund incurs as a result of the member's withdraw. Stranded costs are those expenses incurred by the Fund that would otherwise have been paid from the withdrawing member's assessments had the member remained in the Fund. The dividend of any member that is no longer a member of the Fund and that member's share of the closed fund year account shall be held in escrow until the later of the tolling of the statute of limitations for all potential claims incurred during the membership period or the closure of all incurred claims by the Fund during the period of membership. A former member may apply to the Commissioners for a return of that member's remaining share of the closed Fund year account no sooner than when five (5) years have passed since the last Fund year in which the member participated has been closed. The Commissioners will decide on the former member's request after evaluating the likelihood of any additional assessments from the RCF.
5. All dividends from the RCF will be deposited in the closed Fund year account on a member by member basis.
6. The Fund will retain all records in accordance with the Fund's record retention program.

Assumptions and Methodology Used for the Calculation of Appropriate Reserve Requirements to be Established and Administered in Accordance with Sound Actuarial Principles

1. The general approach in estimating the loss reserves of the Fund is to project ultimate losses for each Fund year using paid and incurred loss data. Two traditional actuarial methodologies are used: the paid loss development method and the incurred loss development method. From the two different indications resulting from these methods the Fund Actuary chooses a "select" estimate of ultimate losses. Subtraction of the paid losses from the select ultimate losses yields the loss reserve liability or funding requirement.
2. The following is an overview of the two actuarial methods used to project the ultimate losses.
 - a. Paid Loss Development Method - This method uses historical accident year paid loss patterns to project ultimate losses for each accident year. Because this method does not use case reserve data, estimates from it are not affected by changes in case reserving practices. However, the results of this method are sensitive to changes in the rate of which claims are settled and losses are paid, and may underestimate ultimate losses if provisions are not included for very large open claims.
 - b. Case Incurred Loss Development Method - This method is similar to the paid loss development method except it uses historical case incurred loss patterns (paid plus case outstanding reserves) to estimate ultimate losses. Because the data used includes case reserve estimates, the results from this method may be affected by changes in case reserve adequacy.

The Maximum Amount a Certifying and Approving Officer May Approve Pursuant to N.J.A.C. 11:15-2.22

1. \$10,000 for General and automobile liability
2. \$10,000 for workers compensation
3. With the advance approval of the Fund Attorney, the certifying and approving officer may also pay provider bills if waiting until after the next regularly scheduled FUND meeting would result in the loss of a discount on such

bills. When the certifying and approving officer utilizes this authority, a report shall be made to the Commissioners at their next meeting.

4. \$50,000 Emergency Court House Authority upon the joint authorization of the Fund Attorney and Executive Director. Whenever this procedure is used, the claim shall be reported to the Commissioners at their next meeting.

ADOPTED: this 27th day of January, 2026 by the Commissioners:

Professional Municipal Management Joint Insurance Fund

Chairperson

Secretary

RESOLUTION NO. 26-6

PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND

RESOLUTION AWARDING AN EXTRAORDINARY UNSPECIFIABLE SERVICES CONTRACT WITH LEXINGTON INSURANCE COMPANY FOR PRIMARY PUBLIC OFFICIALS/EMPLOYMENT PRACTICES LIABILITY

WHEREAS, there is a need for public officials/employment practices coverage for the Professional Municipal Management Joint Insurance Fund (FUND); and

WHEREAS, the Fund has sought and received proposals in accord with N.J.S.A. 19:44A-20.4 et. seq.; and

WHEREAS, the Underwriting Manager is recommending award to Lexington Insurance Company for primary public officials/employment practices liability coverage in the amount of \$453,602.00 inclusive of commission; and

WHEREAS, the services qualify as an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b); and

WHEREAS, the certification of an Extraordinary Unspecifiable Service as demanded by to N.J.A.C. 5:34-2.1 et. seq. must be complied with and attached to this resolution; and

WHEREAS, Lexington Insurance Company will submit a Business Entity Disclosure Certification and a Political Contribution Disclosure form which certifies that Lexington Insurance Company has not made any reportable contributions to a political or candidate committee to the Fund in the previous one year, and that the contract will prohibit Lexington Insurance Company from making any reportable contributions through the term of the contract, and

WHEREAS, the Fund Administrator has concurred with the legality of the purchase in accord with the New Jersey Local Publics Contract Law (N.J.S..40A:11-1 et. Seq); and

WHEREAS, the Treasurer has certified that funds are available, subject to approval by the board of commissioners in the 2026 budget in the amount of \$453,602.00 inclusive of commission from:

Line Items: POL/EPL Premium and Land Use Liability

NOW, THEREFORE, BE IT RESOLVED, that the Professional Municipal Management Joint Insurance Fund authorizes the Executive Director to enter into a contract with Lexington Insurance Company for the 2026 budget year for primary public officials/employment practices liability coverage in the amount of not to exceed \$458,960.00 inclusive of commission.

**PROFESSIONAL MUNICIPAL MANAGEMENT
JOINT INSURANCE FUND**

Attest:

CHAIRPERSON

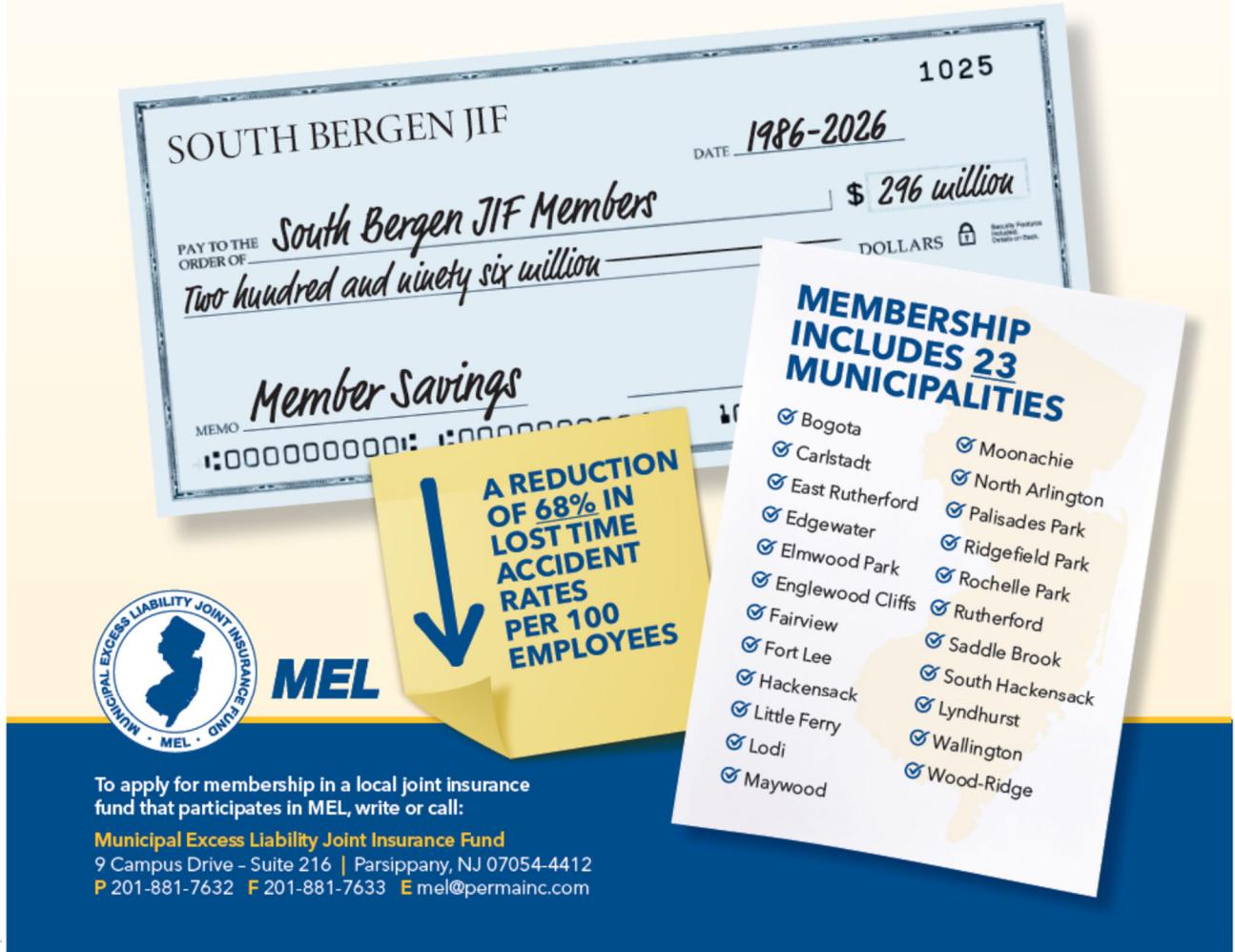
SECRETARY

Great News!

The South Bergen Joint Insurance Fund Celebrates Its 40th Anniversary With Member Savings of \$296 Million

"Our 23 member communities benefit from direct access to outstanding training and tools that have strengthened community safety and reduced costs: a winning combination."

GREGORY FRANZ, Borough Administrator Borough of Edgewater, Chair, South Bergen JIF



Professional Municipal Mgmt Joint Insurance Fund
CLAIMS MANAGEMENT REPORT
EXPECTED LOSS RATIO ANALYSIS

FUND YEAR 2021 -- LOSSES CAPPED AT RETENTION

	Budget	Limited	59	MONTH	58	MONTH	47	MONTH
		Incurred	Actual	TARGETED	Actual	TARGETED	Actual	TARGETED
		Current	30-Nov-25		31-Oct-25		30-Nov-24	
PROPERTY	168,000	197,073	117.31%	100.00%	117.31%	100.00%	121.03%	100.00%
GEN LIABILITY	333,052	222,294	66.74%	97.06%	66.74%	97.02%	69.30%	95.40%
AUTO LIABILITY	52,789	34,599	65.54%	95.94%	65.54%	95.69%	65.54%	92.21%
WORKER'S COMP	1,330,010	875,874	65.85%	99.86%	62.71%	99.83%	65.60%	99.34%
TOTAL ALL LINES	1,883,851	1,329,840	70.59%	99.27%	68.37%	99.23%	71.19%	98.51%
NET PAYOUT %	\$1,164,811		61.83%					

FUND YEAR 2022 -- LOSSES CAPPED AT RETENTION

	Budget	Limited	47	MONTH	46	MONTH	35	MONTH
		Incurred	Actual	TARGETED	Actual	TARGETED	Actual	TARGETED
		Current	30-Nov-25		31-Oct-25		30-Nov-24	
PROPERTY	164,000	180,540	110.09%	100.00%	110.09%	100.00%	117.39%	100.00%
GEN LIABILITY	286,842	348,306	121.43%	95.40%	121.43%	95.07%	128.70%	89.48%
AUTO LIABILITY	55,642	198,443	356.64%	92.21%	356.64%	91.84%	385.54%	86.58%
WORKER'S COMP	1,353,000	768,834	56.82%	99.34%	56.82%	99.28%	60.08%	97.90%
TOTAL ALL LINES	1,859,484	1,496,123	80.46%	98.58%	80.46%	98.47%	85.46%	96.45%
NET PAYOUT %	\$1,262,349		67.89%					

FUND YEAR 2023 -- LOSSES CAPPED AT RETENTION

	Budget	Limited	35	MONTH	34	MONTH	23	MONTH
		Incurred	Actual	TARGETED	Actual	TARGETED	Actual	TARGETED
		Current	30-Nov-25		31-Oct-25		30-Nov-24	
PROPERTY	169,000	175,090	103.60%	100.00%	103.60%	100.00%	143.73%	99.33%
GEN LIABILITY	301,156	378,484	125.68%	89.48%	109.07%	88.77%	72.61%	78.18%
AUTO LIABILITY	51,791	16,193	31.27%	86.58%	30.88%	85.94%	43.60%	75.06%
WORKER'S COMP	1,560,000	1,149,055	73.66%	97.90%	71.61%	97.68%	64.28%	92.71%
TOTAL ALL LINES	2,081,947	1,718,823	82.56%	96.57%	78.61%	96.29%	71.42%	90.71%
NET PAYOUT %	\$1,042,944		50.09%					

FUND YEAR 2024 -- LOSSES CAPPED AT RETENTION

	Budget	Limited	23	MONTH	22	MONTH	11	MONTH
		Incurred	Actual	TARGETED	Actual	TARGETED	Actual	TARGETED
		Current	30-Nov-25		31-Oct-25		30-Nov-24	
PROPERTY	211,000	219,027	103.80%	99.33%	103.80%	98.69%	83.68%	86.00%
GEN LIABILITY	272,732	295,485	108.34%	78.18%	106.44%	76.91%	18.89%	49.00%
AUTO LIABILITY	55,309	12,249	22.15%	75.06%	23.71%	73.57%	20.34%	45.00%
WORKER'S COMP	1,481,335	808,328	54.57%	92.71%	54.43%	91.80%	36.45%	52.00%
TOTAL ALL LINES	2,020,376	1,335,089	66.08%	90.96%	65.77%	90.01%	38.57%	54.95%
NET PAYOUT %	\$581,935		28.80%					

FUND YEAR 2025 -- LOSSES CAPPED AT RETENTION

	Budget	Limited	11	MONTH	10	MONTH	-1	MONTH
		Incurred	Actual	TARGETED	Actual	TARGETED	Actual	TARGETED
		Current	30-Nov-25		31-Oct-25		30-Nov-24	
PROPERTY	242,500	178,723	73.70%	86.00%	72.12%	76.00%	N/A	N/A
GEN LIABILITY	289,882	59,203	20.42%	49.00%	19.00%	42.00%	N/A	N/A
AUTO LIABILITY	61,981	29,466	47.54%	45.00%	38.51%	40.00%	N/A	N/A
WORKER'S COMP	1,545,189	257,927	16.69%	52.00%	12.28%	42.00%	N/A	N/A
TOTAL ALL LINES	2,139,552	525,319	24.55%	55.24%	20.73%	45.80%	N/A	N/A
NET PAYOUT %	\$345,222		16.14%					

Professional Municipal Mgmt Joint Insurance Fund
CLAIM ACTIVITY REPORT
AS OF 11/30/25

COVERAGE LINE - PROPERTY						
CLAIM COUNT - OPEN CLAIMS						
Year	2021	2022	2023	2024	2025	TOTAL
October-25	1	2	2	3	9	17
November-25	1	2	2	3	7	15
NET CHGE	0	0	0	0	-2	-2
Limited Reserves						\$4,042
Year	2021	2022	2023	2024	2025	TOTAL
October-25	\$1	\$2	\$3,583	\$46,782	\$65,502	\$115,871
November-25	\$1	\$2	\$3,583	\$36,332	\$20,715	\$80,634
NET CHGE	\$0	\$0	\$0	(\$10,450)	(\$44,787)	(\$55,237)
Ltd Incurred	\$197,073	\$180,540	\$175,090	\$219,027	\$178,723	\$950,454
COVERAGE LINE - GENERAL LIABILITY						
CLAIM COUNT - OPEN CLAIMS						
Year	2021	2022	2023	2024	2025	TOTAL
October-25	3	2	5	19	20	49
November-25	3	2	5	20	20	50
NET CHGE	0	0	0	1	0	1
Limited Reserves						\$13,909
Year	2021	2022	2023	2024	2025	TOTAL
October-25	\$22,299	\$120,950	\$184,684	\$270,094	\$47,580	\$645,607
November-25	\$22,299	\$120,950	\$233,600	\$268,804	\$49,795	\$695,449
NET CHGE	\$0	\$0	\$48,916	(\$1,289)	\$2,215	\$49,842
Ltd Incurred	\$222,294	\$348,306	\$378,484	\$295,485	\$59,203	\$1,303,772
COVERAGE LINE - AUTO LIABILITY						
CLAIM COUNT - OPEN CLAIMS						
Year	2021	2022	2023	2024	2025	TOTAL
October-25	0	0	0	2	3	5
November-25	0	0	1	1	5	7
NET CHGE	0	0	1	-1	2	2
Limited Reserves						\$2,334
Year	2021	2022	2023	2024	2025	TOTAL
October-25	\$0	\$0	\$0	\$4,554	\$6,850	\$11,404
November-25	\$0	\$0	\$200	\$3,686	\$12,450	\$16,336
NET CHGE	\$0	\$0	\$200	(\$868)	\$5,600	\$4,932
Ltd Incurred	\$34,599	\$198,443	\$16,193	\$12,249	\$29,466	\$290,950
COVERAGE LINE - WORKERS COMP.						
CLAIM COUNT - OPEN CLAIMS						
Year	2021	2022	2023	2024	2025	TOTAL
October-25	8	4	16	14	29	71
November-25	7	4	15	14	23	63
NET CHGE	-1	0	-1	0	-6	-8
Limited Reserves						\$19,611
Year	2021	2022	2023	2024	2025	TOTAL
October-25	\$101,569	\$126,685	\$431,295	\$445,856	\$78,387	\$1,183,791
November-25	\$142,729	\$112,822	\$438,496	\$444,331	\$97,137	\$1,235,515
NET CHGE	\$41,160	(\$13,863)	\$7,201	(\$1,525)	\$18,750	\$51,723
Ltd Incurred	\$875,874	\$768,834	\$1,149,055	\$808,328	\$257,927	\$3,860,019
TOTAL ALL LINES COMBINED						
CLAIM COUNT - OPEN CLAIMS						
Year	2021	2022	2023	2024	2025	TOTAL
October-25	12	8	23	38	61	142
November-25	11	8	23	38	55	135
NET CHGE	-1	0	0	0	-6	-7
Limited Reserves						\$14,874
Year	2021	2022	2023	2024	2025	TOTAL
October-25	\$123,869	\$247,638	\$619,562	\$767,286	\$198,319	\$1,956,673
November-25	\$165,029	\$233,775	\$675,879	\$753,154	\$180,097	\$2,007,933
NET CHGE	\$41,160	(\$13,863)	\$56,317	(\$14,132)	(\$18,222)	\$51,260
Ltd Incurred	\$1,329,840	\$1,496,123	\$1,718,823	\$1,335,089	\$525,319	\$6,405,194

2025 LOST TIME ACCIDENT FREQUENCY ALL JIFs EXCLUDING SIR MEMBERS

November 30, 2025

FUND	2025	2024	2023	TOTAL
	LOST TIME FREQUENCY	LOST TIME FREQUENCY	LOST TIME FREQUENCY	RATE * 2025 - 2023
Suburban Municipal	0.60	1.32	1.23	1.05
Monmouth County	0.84	0.90	0.73	0.82
Morris County	0.98	1.42	1.74	1.39
Professional Municipal Manager	1.10	1.48	2.18	1.59
Camden County	1.18	2.09	2.63	1.99
NJ Utility Authorities	1.22	2.20	1.92	1.79
Burlington County Municipal JIF	1.26	2.09	1.30	1.56
Bergen County	1.28	1.20	1.42	1.30
Suburban Metro	1.40	1.87	1.55	1.62
Ocean County	1.46	1.69	1.55	1.57
NJ Public Housing Authority	1.50	1.48	1.80	1.60
Atlantic County Municipal JIF	1.58	2.34	2.34	2.11
Gloucester, Salem, Cumberland	1.74	2.07	1.73	1.85
South Bergen County	1.83	1.77	2.46	2.02
Central New Jersey	2.02	1.98	2.26	2.08
AVERAGE	1.33	1.73	1.79	1.62

* NOTE : lost days may include claims with reserves - where claimant may not yet have had lost time

Professional Municipal Management JOINT INSURANCE FUND

2025 LOST TIME ACCIDENT FREQUENCY EXCLUDING SIR MEMBERS

DATA VALUED November 30, 2025

	# CLAIMS	Y.T.D.	2025	2024	2023		TOTAL
MEMBER	** FOR	LOST TIME	LOST TIME	LOST TIME	LOST TIME		RATE
MEMBER	* 11/30/2025	INCIDENT	FREQUENCY	FREQUENCY	FREQUENCY	MEMBER	2025 - 2023
1 307	Moorestown	0	0 0.00	0.00	1.28	1 Moorestown	0.43
2 304	Evesham	0	1 0.43	1.56	1.62	2 Evesham	1.23
3 306	Maple Shade	0	1 1.02	0.00	1.74	3 Maple Shade	0.94
4 308	Willingboro	3	5 1.86	2.17	3.25	4 Willingboro	2.43
5 305	Evesham Towns	1	2 2.64	3.70	2.56	5 Evesham Town	2.98
Totals:		4	9 1.10	1.48	2.18		1.59

Frequency = (Y.T.D. LOST TIME ACCIDENT * 200,000) / ADJUSTED HOURS WORKED)

* Member does not participate in the FUND for Workers' Comp coverage

** Member has a higher Self Insured Retention for Workers' Comp and is EXCLUDED from this report

*** MEMBER WAS NOT ACTIVE FOR THIS FUND YEAR

2024 Loss Time November 30, 2024 1.20

MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND										
EMPLOYMENT PRACTICES COMPLIANCE STATUS - Professional Municipal Mgmt Joint Insurance Fund										
Data Valued As of : January 21, 2026										
Total Participating Members			5	5						
Complaint				4						
Percent Compliant				80.00%						
							Land Use			
			Compliant	01/01/26	2026	Co-Insurance				
Member Name			EPL Program ?	Checklist Submitted	EPL	POL	01/01/26	Deductible	Co-Insurance	
EVESHAM			Yes	Yes	Yes	\$ 20,000	\$ 20,000	20% of 1st 250K	\$ 20,000	20% of \$1,000,000
EVESHAM TOWNSHIP FIRE DISTRICT			Yes	Yes	Yes	\$ 20,000	\$ 20,000	20% of 1st 250K	\$ 20,000	20% of \$1,000,000
MAPLE SHADE			Yes	Yes	Yes	\$ 10,000	\$ 10,000	0%	\$ 10,000	20% of \$1,000,000
MOORESTOWN			Yes	No	No	\$ 20,000	\$ 20,000	20% of 1st 250K	\$ 20,000	20% of \$1,000,000
WILLINGBORO			Yes	Yes	Yes	\$ 20,000	\$ 20,000	20% of 1st 250K	\$ 20,000	20% of \$1,000,000

Professional Municipal Management Joint Insurance Fund
Annual Regulatory Filing Check List
Year 2025 as of January 1, 2026

<u>Item</u>	<u>Filing Status</u>
<input type="checkbox"/> 2025 Budget	Filed
<input type="checkbox"/> Assessments	Filed
<input type="checkbox"/> Actuarial Certification	Filed
<input type="checkbox"/> Fund Commissioners	Filed
<input type="checkbox"/> Fund Officers	Filed
<input type="checkbox"/> Renewal Resolutions	Filed
<input type="checkbox"/> New Members	Eff. 1/1/26 - Moorestown Fire District #1 and Moorestown First Aid & Emergency Squad, Inc.
<input type="checkbox"/> Withdrawals	None
<input type="checkbox"/> Risk Management Plan	Filed
<input type="checkbox"/> Certification of Professional Fees	Filed
<input type="checkbox"/> Unaudited Financials	Filed
<input type="checkbox"/> Annual Audit	Filed
<input type="checkbox"/> State Comptroller Audit Filing	Filed
<input type="checkbox"/> Ethics Filing	On Line Filing

January 21, 2026

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 two-month period ending December 31, 2025 for Closed Fund Years 1987 to 2020, and Fund Years 2021, 2022, 2023, 2024 and 2025. 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 \$ 45,107.03. This generated an average annual yield of 3.15%. However, we have an unrealized net gain of \$ 14,508.33, adjusting the reported yield to 4.05% for the period. Our Portfolio Investment with J.C.M.I. is valued at \$ 5,107,982.27.

RECEIPT ACTIVITY FOR THE PERIOD:

Subrogation Receipts \$29,843.27 with YTD \$ 146,014.25
Salvage Receipts \$ 0.00
Overpayment Reimbursements \$ 0.00
E-JIF Surplus Dividend \$ 63,151.00

CLAIM ACTIVITY FOR THE PERIOD:

The enclosed report shows 255 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 \$ 316,107.82

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 \$ 9,644,594.70 to a closing balance of \$ 9,457,222.84 showing a decrease in the fund of \$ 187,371.86.

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

RESOLUTION NO. 25-27

PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND DECEMBER 2025 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 2025

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
MUNICIPAL EXCESS LIABILITY JIF	FPB Q4 2025	5,040.25 5,040.25
MUNICIPAL EXCESS LIABILITY JIF	MEL- PROP Q4 2025	135,395.75
MUNICIPAL EXCESS LIABILITY JIF	MEL Q4 2025	291,040.50
		426,436.25
N.J. MUNICIPAL ENVIRONMENTAL	EJIF- 2ND INSTALL 2025 12/25	57,464.00 57,464.00
QUAL-LYNX	CLAIM ADJ. SERVICE- 12/25 INV QL25-1038	13,448.08 13,448.08
J.A. MONTGOMERY CONSULTING	SAFETY DIRECTOR 12/25	2,198.33 2,198.33
PERMA RISK MANAGEMENT SERVICES	POSTAGE 11/25	52.58
PERMA RISK MANAGEMENT SERVICES	EXECUTIVE DIRECTOR 12/25	12,478.25
		12,530.83
THE ACTUARIAL ADVANTAGE	ACTUARY FEE 12/25	3,687.58 3,687.58
QUALCARE, INC.	WC-MANAGED CARE SERVICES 12/25	8,400.50 8,400.50
THOMAS TONTARSKI	TREASURERS FEE 12/25	1,676.17 1,676.17

HELMER, CONLEY & KASSELMAN, P.A.	LITIGATION MGMT 1225	1,651.83
HELMER, CONLEY & KASSELMAN, P.A.	ATTORNEY FEE 12/25	1,939.17
		3,591.00
MUNICIPAL EXCESS LIABILITY JIF	MSI Q4 2025	5,055.75
		5,055.75
GANNETT PENNSYLVANIA LOCALIQ	A# 791111 INV 7422112-11794951 11/2/25	45.00
		45.00
CONNER STRONG & BUCKELEW	UNDERWRITING MGMT 12/25	560.75
		560.75
ACCESS	INV 11902910 DEPT 413 11/30/25	100.91
ACCESS	INV 11850570 DEPT 413 10/31/25	97.96
		198.87
CONNER STRONG & BUCKELEW	RMC FEE 12/25	12,500.00
		12,500.00
	Total Payments FY 2025	552,833.36
	TOTAL PAYMENTS ALL FUND YEARS	552,833.36

Chairperson

Attest:

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

Treasurer

RESOLUTION NO. 26-7

**PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND
JANUARY 2026 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 CLOSED

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
MUNICIPAL EXCESS LIABILITY RCF	ADD. ASSESS-RCF- FY 2013 ASSESSED 12/22	6,475.00
MUNICIPAL EXCESS LIABILITY RCF	ADD. ASSESS-RCF- FY 20012 ASSESSED 12/22	30,387.00
MUNICIPAL EXCESS LIABILITY RCF	ADD. ASSESS-RCF- FY 2008 ASSESSED 12/22	12,209.00
MUNICIPAL EXCESS LIABILITY RCF	ADD. ASSESS-RCF- FY 2011 ASSESSED 12/22	37,481.00
		86,552.00
	Total Payments FY CLOSED	86,552.00

FUND YEAR 2025

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
PERMA RISK MANAGEMENT SERVICES	POSTAGE 12/25	56.26
		56.26
	Total Payments FY 2025	56.26

FUND YEAR 2026

<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
MUNICIPAL EXCESS LIABILITY JIF	FPB Q1 2026 01/26	5,397.75
		5,397.75
NJ CYBER RISK MANAGEMENT FUND	CYBER- 1ST INSTALL 2026 01/26	34,567.50
		34,567.50
MUNICIPAL EXCESS LIABILITY JIF	PROPERTY Q1 2026 01/26	177,473.00
MUNICIPAL EXCESS LIABILITY JIF	MEL Q1 2026 01/26	262,921.75
		440,394.75
N.J. MUNICIPAL ENVIRONMENTAL	EJIF- 1ST INSTALL 2026 01/26	58,081.00
		58,081.00
APEX INSURANCE AGENCY C/O LEXINGTON INSURANCE	POL/EPL 1ST INSTALL- APEX INS. 01/26	229,480.00
		229,480.00
QUAL-LYNX	CLAIM ADJ. SERVICE 01/25	14,387.42
		14,387.42

J.A. MONTGOMERY CONSULTING	SAFETY DIRECTOR 01/26	2,387.75
		2,387.75
PERMA RISK MANAGEMENT SERVICES	EXECUTIVE DIRECTOR 01/26	14,387.42
		14,387.42
THE ACTUARIAL ADVANTAGE	ACTUARY FEE 01/26	3,761.33
		3,761.33
QUALCARE, INC.	MANAGED CARE SERVICES 01/26	9,178.08
		9,178.08
THOMAS TONTARSKI	TREASURER FEE 01/26	1,709.67
		1,709.67
HELMER, CONLEY & KASSELMAN, P.A.	LITIGATION MGMT 01/26	1,684.83
HELMER, CONLEY & KASSELMAN, P.A.	ATTORNEY FEE 01/26	1,977.08
		3,661.91
MUNICIPAL EXCESS LIABILITY JIF	MSI Q1 2026 01/26	5,435.25
		5,435.25
CONNER STRONG & BUCKELEW	UNDERWRITING MGR 01/26	619.41
		619.41
ACCESS	INV 11949070 EPT 413 12/31/25 FOR JAN	100.91
		100.91
CONNER STRONG & BUCKELEW	RMC FEE 01/26	13,354.49
		13,354.49
	Total Payments FY 2026	836,904.64
	TOTAL PAYMENTS ALL FUND YEARS	923,512.90

Chairperson

Attest:

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

Treasurer

**PROFESSIONAL MUNICIPAL MANAGEMENT JIF
SUBROGATION REPORT 2025**

DATE REC'D	CREDITED TO:	FILE NUMBER	CLAIMANT NAME	COV. TYPE	FUND YEAR	AMOUNT RECEIVED	RECEIVED Y.T.D.
1/20	EVESHAM TWP.	2023297097	EVESHAM TWP.	PR	2023	817.99	
TOTAL-JAN.						817.99	
TOTAL-YTD							817.99
3/3	EVESHAM TWP.	2024319230	EVESHAM TWP.	PR	2023	25000.00	
3/19	WILLINGBORO TWP.	2023284086	WILLINGBORO TWP.	PR	2022	4264.46	
TOTAL-MAR.						29264.46	
TOTAL-YTD							30,082.45
TOTAL-APR						0.00	
TOTAL-YTD							30,082.45
5/15	EVESHAM TWP.	2023303554	EVESHAM TWP.	PR	2023	23250.00	
TOTAL-MAY						23250.00	
TOTAL-YTD							53,332.45
6/3	MOORESTOWN TWP.	2024313487	MOORESTOWN TWP.	PR	2024	22863.50	
6/3	EVESHAM TWP.	2023294047	EVESHAM TWP.	PR	2022	6112.00	
6/9	WILLINGBORO TWP.	2024324247	WILLINGBORO TWP.	PR	2024	8344.50	
TOTAL-JUNE						37320.00	
TOTAL-YTD							90652.45
TOTAL-JULY						0.00	
TOTAL-YTD							90652.45
8/15	WILLINGBORO TWP.	2023284086	WILLINGBORO TWP.	PR	2022	1035.34	
TOTAL-AUG						1035.34	
TOTAL-YTD							91687.79
9/11	MAPLE SHADE TWP	2025356692	MAPLE SHADE TWP	PR	2025	9181.58	
9/16	EVESHAM TWP.F.D,	2021225069	EVESHAM TWP.F.D,	PR	2021	12191.47	
9/18	WILLINGBORO TWP.	2022254194	WILLINGBORO TWP.	PR	2021	3110.14	
TOTAL-SEP						24483.19	
TOTAL-YTD							116170.98
12/2	EVESHAM TWP.	2026374648	EVESHAM TWP.	PR	2025	2138.85	
12/2	EVESHAM TWP.	2024318567	JOSEPH MAGNUS	WC	2023	5475.77	
12/15	MAPLE SHADE TWP	2025356692	MAPLE SHADE TWP	PR	2025	299.95	
12/15	WILLINGBORO TWP.	2026374112	WILLINGBORO TWP.	PR	2025	21928.70	
TOTAL-DEC						29843.27	
TOTAL-YTD							146,014.25

PMM JOINT INSURANCE FUND
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

Current Fund Year: 2025 Month Ending: November		Property	Liability	Auto	Workers Comp	POL/EPL	EJIF	Cyber JIF	MEL	Admin	LFC	TOTAL
OPEN BALANCE		113,988.02	974,874.76	16,649.40	5,102,051.11	2,863.38	1,138.03	639.82	348,579.45	3,011,277.25	72,533.48	9,644,594.70
RECEIPTS												
Assessments		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Refunds		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts		748.63	4,169.72	674.76	21,822.43	0.00	0.00	0.00	0.00	15,087.29	310.23	42,813.06
Invest Adj		10.20	56.80	9.20	297.30	0.00	0.00	0.00	0.00	205.55	4.23	583.28
Subtotal Invest		758.83	4,226.52	683.96	22,119.73	0.00	0.00	0.00	0.00	15,292.84	314.46	43,396.34
Other *		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL		758.83	4,226.52	683.96	22,119.73	0.00	0.00	0.00	0.00	15,292.84	314.46	43,396.34
EXPENSES												
Claims Transfers		59,059.90	9,471.70	0.00	92,144.91	0.00	0.00	0.00	0.00	0.00	0.00	160,676.51
Expenses		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	70,091.69	0.00	70,091.69
Other *		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL		59,059.90	9,471.70	0.00	92,144.91	0.00	0.00	0.00	0.00	70,091.69	0.00	230,768.20
END BALANCE		55,686.95	969,629.58	17,333.36	5,032,025.93	2,863.38	1,138.03	639.82	348,579.45	2,956,478.40	72,847.94	9,457,222.84

REPORT STATUS SECTION

Report Month: November		Balance Differences
Opening Balances:	Opening Balances are NOT equal	\$46.09
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 NOT equal	\$2,236.55
Accrual Balances:	Accrual Balances are equal	\$0.00

PMM JOINT INSURANCE FUND
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

Current Fund Year: 2025 Month Ending: December		Property	Liability	Auto	Workers Comp	POL/EPL	EJIF	Cyber JIF	MEL	Admin	LFC	TOTAL
OPEN BALANCE	55,686.95	969,629.58	17,333.36	5,032,025.93	2,863.38		1,138.03	639.82	348,579.45	2,956,478.40	72,847.94	9,457,222.84
RECEIPTS												
Assessments	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00
Refunds	24,367.50	0.00	0.00	5,475.77	0.00		0.00	0.00	0.00	0.00	0.00	29,843.27
Invest Pymnts	236.47	1,964.32	320.98	10,194.11	0.00		0.00	0.00	0.00	7,034.93	147.58	19,898.39
Invest Adj	4.12	34.22	5.59	177.56	0.00		0.00	0.00	0.00	122.53	2.57	346.59
Subtotal Invest	240.59	1,998.54	326.57	10,371.67	0.00		0.00	0.00	0.00	7,157.46	150.15	20,244.98
Other *	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	24,608.09	1,998.54	326.57	15,847.44	0.00		0.00	0.00	0.00	7,157.46	150.15	50,088.25
EXPENSES												
Claims Transfers	5,977.23	7,612.74	42.00	141,674.09	0.00		0.00	0.00	0.00	0.00	0.00	155,306.06
Expenses	0.00	0.00	0.00	0.00	0.00		57,464.00	0.00	426,436.75	68,932.61	0.00	552,833.36
Other *	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	5,977.23	7,612.74	42.00	141,674.09	0.00		57,464.00	0.00	426,436.75	68,932.61	0.00	708,139.42
END BALANCE	74,317.81	964,015.38	17,617.93	4,906,199.28	2,863.38		(56,325.97)	639.82	(77,857.30)	2,894,703.25	72,998.09	8,799,171.67

REPORT STATUS SECTION

Report Month: December		Balance Differences
Opening Balances:	Opening Balances are NOT equal	\$2,236.55
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 NOT equal	-\$113,477.37
Accural Balances:	Accural Balances are equal	\$0.00

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS							
PMM JOINT INSURANCE FUND							
ALL FUND YEARS COMBINED							
CURRENT MONTH	November						
CURRENT FUND YEAR	2025						
		Description:	ASSET MGR	OPERATING ACCT 7307	CLAIMS ACCT. 7326	ADMIN. EXPENSE 7350	JCMI
		ID Number:					
		Maturity (Yrs)					
		Purchase Yield:					
		TOTAL for All Accts & instruments					
Opening Cash & Investn	\$9,644,548.61		-	4,463,534.33	101,307.10	7,017.11	5,072,690.07
Opening Interest Accrual	\$0.00		-	-	-	-	-
1 Interest Accrued and/or	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2 Interest Accrued - discor	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3 on and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4 Accretion	\$583.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$583.29
5 Interest Paid - Cash Inst	\$23,127.86	\$0.00	\$13,724.88	\$358.46	\$70.13	\$8,974.39	
6 Interest Paid - Term Ins	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7 Realized Gain (Loss)	\$19,685.20	\$0.00	\$0.00	\$0.00	\$0.00	\$19,685.20	
8 Net Investment Income	\$43,396.35	\$0.00	\$13,724.88	\$358.46	\$70.13	\$29,242.88	
9 Deposits - Purchases	\$251,879.62	\$0.00	\$429.70	\$181,358.23	\$70,091.69	\$0.00	
10 (Withdrawals - Sales)	-\$484,838.29	\$0.00	-\$251,449.22	-\$163,231.10	-\$70,157.97	\$0.00	
Ending Cash & Investment	\$9,454,986.29	\$0.00	\$4,226,239.69	\$119,792.69	\$7,020.96	\$5,101,932.95	
Ending Interest Accrual Bal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Plus Outstanding Checks	\$49,464.11	\$0.00	\$18,489.85	\$9,897.77	\$21,076.49	\$0.00	
(Less Deposits in Transit)	-\$18,489.85	\$0.00	\$0.00	-\$18,489.85	\$0.00	\$0.00	
Balance per Bank	\$9,485,960.55	\$0.00	\$4,244,729.54	\$111,200.61	\$28,097.45	\$5,101,932.95	

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS							
PMM JOINT INSURANCE FUND							
ALL FUND YEARS COMBINED							
CURRENT MONTH	December						
CURRENT FUND YEAR	2025						
	Description:	ASSET MGR	OPERATING ACCT 7307	CLAIMS ACCT. 7326	ADMIN. EXPENSE 7350	JCMI	
	ID Number:						
	Maturity (Yrs)						
	Purchase Yield:						
	TOTAL for All						
	Accts & instruments						
Opening Cash & Investn	\$9,454,986.29	-	4,226,239.69	119,792.69	7,020.96	5,101,932.95	
Opening Interest Accrual	\$0.00	-	-	-	-	-	
1 Interest Accrued and/or	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2 Interest Accrued - discov	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3 on and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4 Accretion	\$346.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$346.58
5 Interest Paid - Cash Inst	\$25,075.25	\$0.00	\$12,852.29	\$561.41	\$781.94	\$10,879.61	
6 Interest Paid - Term Ins	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7 Realized Gain (Loss)	-\$5,176.87	\$0.00	\$0.00	\$0.00	\$0.00	-\$5,176.87	
8 Net Investment Income	\$20,244.96	\$0.00	\$12,852.29	\$561.41	\$781.94	\$6,049.32	
9 Deposits - Purchases	\$880,228.17	\$0.00	\$93,422.86	\$233,971.95	\$552,833.36	\$0.00	
10 (Withdrawals - Sales)	-\$1,442,810.38	\$0.00	-\$734,242.37	-\$155,664.52	-\$552,903.49	\$0.00	
Ending Cash & Investment	\$8,912,649.04	\$0.00	\$3,598,272.47	\$198,661.53	\$7,732.77	\$5,107,982.27	
Ending Interest Accrual Bal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Plus Outstanding Checks	\$628,868.75	\$0.00	\$0.00	\$70,859.40	\$558,009.35	\$0.00	
(Less Deposits in Transit)	-\$30,681.30	\$0.00	\$0.00	-\$30,681.30	\$0.00	\$0.00	
Balance per Bank	\$9,510,836.49	\$0.00	\$3,598,272.47	\$238,839.63	\$565,742.12	\$5,107,982.27	

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES PMM JOINT INSURANCE FUND								
November 2025								
1. Calc. Net Paid Thru Last Month	2. Monthly Net Paid November	3. Monthly Recoveries November	4. Calc. Net Paid Thru November	5. TPA Net Paid Thru November	6. Variance To Be Reconciled	7. Delinquent Unreconciled Variance From	8. Change This Month	
109,398.07	48,610.19	0.00	158,008.26	158,008.26	0.00	0.00	0.00	
7,488.58	1,919.57	0.00	9,408.15	9,408.15	0.00	0.00	0.00	
17,015.80	0.00	0.00	17,015.80	17,015.80	0.00	0.00	0.00	
111,397.83	49,392.39	0.00	160,790.22	160,790.22	0.00	0.00	0.00	
245,300.28	99,922.15	0.00	345,222.43	345,222.43	0.00	0.00	0.00	
172,244.93	10,449.71	0.00	182,694.64	182,694.64	0.00	0.00	(0.00)	
20,212.03	6,468.18	0.00	26,680.21	26,680.21	0.00	0.00	0.00	
8,562.44	0.00	0.00	8,562.44	8,562.44	(0.00)	(0.00)	0.00	
360,472.56	3,525.00	0.00	363,997.56	363,997.56	0.00	0.00	0.00	
561,491.96	20,442.89	0.00	581,934.85	581,934.85	0.00	0.00	(0.00)	
171,507.19	0.00	0.00	171,507.19	171,507.19	0.00	0.00	0.00	
143,800.20	1,083.95	0.00	144,884.15	144,884.15	0.00	(0.00)	0.00	
15,992.90	0.00	0.00	15,992.90	15,992.90	0.00	0.00	0.00	
685,799.43	24,760.30	0.00	710,559.73	710,559.73	0.00	(0.00)	0.00	
1,017,099.72	25,844.25	0.00	1,042,943.97	1,042,943.97	0.00	(0.00)	0.00	
181,573.57	0.00	0.00	181,573.57	180,538.23	1,035.34	1,035.34	0.00	
227,355.86	0.00	0.00	227,355.86	227,355.86	0.00	0.00	0.00	
198,443.26	0.00	0.00	198,443.26	198,443.26	0.00	0.00	0.00	
642,148.36	13,863.18	0.00	656,011.54	656,011.54	0.00	0.00	0.00	
1,249,521.05	13,863.18	0.00	1,263,384.23	1,262,348.89	1,035.34	1,035.34	0.00	
197,072.07	0.00	0.00	197,072.07	197,072.07	0.00	0.00	0.00	
199,994.77	0.00	0.00	199,994.77	199,994.77	0.00	0.00	0.00	
34,598.93	0.00	0.00	34,598.93	34,598.93	0.00	0.00	0.00	
732,540.88	604.04	0.00	733,144.92	733,144.92	0.00	0.00	0.00	
1,164,206.65	604.04	0.00	1,164,810.69	1,164,810.69	0.00	0.00	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
4,237,619.66	160,676.51	0.00	4,398,296.17	4,397,260.83	1,035.34	1,035.34	0.00	

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES
PMM JOINT INSURANCE FUND

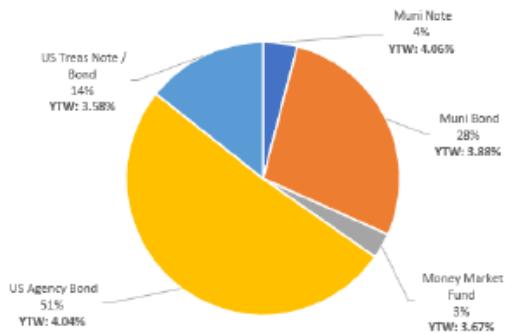
Month		December							
Current Fund Year		2025							
Policy Year	Coverage	1. Calc. Net Paid Thru Last Month	2. Monthly Net Paid December	3. Monthly Recoveries December	4. Calc. Net Paid Thru December	5. TPA Net Paid Thru December	6. Variance To Be Reconciled	7. Delinquent Unreconciled Variance From	8. Change This Month
2025	Property	158,008.26	5,977.23	24,367.50	139,617.99	139,617.99	0.00	0.00	0.00
	Liability	9,408.15	105.00	0.00	9,513.15	9,513.15	0.00	0.00	0.00
	Auto	17,015.80	42.00	0.00	17,057.80	17,057.80	0.00	0.00	0.00
	Workers Comp	160,790.22	15,523.67	0.00	176,313.89	176,313.89	0.00	0.00	0.00
	Total	345,222.43	21,647.90	24,367.50	342,502.83	342,502.83	0.00	0.00	0.00
2024	Property	182,694.64	0.00	0.00	182,694.64	182,694.64	0.00	0.00	0.00
	Liability	26,680.21	120.51	0.00	26,800.72	26,800.72	0.00	0.00	(0.00)
	Auto	8,562.44	0.00	0.00	8,562.44	8,562.44	(0.00)	(0.00)	0.00
	Workers Comp	363,997.56	35,444.00	0.00	399,441.56	399,441.56	0.00	0.00	0.00
	Total	581,934.85	35,564.51	0.00	617,499.36	617,499.36	0.00	0.00	(0.00)
2023	Property	171,507.19	0.00	0.00	171,507.19	171,507.19	0.00	0.00	0.00
	Liability	144,884.15	7,387.23	0.00	152,271.38	152,271.38	0.00	0.00	0.00
	Auto	15,992.90	0.00	0.00	15,992.90	15,992.90	0.00	0.00	0.00
	Workers Comp	710,559.73	54,591.28	5,475.77	759,675.24	759,675.24	0.00	0.00	0.00
	Total	1,042,943.97	61,978.51	5,475.77	1,099,446.71	1,099,446.71	0.00	0.00	0.00
2022	Property	181,573.57	0.00	0.00	181,573.57	180,538.23	1,035.34	1,035.34	0.00
	Liability	227,355.86	0.00	0.00	227,355.86	227,355.86	0.00	0.00	0.00
	Auto	198,443.26	0.00	0.00	198,443.26	198,443.26	0.00	0.00	0.00
	Workers Comp	656,011.54	36,052.64	0.00	692,064.18	692,064.18	0.00	0.00	0.00
	Total	1,263,384.23	36,052.64	0.00	1,299,436.87	1,298,401.53	1,035.34	1,035.34	0.00
2021	Property	197,072.07	0.00	0.00	197,072.07	197,072.07	0.00	0.00	0.00
	Liability	199,994.77	0.00	0.00	199,994.77	199,994.77	0.00	0.00	0.00
	Auto	34,598.93	0.00	0.00	34,598.93	34,598.93	0.00	0.00	0.00
	Workers Comp	733,144.92	62.50	0.00	733,207.42	733,207.42	0.00	0.00	0.00
	Total	1,164,810.69	62.50	0.00	1,164,873.19	1,164,873.19	0.00	0.00	0.00
Closed FY	Property	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Liability	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
	Workers Comp	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	4,398,296.17	155,306.06	29,843.27	4,523,758.96	4,522,723.62	1,035.34	1,035.34	0.00

Muni Excess Liability Joint Insurance Fund

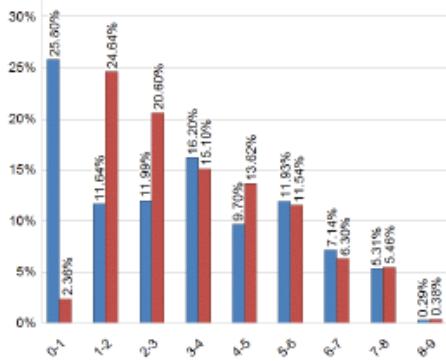
As of 12/31/2025	
Portfolio Total Par	\$ 346,955,000
Principal Market Value	\$ 331,106,096
Accrued Interest	\$ 11,542,994
Market Value Plus Accrued	\$ 342,649,090
Total Revenue YTD	\$ 13,036,742
NAV	\$ 10.6790
Average Maturity (yrs)	3.79
Modified Duration	3.12
Book Yield	2.84%
Yield to Maturity / Call	3.90%
Projected Coupon Income	\$ 9,122,501

	QTD	YTD	1YR	Since Inception
MEL (Gross)	1.16%	6.29%	6.29%	4.53%
Bloomberg Govt Intermediate	1.15%	6.50%	6.50%	3.84%

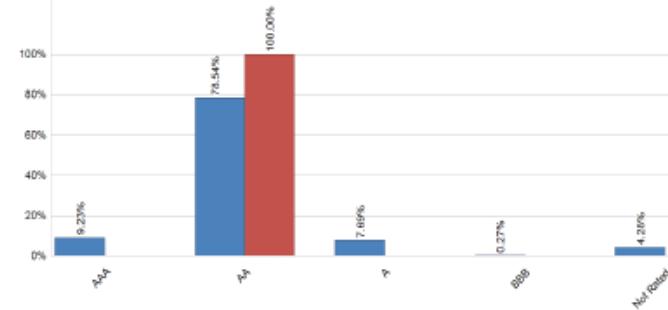
*account funding inception 2/3/23



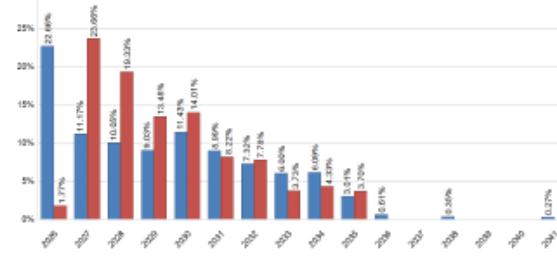
Modified Duration



Rating



Maturity



■ Portfolio ■ Index

■ Portfolio ■ Index

■ Portfolio ■ Index

Professional Municipal Management JIF

From 10/22/2025 To 11/22/2025

Certificate of Insurance Monthly Report

Holder (H)/ Insured Name (I)	Holder / Insured Address	Description of Operations	Issue Date/ Cert ID	Coverage
H - Grapevine Wrestling League I - Township of Willingboro	230 Hewlings Avenue Riverside, NJ 08073	RE: Wrestling Tournaments The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written contract as respect to participation in various tournaments during the current calendar year.	11/10/2025 #5842391	GL AU EX WC
Total # of Holders: 1				

SAFETY DIRECTOR REPORT

Professional Municipal Management Joint Insurance Fund

TO: Fund Commissioners, Safety Coordinators, and Risk Managers
FROM: Keith Hummel, JIF Safety Director
DATE: January 27, 2026

J. A. MONTGOMERY CONSULTING SERVICE TEAM & LOSS CONTROL ACTIVITIES

Keith Hummel Vice President, Law Enforcement Risk Control Services khummel@jamontgomery.com Office: 856-552-6862	Glenn Prince Assistant Director Public Sector gprince@jamontgomery.com Office: 856-552-4744	Chief Harry Earle (Ret.) Associate Director, Law Enforcement Risk Control Services hearle@jamontgomery.com Office: 856-446-9277
Robert Garish Associate Director rgarish@jamontgomery.com Office: 856-552-4650	Tina M. Zaverzence Risk Control Specialist tzaverzence@jamontgomery.com Office: 856-552-4902	Tom Reilly Risk Control Consultant treilly@jamontgomery.com Office: 856-446-9205
<p>Mailing Address: TRIAD 1828 CENTRE Cooper Street, 18th Floor Camden, NJ 08102</p> <p>P.O. Box 99106 Camden, NJ 08101</p>		

LOSS CONTROL SURVEYS – November & December

- Township of Willingboro on November 14, 2025

LAW ENFORCEMENT LOSS CONTROL SURVEYS – November & December

- Evesham Township on November 26, 2025
- Evesham Township on December 2, 2025
- Township of Moorestown on December 9, 2025
- Township of Willingboro on December 10, 2025

MEETINGS ATTENDED – November & December

- Fund Commissioner's Meeting on November 25, 2025
- Executive Safety Committee Meeting on December 16, 2025

MEL SAFETY INSTITUTE (MSI)

All MSI communications will be distributed exclusively through the NJ MEL app, and an MSI Newsletter will be emailed to summarize the communications sent through the app.

If you would like to receive communications from MEL and MSI related to your position or operations, follow the directions to select from the list of available Push Notification subscriptions. Click here for [NJ MEL App Directions](#).

MSI SAFETY DIRECTOR – November & December

- Facility Hazard Identification Inspections Best Practices
- Schools Harassment Intimidation & Bullying (HIB) Resources & Best Practices
- School Facility Hazard Identification Inspections
- Driving Safety: Buckle Up! It Could Save Your Life
- Gun Free Zone - Sensitive Places Law & Concealed Carrying Firearms
- STIHL BR 800 Backpack Blowers
- Schools: Special Needs Classroom Best Practices
- Shooting Range Regulations & Best Practices
- CDL Maintaining ELDT Training Provider Status
- Crane Inspections Best Practices
- CDL-Drivers Annual Record Checks & Program Review Best Practices
- MSI Training Catalog
- Motor Vehicle Record Check Non-CDL Drivers Best Practices
- PEOSH Recording and Reporting Occupational Injuries and Illnesses
- NJOSH 300 Log of Work-Related Injuries & Illnesses

MSI FIRE & EMS – November & December

- No Fire and EMS Bulletins for the month of November.
- PEOSH Recording & Reporting Injuries & Illnesses

MSI LAW ENFORCEMENT – November & December

- Active Violent Event Policy and Critical Considerations
- Defensive Tactics Training: Essential Considerations for the Chief of Police

MSI NOW – November & December

[MSI NOW](#) provides on-demand streaming videos and online classes that can be viewed 24/7 by our members. Topics pertain to many aspects of safety, risk control, employment practices, and supervision, and most can be viewed in under 20 minutes.

MSI NOW	
Municipality	Number of Videos
Evesham	1
Moorestown	6
Willingboro	11

MSI LIVE

[**MSI LIVE**](#) features real-time, instructor-led in-person and virtual classes. Experienced instructors provide an interactive experience for the attendees on a broad spectrum of safety and risk control topics. Most MSI LIVE offerings have been awarded continuing education credits for municipal designations and certifications. The MSI LIVE catalog provides a description of the course, the intended audience, and available credits.

The [**MSI LIVE Schedule**](#) is available for registration. Please register early; under-attended classes will be canceled.

To maintain the integrity of the MSI classes and our ability to offer CEUs, we must abide by the rules of the State agency that issued the designation. Chief among those rules is that the class attendee must attend the whole session. Attendees who enter the class more than 5 minutes late or leave early will not be awarded CEUs for the class or receive a certificate of completion.

For virtual classes, the MSI utilizes the Zoom platform to track the time each attendee logs in and out. Also, we can track participation to demonstrate to the State agency that the student also participated in polls, quizzes, and question-and-answer activities during the class. The MSI maintains these records to document our compliance with the State agency.

If you need assistance using the MSI Learning Management System, please call the MSI Helpline at 866-661-5120 or email MSI@jamontgomery.com.

NOTE: We need to keep our list of MSI Training Administrators up to date. If there are any changes or deletions, or you need to appoint a new Training Administrator, please call the MSI Helpline at 866-661-5120 or email MSI@jamontgomery.com.



Professional Municipal Management JIF
Cumulative Savings Summary
2025

2025	BILL COUNT	BILLED	APPROVED	SAVINGS	% SAVINGS
January	58	\$33,599.92	\$13,938.29	\$19,661.63	59%
February	74	\$76,540.33	\$32,744.85	\$43,795.48	57%
March	64	\$52,984.70	\$18,955.57	\$34,029.13	64%
April	75	\$69,414.70	\$14,715.05	\$54,699.65	79%
May	39	\$25,220.73	\$10,389.78	\$14,830.95	59%
June	55	\$105,576.85	\$28,865.74	\$76,711.11	73%
July	55	\$56,087.23	\$32,561.95	\$23,525.28	50%
August	62	\$31,490.08	\$12,778.78	\$18,711.30	59%
September	28	\$49,510.84	\$15,530.29	\$33,980.55	69%
October	60	\$99,868.96	\$40,377.07	\$59,491.89	60%
November	65	\$121,856.19	\$50,624.26	\$71,231.93	58%
December	57	\$71,745.61	\$17,132.85	\$54,612.76	76%
Grand Total	692	\$795,336.14	\$288,614.48	\$506,721.66	64%

2024	UNITS OF SERVICE	BILLED	APPROVED	SAVINGS	% SAVINGS
January	128	\$88,076.68	\$28,728.51	\$59,348.17	67%
February	116	\$87,591.42	\$34,348.21	\$53,243.21	61%
March	48	\$28,202.45	\$11,142.14	\$17,060.31	60%
April	47	\$54,626.96	\$16,639.47	\$37,987.49	70%
May	52	\$26,689.37	\$11,418.77	\$15,270.60	57%
June	8	\$2,642.00	\$1,892.56	\$749.44	28%
July	23	\$60,637.00	\$27,531.16	\$33,105.84	55%
August	74	\$130,025.45	\$60,712.81	\$69,312.64	53%
September	84	\$218,368.85	\$93,723.58	\$124,645.27	57%
October	86	\$63,037.17	\$31,237.39	\$31,799.78	50%
November	76	\$121,672.30	\$54,101.17	\$67,571.13	56%
December	71	\$45,983.61	\$18,714.99	\$27,268.62	59%
Grand Total	813	\$927,553.26	\$390,190.76	\$537,362.50	58%



Professional Municipal Management JIF
1/1/2025 – 12/31/2025

Top 10 Providers

	BILL COUNT	APPROVED
VIRTUA MEMORIAL HOSPITAL	27	\$86,588.62
VIRTUA MEDICAL GROUP	57	\$21,195.77
CENTENNIAL SURGERY CENTER LLC	2	\$20,547.00
KENNEDY UNIVERSITY HOSPITAL INC.	4	\$17,633.90
OCCUPATIONAL HEALTH CENTERS	83	\$14,349.19
REHAB CLINICS	114	\$12,227.35
IVY REHAB NETWORK INC	124	\$11,950.00
EMERGENCY PHYSICIAN ASSOCIATES OF SOUTH JERSEY, PC	24	\$11,794.04
SOUTH JERSEY MUSCULOSKELETAL LLC	1	\$11,092.50
PREMIER ORTHOPAEDIC ASSOCIATES	23	\$9,414.84
Grand Total	459	\$216,793.21

Savings By Specialty

	BILL COUNT	BILLED	APPROVED	SAVINGS	% SAVINGS
Physical Therapy	320	\$152,869.00	\$31,856.64	\$121,012.36	79%
Occupational Medicine	153	\$96,125.94	\$38,486.49	\$57,639.45	60%
Orthopedic Surgery	63	\$81,991.28	\$55,219.52	\$26,771.76	33%
MRI/Radiology	38	\$35,093.10	\$15,530.76	\$19,562.34	56%
Behavioral Health	28	\$11,572.00	\$7,216.16	\$4,355.84	38%
Neurosurgery	8	\$3,300.00	\$1,243.70	\$2,056.30	62%
Emergency Medicine	3	\$1,602.40	\$1,395.46	\$206.94	13%
Durable Medical Equipment	4	\$1,683.79	\$1,592.62	\$91.17	5%
Grand Total	617	\$384,237.51	\$152,541.35	\$231,696.16	60%



Professional Municipal Management JIF

1/1/2025 – 12/31/2025

Workers' Compensation Claims Reported

	MEDICAL ONLY	REPORT ONLY-WC	INDEMNITY	Grand Total
EVESHAM TOWNSHIP	11	17	3	31
EVESHAM TWP FIRE DIST. 1	2	11	2	15
MAPLESHADE TOWNSHIP	5	9	1	15
MOORESTOWN	8	4	0	12
WILLINGBORO TOWNSHIP	26	6	7	39
Grand Total	52	47	13	112

APPENDIX I

NOVEMBER 25, 2025 MINUTES

**PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND
OPEN SESSION MINUTES
MEETING – NOVEMBER 25, 2025
MOORESTOWN TOWN HALL, NJ 08057
2:00 PM**

Meeting of 2025 Fund Commissioners called to order by Chairman Kevin Aberant. Open Public Meetings notice read into record.

ROLL CALL OF 2025 FUND COMMISSIONERS:

Kevin Aberant, Chairman	Township of Moorestown	Present
David Pfeiffer	Township of Evesham	Absent
Ivy Carmichael	Township of Willingboro	Present
Pat Lyons	Township of Maple Shade	Present

ALTERNATE FUND COMMISSIONER:

Dwayne Harris	Township of Willingboro	Absent
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SPECIAL FUND COMMISSIONER:

APPOINTED OFFICIALS PRESENT:

Executive Director/Administrator	PERMA Risk Management Services Bradford C. Stokes, Crystal Chuck Liz Chipman
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Treasurer	Tom Tontarski
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Attorney	Helmer, Conley & Kasselman William Kearns, Esquire
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Auditor	Bowman & Company
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Claims Service	Qual Lynx Kathy Kissane
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Safety Director	J.A. Montgomery Risk Control Harry Earl
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Managed Care Organization	QualCare Christine Gallagher
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Underwriting Manager	Conner Strong & Buckelew Jonathon Tavares
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Risk Management Consultant	Conner Strong & Buckelew Tom Merchel, Jaclyn Lindsey
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ALSO PRESENT:

Maureen Mitchell, Evesham Township Fire District

APPROVAL OF MINUTES: October 28, 2025 - Open Minutes

MOTION TO APPROVE OPEN AND CLOSED MINUTES OF OCTOBER 28, 2025:

Moved: Commissioner Lyons
Second: Commissioner Carmichael
Vote: Unanimous

CORRESPONDENCE: **NONE.**

EXECUTIVE DIRECTOR:

Executive Director introduced Elisabeth Chipman, who joined Perma as an account analyst three months ago.

2026 BUDGET – Executive Director reported at the October Fund Meeting, the Board of Fund Commissioners introduced the Budget for 2026 in the amount of \$5,401,665 that represents a 2.69% increase over last year’s budget. Executive Director stated the budget decreased by \$626 since introduction as the EPL/POL premium increased, however the MEL is covering that increase. The revised budget is \$5,401,039. In accordance with state regulations, the proposed budget has been advertised in the Fund’s official newspaper and sent to each member municipality/entity and was enclosed in the agenda, additionally the Proposed assessments were enclosed as well.

Executive Director reported the gives three levels, mid , low, and high. The Fund tends to stay around mid. An increase in auto liability of 24% was noted, the MEL assessment decreased to 7.1%. Expenses, contractual increases, are mostly at 2% down line. RMC fee, POL and Land Use liability are now at 2.6%. Executive Director stated there was some fluctuations in the 2026 Assessments that were due to some POL/EPL losses.

- Motion to open the Public Hearing on the 2026 Budget.**
- Discussion of Budget & Assessments.**
- Motion to close the Public Hearing.**
- Motion to adopt the 2026 Budget & Certify Assessments.**

Motion: Commissioner Carmichael
Second: Commissioner Lyons
Vote: 3 Ayes – 0 Nays

2025/2026 ELECTED OFFICIALS SEMINAR – Executive Director reported that this year’s elected officials training program will focus on Property and Casualty Losses. Two sessions were held as part the League of Municipalities Conference. Executive Director stated the sessions were well attended and that the sessions will be posted on the MEL website after the new year for Public Officials and Town Managers to view

For 2026, the MEL will continue to reduce each member's assessment by \$250 for each municipal elected official and/or authority commissioner who completes the Elected Official course by May 2026. The maximum credit is capped based on member's assessment. The credit is also extended to the member's CEO (i.e. municipal manager/administrator or authority executive director). The

notice was included in the agenda and was emailed to commissioners and risk management consultants.

MEL- The MEL held their meeting and the public hearing on the 2026 budget on November 19, 2025 at the Sheraton Hotel in Atlantic City. A report of the meeting will be distributed when complete.

EJIF- The EJIF held their last meeting on November 13th via Zoom. A report of the meeting will be distributed when complete.

MEL, RCF, EJIF & Cyber Representative - The fund should elect its representative to the MEL, RCF, EJIF& Cyber JIF for the 2026 Fund Year. The Fund has recommended to elect Commissioner Kevin Aberant.

Motion to elect Kevin Abernt as the Professional Municipal Management Joint Insurance Fund's 2026 representative to the Municipal Excess Liability Joint Insurance Fund.

Motion to elect Kevin Abernt as the Professional Municipal Management Joint Insurance Fund's 2026 representative to the Residual Claims Fund Joint Insurance Fund.

Motion to elect Kevin Abernt as the Professional Municipal Management Joint Insurance Fund's 2026 representative to the Environmental Joint Insurance Fund.

Motion to elect Kevin Abernt as the Professional Municipal Management Joint Insurance Fund's 2026 representative to the NJ Cyber Risk Management Fund.

Moved:	Commissioner Lyons
Second:	Commissioner Carmichael
Vote:	Unanimous

Employment Practices Compliance Program: As a reminder, every two years, the MEL asks its members to update their Employment Practices Compliance Program consisting of personnel manual, employment manual and training programs. Executive Director reported the deadline for completion and submission of the Best Practices Checklist is December 1st and that we are waiting on two checklist to be submitted.

Managers and Supervisors Training – Executive Director reported J.A. Montgomery has added a training course for Managers and Supervisors. Course is offered in an on-demand format and is available through MSI Now. Included in the agenda was the announcement.

Xcitium (D2) Cyber Security Report – The Cyber Security Status Report was discussed in closed session.

NJ SEM – Executive Director reported the NJ SEM is a joint meeting that purchasing electric & gas for over 200 member entities across New Jersey. Willingboro and Maple Shade are members in this region. Executive director said if anyone is interested in joining please reach out to the Fund office. Included in the agenda was the latest on the savings it has brought its members over the last 10 years.

Due Diligence Reports: Monthly reports submitted to Fund Commissioners including Monthly Lost Time Accident Frequency, Quarterly 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. Executive Director reported the 3rd quarter Financial Fast Track as of September 30th shows a positive increase \$4.7 million surplus with \$9.8m in cash. October Loss Ratio report shows the PMM JIF at 20.74% and the Actuary targeted us at 45.80%; this time last year we were at 34.80%. Claims Activity Report showed 2 more open claims for the month of October. Loss Time Accident Frequency was distributed showing 1.37 for the month of October.

Executive Director's Report Made Part of Minutes.

ATTORNEY: Attorney Kearns stated to remind employees, particularly the police department, when they are contacted by phone, be prepared to provide information to the Fund attorney.

TREASURER: Mr. Tontarski reviewed the treasurer's report with the Fund.

Payment of November 2025 Vouchers Resolution 25-26

Fund Year 2024	\$11,500.00
Fund Year 2025	\$58,591.69
Total	\$70,091.69

MOTION TO APPROVE RESOLUTIONS 25-26 VOUCHER LIST FOR THE MONTH OF NOVEMBER

Motion: Commissioner Carmichael
Second: Commissioner Lyons
Vote: 3 Ayes – 0 Nays

Confirmation of Claims Payments/Certification of Claims Transfers for the Month of October 2025:

2025	\$63,757.55
2024	\$6,442.84
2023	\$49,894.89
2022	\$15,596.20
2021	\$16,713.80
Closed	0.00
TOTAL	\$152,405.28

Treasurer's Report Made Part of Minutes.

SAFETY DIRECTOR:

REPORT: Safety Director Glenn Prince reviewed the Safety Director's Report enclosed in the agenda. Mr Prince reported all of their training through January 30, 2026 has been uploaded to njmel.org. Open enrollment for leadership academy begins on Dec 1st – Dec 22nd with a Jan 1, 2026 circuit. Should you choose to participate in the program, you have two years to complete the program successfully and receive a plaque upon completion. Mr. Prince said the safety committee last met on September 16th, the next meeting is scheduled for December 16th. Mr. Prince completed the last contractual loss control visit in Willingboro at their recreational facility and reported a lot of renovations and good things happening there.

RISK MANAGERS REPORT:

REPORT: Risk Manager Jaclyn Lindsey reviewed Risk Managers report. Ms. Lindsey highlighted the topics in his report, Subrogation Best Practices, Winter Slip and Fall Prevention, and Best Practices to Prevent Lifting Injuries.

UNDERWRITING MANAGER:

REPORT: Underwriting Manager Jonathon Tavares reported there was 2 certificates at this time. Cyber Risk Management reports were distributed to Commissioners and review by the Executive Director. Mr. Tavares said the underwriting team has begun to distribute members renewal documents such as auto id's and workers' compensation posters. Clerks are to expect them in the mail. Renewal certificates of insurance are to follow after the Thanksgiving holiday. Mr. Tavares reported that the Excess renewals are looking great. Underwriting will have a renewal recap webinar sometime in January.

Monthly Activity Report/Agenda Made Part of Minutes.

MANAGED CARE:

REPORT: Chistine Gallagher reported summary showing an approved savings of \$59,491.89, which is a 60% savings as of October 2025.

Monthly Activity Report Part of Minutes.

CLAIMS ADMINISTRATOR:

REPORT: Claims Manager, Kathy Kissane, reported there are 2 PARs will be reviewed in closed session.

Report Part of Minutes.

OLD BUSINESS: NONE.

NEW BUSINESS:

PUBLIC COMMENT: NONE

MOTION TO GO INTO EXECUTIVE SESSION

Moved:	Commissioner Carmichael
Second:	Commissioner Lyons
Vote:	Unanimous

MOTION TO GO INTO OPEN SESSION

Moved:	Commissioner Lyons
Second:	Commissioner Carmichael
Vote:	Unanimous

MOTION TO APPROVE PARS AS DISCUSSED IN EXECUTIVE SESSION

Moved:	Commissioner Carmichael
Second:	Commissioner Lyons
Vote:	3 Ayes, 0 Nays

MOTION TO ADJOURN MEETING:

Motion:	Commissioner Carmichael
Second:	Commissioner Lyons
Vote:	Unanimous

MEETING ADJOURNED: 2:44 pm

NEXT REGULAR MEETING: January 27, 2026
Maple Shade Municipal Building at 2:00PM

Crystal M. Chuck, Assisting Secretary for
IVY CARMICHAEL, SECRETARY

APPENDIX II

DECEMBER 30, 2025 MINUTES

**PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND
OPEN SESSION MINUTES
MEETING – DECEMBER 30, 2025
VIA ZOOM
2:00 PM**

Meeting of 2025 Fund Commissioners called to order by Chairman Kevin Aberant. Open Public Meetings notice read into record.

ROLL CALL OF 2025 FUND COMMISSIONERS:

Kevin Aberant, Chairman	Township of Moorestown	Present
David Pfeiffer	Township of Evesham	Present
Ivy Carmichael	Township of Willingboro	Absent
Pat Lyons	Township of Maple Shade	Present

ALTERNATE FUND COMMISSIONER:

Dwayne Harris	Township of Willingboro	Present
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SPECIAL FUND COMMISSIONER:

APPOINTED OFFICIALS PRESENT:

Executive Director/Administrator	PERMA Risk Management Services Bradford C. Stokes, Karen Read Crystal Chuck
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Treasurer

Attorney	Helmer, Conley & Kasselman William Kearns, Esquire
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Auditor	Bowman & Company
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Claims Service	Qual Lynx Kathy Kissane
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Safety Director	J.A. Montgomery Risk Control Glenn Prince
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Managed Care Organization	QualCare Christine Gallagher
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Underwriting Manager	Conner Strong & Buckelew Jonathon Tavares
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Risk Management Consultant	Conner Strong & Buckelew Tom Merchel, Jaclyn Lindsey
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ALSO PRESENT:

Township of Moorestown Additional Insured – Executive Director reported the Township of Moorestown requested the Fund office and Risk Manager to look into the feasibility of adding Moorestown Fire District No. 1 and the Moorestown First Aid & Emergency Squad as additional named insured on the Township’s policies with the JIF. Executive director said meetings were held with both entities attended by the fund’s Risk Manager and Executive Director, the meetings went well and the were impressed with what they saw. The risk manager made presentations to both showing the benefits and savings that they could achieve by joining the JIF. Risk Manager Merchel mentioned they are interested in the programs the JIF has to offer. The Fire District consists of 2 firehouses; 6 full-time & 13 part-time employees and houses 4 fire trucks and 6 support vehicles. The First Aid Squad has 4 ambulances and 2 support vehicles and 13 full-time EMT’s, 4 part-time and 15 per diem employees. The proposed assessments are \$88,847 for the fire district and \$129,898 for the first aid squad. Both are significant savings and broader coverage for both entities. They have accepted the offers pending fund commissioner approval. Chairman Aberant inquired is the addition of the new members will effect the cost of other members, Executive Director stated it will not.

Motion to approve adding Moorestown Fire District No. 1 and the Moorestown First Aid & Emergency Squad as Additional Named Insured under Moorestown’s policies with the JIF.

Moved: Commissioner Lyons
Second: Commissioner Pfeiffer
Vote: 3 Ayes, 0 Nays

Report Part of Minutes.

OLD BUSINESS: NONE.

NEW BUSINESS:

PUBLIC COMMENT: Risk Manager Tom Merchel advised Commissioners the importance of getting their POL/EPL checklist submitted as the deadline is fast approaching.

MOTION TO ADJOURN MEETING:

Motion: Commissioner Pfeiffer
Second: Commissioner Lyons
Vote: Unanimous

MEETING ADJOURNED: 10:15 am

NEXT REGULAR MEETING: January 27, 2026
Maple Shade Municipal Building at 2:00PM

Crystal M. Chuck, Assisting Secretary for
IVY CARMICHAEL, SECRETARY

APPENDIX III

RCF, EJIF, & MEL



Municipal Excess Liability Residual Claims Fund

9 Campus Drive – Suite 216
Parsippany, New Jersey 07054
Tel (201) 881-7632
Fax (201) 881-7633

January 9, 2026

Memo to: Board of Fund Commissioners
Professional Municipal Management Joint Insurance Fund

From: Chairman Kevin Aberant

Re: RCF 2026 Reorganization Meeting

The Executive Director reporting on the following:

Executive Committee Nominations: RCF conducts its meetings as a Board of Commissioners, regulations require the election of an Executive Committee. Below is a listing of the 2026 Executive Committee and Alternates.

2026 Executive Committee
Joseph Criscuolo, Central, Chairperson
Michael Razze, TRICO JIF, Secretary
Paul Tomasko, Bergen JIF
Thomas Nolan, Monmouth JIF
Megan Champney Kweselait, Suburban Municipal
Brian Bigler, NJUA JIF
Sherry Sims, NJPHA JIF

Alternates - Executive Committee
Veronica Laureigh, Ocean JIF
Meghan Jack, Burlco JIF
Brian McNeilly, Morris JIF
Gregory Franz, South Bergen JIF
John Clarke, MEL JIF
James Paganowski - Atlantic JIF
Michael Mevoli – Camden JIF
Gary Jeffas – Suburban Metro JIF
Kevin Aberant – PMM JIF

RCF Claims Committee: The following commissioners were submitted to serve on the 2026 RCF Claims Committee:

RCF Claims Committee
Joseph Criscuolo, Central, Chairperson
Michael Razze, TRICO JIF, Secretary
Sherry Sims, NJPHA JIF
Veronica Laureigh, Ocean JIF
Gregory Franz, South Bergen JIF
Brian McNeilly, Morris JIF

Reorganizational Resolutions: The Board adopted the following resolutions as part of the reorganization process:

Resolution 1-26 Fund Professionals and Service Organizations: The RCF Board awarded competitive contracts in accordance with the New Jersey Local Publics Contract Law, N.J.S.A. 40A:11-4.1et. Seq. for fund years 2026, 2027 and 2028. Contracts will be forwarded to each Fund Professional which will outline adjustments to compensation for Fund year 2026.

The Board of Fund Commissioners confirmed the following:

2026 Fund Professionals	
Administrator	Joseph Hrubash, PERMA Risk Mgmt. Services
Deputy Administrator	Arthur J. Gallagher Risk Mgmt. Services (holdover on month-to-month basis on expiring terms)
Attorney	Fred Semrau, Esq. of Dorsey & Semrau
Excess Claims Supervisor	CB Claims LLC
Treasurer	Charles Cuccia
Actuary	The Actuarial Advantage

Resolution 2-26 Appointing Qualified Purchasing Agent: The RCF Board awarded the professional services contract without competitive bidding to Laracy Associates LLC. to serve as the fund's Qualified Purchasing Agent.

Resolution 3-26 Appointing Independent Accountant: The RCF Board awarded a professional services contract without competitive bidding to Derek Macchia to serve as the Fund's independent accountant.

Resolution 4-26 Appointing Fund Depository: The RCF Board awarded a professional service agreement in accordance with a fair and open process pursuant to N.J.S.A. 19:44A – 20.4 et. seq. appointing TD Bank as the Fund's Banking Manager.

Resolution 5-26 Fiscal Management Plan: Resolution submitted designating Official Depositories and approving a Cash Management Plan; authorizing Signatories on

Administrative Accounts; authorizing Signatories on Claim Accounts; establishing a rate of interest for delinquent assessments; establishing a wire transfer procedure; and certifying Approval Officer for all Fund expenses. In addition to the Chair, Secretary and Treasurer, Commissioner Greg Franz was designated as the additional RCF Commissioner signatory.

Resolution 6-26 Public Meeting Procedures: The Board of Fund Commissioners confirmed the following meeting schedule:

2026 Meeting Schedule & 2027 Reorganization		
March 20, 2026	Forsgate Country Club	11:30 am
June 15, 2026	Forsgate Country Club	11:30 am
September 14, 2026	Forsgate Country Club	11:30 am
October 19, 2026	Forsgate Country Club	11:30 am
January 11, 2027	Forsgate Country Club	11:30 am

The RCF Claims Committee will meet via teleconference at 9:30AM on the following dates: January 7, March 18, May 6, June 3, July 15, September 9, October 14 and December 2, 2026. The committee is also scheduled to meet January 6, 2027.

Effective March 1, 2026 the RCF will publish all legal notices on its webpage is designated for official notices – <https://njmel.org/nj-residual-claims-fund/> and the webpage will include a hyperlink to the Secretary of State's legal notices website.

Resolution 7-26 Remote Meeting Procedures: The Board adopted a resolution establishing procedures for including public comment during a remote meeting.

Resolution 8-26 Fund Records: The Board confirmed the establishment of a Fund Records program appointing the Fund Secretary as custodian of records and PERMA Account Manager as Assistant Fund Secretary.

Resolution 9-26 Risk Management Plan: The Board adopted the 2026 Risk Management Plan which detailed coverage, assessment methodology and procedure for closure of fund years.

Claims Committee: The Claims Review Committee met on December 3, 2025 and January 7, 2026 at 9:30 AM via teleconference.

Next Meeting: The next meeting of the RCF will be March 20, 2026 at 11:30 AM at Forsgate Country Club.



**New Jersey Municipal Environmental
Risk Management Fund**

9 Campus Drive, Suite 216
Parsippany, New Jersey 07054
Tel (201) 881-7632
Fax (201) 881-7633

DATE: January 6, 2025

TO: Executive Committee
Professional Municipal Management Joint Insurance Fund

FROM: Chairwoman Susan Danson

SUBJECT: Summary of Topics Discussed at E-JIF Meeting

2025 REORGANIZATION- The election of the slate was confirmed. Below is a listing of the 2025 Executive Committee and Alternates.

Position	JIF	Fund Commissioner	Member
Chairman	Morris	Brian McNeilly	Stanhope
Secretary	Ocean	Veronica Laureigh	Lacey Twp.
Executive Committee	Burlco	Meghan Jack	Riverside
	Monmouth	Thomas Nolan	Brielle
	Camden	Joe Wolk	Mount Ephraim
	South Bergen	Greg Franz	Edgewater
	NJUA	Bernie Rutkowski	Toms River MUA
	Suburban Municipal	Megan Champney	Summit City
Alternates:			
1.	Bergen	Paul Tomasko	Alpine
2.	Central	Casey Wagner	Woodbridge
3.	Suburban Metro	Vince Quatrone	Little Falls
4.	Trico	Michael Razze	Pittman
5.	PMM	Susan Danson	Maple Shade
6.	Atlantic	James Pacanowski	Ventnor City

REORGANIZATIONAL RESOLUTIONS – The 11 Resolutions necessary to undertake the 2025 Reorganization of the Fund were reviewed and adopted by the Board.

2025 STANDING COMMITTEES - Five standing committees were established for the 2025 Fund year. The five (5) committees are Coverage committee, Rules & Contracts committee, Budget & Finance committee, Nominating committee, and Claims committee.

2024 EJIF DIVIDEND FILING - The Fund refiled the 2024 dividend with the Department of Banking and Insurance (DOBI) on October 17, 2024 after making the requested minor adjustments for rounding errors. As no further communication was received after 30 days, the Fund released the 2024 dividend.

UST POLICY RETROACTIVE (RETRO) DATE - Upon the recommendation of the Coverage Committee, the Board of Fund Commissioners approved a change to all member Underground Storage Tank (UST) policies from using retroactive dates to instead offer Full Prior Acts coverage back to the EJIF's inception. A retroactive date is a policy provision that is contained in most claims-made policies and eliminates coverage for events that initially occurred prior to a specified date (the retroactive date), even though the claim is first made during the current policy period. The "Full Prior Acts" designation allows coverage for events that initially occurred at any time in history (but reported during an insured policy period) and acknowledges the fact the local unit has maintained continuous coverage on the subject UST(s) for some time. The EJIF relies on its Engineer to approve the coverage for a subject tank based on Federal & State requirements and recommends coverage accordingly. This has become relevant due to the recent addition of the Atlantic JIF.

2025 MEETING SCHEDULE:

2025 Meeting Schedule		
March 21, 2025	Forsgate Country Club	11:05 am
June 9, 2025	Forsgate Country Club	11:05 am
September 8, 2025	Forsgate Country Club	11:05 am
October 15, 2025	Forsgate Country Club	11:05 am
November 12, 2025	Virtual	9:30 am
January 9, 2026	Forsgate Country Club	11:05 am



Municipal Excess Liability Joint Insurance Fund

9 Campus Drive – Suite 216

Parsippany, NJ 07054

Tel (201) 881-7632 - Fax (201) 881-7633

Date: Friday, January 9, 2026

To: Board of Fund Commissioners

Professional Municipal Management Joint Insurance Fund

From: Chairman Kevin Aberant

Subject: Executive Director's Report

2026 Reorganization: The MEL conducted its annual Reorganization, electing a Chair, Secretary, Executive Committee and Alternates as follows:

Chair	Veronica Laureigh	Ocean JIF
Secretary	Adam Brewer	Morris JIF
Executive Committee		
	Greg Franz	South Bergen JIF
	Tom Nolan	Monmouth JIF
	Megan Champney Kweselait	Suburban Municipal JIF
	Paul Tomasko	Bergen JIF
	Michael Razze	Trico JIF
Alternates		
	John Clarke	NJPHA JIF
	Bernard Rutkowski	NJUA JIF
	Meghan Jack	Burlco JIF
	Jim Ulrich	NJSI JIF
	Robert McFarland	FIRST JIF
	Joy Tozzi	Mid-Jersey JIF
	Kevin Aberant	PMM JIF
	Joseph Criscuolo	Central JIF
	Frank Elenio	PAIC JIF
	James Paganowski	Atlantic JIF
	Gary Jeffas	Suburban Metro JIF
	Michael Mevoli	Camden JIF

Commissioner Tomasko thanked board members for the past two years as MEL Chair noting it was a privilege to succeed Commissioner Tozzi and that he was grateful to pass the baton to Commissioner Laureigh. Chairwoman Laureigh thanked Commissioner Tomasko for his two years of MEL leadership and also thanked the Board for their confidence in appointing her as Chair.

2026 Reorganization Resolutions: The Board of Fund Commissioner reorganized and adopted the resolutions noted below.

Resolution #1-26 Authorizing Award of Competitive Contract Request for Proposals (CCRFP)

Auditor is Nisivoccia LLP, Attorney is Dorsey & Semrau, Excess Liability Claims Administrator is CB Claims LLC, Excess WC Administrator is Qual-Lynx, Excess Property Claims is Vanguard, Qual-Lyn is Managed Care Organization, Matthew Laracy is Treasurer, The Actuarial Advantage is Actuary, Pathways Government Relations is Lobbyist, Carr, Riggs & Ingram is Internal Auditor-Financial Services, Baker Tilly is Internal Auditor-Insurance Services, PERMA Risk Management Services is Executive Director, Conner Strong & Buckelew is Underwriting Manager-WC, Property and Casualty and J.A. Montgomery is Safety Director.

Resolution #2-26 Authorizing Agreement with Matthew Cavallo – Laracy Associates LLC as Qualified Purchasing Agent (QPA)

Resolution #3-26 Establishing 2026 Fiscal Management Plan; Commissioner Greg Franz is the designated Fund Commissioner signatory

Resolution #4-26 Establishing 2026 Public Meeting Procedures

Resolution #5-26 Establishing Funds Records Program

Resolution #6-26 Establishing Remote Procedures during declared State of Emergency

Resolution #7-26 Designation of Official Depository

Resolution #8-26 2026 Plan of Risk Management

Resolution #9-26 Award Excess Coverage – Equipment Breakdown to Chubb

Resolution #10-26 Award Excess Coverage -Workers' Compensation to Safety National

Resolution #11a-26 to #11oo-26 Award Excess Coverage – Property to 40 carriers

Resolution #12-26 Award Excess Coverage - Non-Owned Aircraft to Endurance

Resolution #13a-26 to #13h-26 Award Excess Coverage – Liability; Optional Excess Liability to Safety National, MunichRe, Great American, Palomar and Obsidian and Optional Public Officials Liability/Employment Practices to MunichRe and Great American

Resolution #14-26 Award Excess Coverage – Crime to Underwriters at Lloyd's

Resolution #15-26 Appointment of Special Legal Counsel - Thomas J. Germinario, Esq.

Resolution #16-26 Appointment of Special Legal Counsel – Matthew Giacobbe, Esq.

Resolution #17-26 Appointment of Special Legal Counsel – Craig Domalewski, Esq.

Resolution #18-26 Appointment of Eagle Asset Management as Asset Manager, Bank of New York as Custodial Services & Accounting & NW Financial Services Financial Adviser

2026 Standing Committee Chairpersons: The following Fund Commissioners will serve as Committee Chairs for the Fund Year 2026.

Management Committee	Veronica Laureigh
Marketing Committee	Joy Tozzi
Coverage Committee	Adam Brewer
Investment Committee	Adam Brewer
Legislative Committee	Greg Franz
Nominating Committee	Jim Ulrich
Safety & Education Committee	Bernard Rutkowski
Audit Committee	Adam Brewer
Claims Review Committee	Megan Champney Kweselait

Executive Director's Report

The Executive Director reported on the following:

2026 Membership: Effective January 1st the following public entities have joined these MEL-affiliated joint insurance funds (JIFs):

Holmdel – Monmouth JIF
West Orange – Central Jersey JIF

Effective January 1st the following public entities did not renew their affiliated joint insurance funds (JIFs):

Hopewell – Trico JIF
Hamilton - Atlantic JIF
Galloway – Atlantic JIF
Matawan – Monmouth JIF
Dover – Morris JIF
Paramus – NJSI JIF

CCRFP Evaluation Committees: The following is a summary of the MEL Committees that met to evaluate and score responses for the noted CCRFPs. Committee minutes were submitted for information and Resolution #1-26 reflected the committee's final recommendations. The QPA submitted reports outlining the committee's recommendations and scoring results by position.

Management Committee met on December 22nd to review recommendations from the Claims Review Committee concerning 2026 appointments for excess property, workers' compensation and liability claims administrators. Management Committee voted to appoint Vanguard to serve as excess property claims administrator effective January 1, 2026 to provide adequate time to begin the transition.

In addition, Management Committee reviewed proposals in response to CC#25-02 (Actuary); CC#25-03 (Attorney); CC#25-12 (Legislative Agent); CC#25-14 (Strategic Planning/Communication Consultant) and CC#25-16 (Treasurer). Management Committee also met with the Fund Attorney and QPA and reviewed responses for CC#25-17 (Executive Director); CC#25-18 (Underwriting Manager – Workers' Compensation); CC#25-19 (Underwriting Manager - Property Casualty); CC#25-20 (Safety Director). Responses for Strategic Planning failed to

return addendum acknowledgment and as a result the Fund will be reissuing this RFP.

Coverage Committee met December 18, 2026 to review responses for CC#25-15 (Technical Writer). Responses for Technical Writer did not meet the minimum qualifications and as a result, the Fund will be reissuing this RFP.

Claims Committee met on December 10th to review responses to CC#25-05 (Claims Administrator Excess Liability Litigation), CC#25-06 (Claims Administrator Excess Property), CC#25-07 (Claims Administrator Excess Workers Compensation) and CC#25-13 (Managed Care).

Audit Committee met on December 16th to review responses to CC#25-04 (Auditor); CC#25-10 (Internal Auditor-Financial Review) and CC#25-11A (Internal Auditor-Insurance Review).

Safety & Education Committee members reviewed and scored responses received to the CC#25-20 (Safety Director).

Reinsurance Committee: Reinsurance Committee met with the Underwriting Manager on December 22nd to review the 2026 renewal results and to consider insurer options on coverage enhancement, modifications on sub-limits, carriers and excess crime coverage. Submitted for information were the committee minutes as well as the Underwriting Manager's 2026 Renewal Overview presentation.

Fund Professional Contracts In Force: Submitted for information was a memorandum outlining the contracts the Fund currently has in force as well as the 2026 compensation.

Those contracts are: Acrisure is Marketing Consultant, Princeton Strategic Communications is Marketing Manager, PJM Consultants is Southern NJ Marketing Consultant, LaMendola Associates is Training Consultant for Manager/Supervisor Training, BIS Safety is the Learning Management System provider, Origami is the Risk Management & Information System provider and Benchmark Analytics is Police Accreditation Study Consultant.

In addition, J.A. Montgomery submitted a status report on Phase 2 of the Benchmark Analytics Police Accreditation Study. The next phase of the study will review operations of twenty-five law enforcement agencies - identified based on their low claim activity – to understand why some agencies perform better than others. Safety National, the Fund's Excess Workers' Compensation carrier, has agreed to support the study via a \$75,000 grant issued to the MEL.

Legislative Committee: This committee last met on November 19, 2025 and minutes of that meeting were submitted for information.

Residual Claims Fund (RCF): The RCF scheduled its 2026 Reorganization meeting for Monday January 9, 2026 at 11:30AM. Commissioner Adam Brewer is the designated MEL Representative for the 2026 Fund Year.

Cyber JIF: The NJ Cyber JIF conducted its public hearing on the 2025 budget on November 25, 2025 via Zoom; a copy of the report was submitted for information. The Cyber JIF is scheduled to reorganize on January 15, 2026.

The Cyber JIF approved an AI Template, which is now posted to the Cyber JIF “members only” section of the webpage. In addition, Cyber JIF Underwriting Manager has prepared an addendum to the Operation Technology Framework to account for municipalities with utility operations and utility authorities. The Cyber JIF recommended a select group of members to review the addendum prior to its release to all membership.

Power of Collaboration: Submitted for information was the latest in the series of Power of Collaboration advertisements to be published in the League of Municipalities magazine. The ad highlights that the South Bergen JIF was the 2nd municipal JIF organized in New Jersey and has provided savings of \$296 million since inception and a 60% reduction in Lost Time Accident rate since 1991.

Claims Review Committee: Committee last met on December 1st and the morning of January 9th; minutes of these meetings are sent to the full MEL Board separately from the agenda.

Underwriting Manager Report

Underwriting Manager reported it was a successful renewal with an overall 1% rate decrease of the entire MEL program resulting in significant savings. Underwriting manager highlighted the following coverage enhancements effective January 1, 2026:

- Reduced deductible on Named Windstorm (NWS) - going from a 5% deductible with a \$10million cap to a 2.5% deductible with a \$10million cap
- Increased limits on Flood Non-High Hazard limits from \$75million to \$110million and Flood High Hazard limits from \$50million to \$75million
- Increased excess crime limits of \$4million limit excess of the MEL’s \$1 million limit with a \$10 million aggregate
- Increased cyber-crime limits from \$250,000 to \$500,000 in both the primary and excess layers.

A post renewal webinar has been scheduled for January 26, 2026 at 10AM; registration details will be sent to members.

Attorney Report

Fund Attorney summarized successful 2025 & upcoming 2026 initiatives as follows:

- In 2025, developed an overall strategy to address stormwater litigation where members were eligible for specialized legal and engineering consultation;
- In 2025, formalized a process to address potential conflicts of

- interest;
- Engaged the services of special legal counsel to defend a sexual molestation claim, which will be heard by the NJ Supreme Court in early 2026; and
- Developed Land Use Training to be conducted in 2026.

Executive Session: Fund Attorney requested a brief Executive Session to discuss a contractual matter under Attorney-Client privilege.

2026 & January 2027 MEL JIF Meeting Schedule

Except for November, all meetings will be held at the Forsgate Country Club in Monroe, NJ at 10:30AM.

Friday, March 20, 2026

Monday June 15, 2026

Monday September 14, 2026

Monday October 19, 2026

Wednesday November 18, 2026 – 12:30PM Steel Pier Room; Sheraton Hotel – Atlantic City, NJ

Monday January 11, 2027 – 2027 Reorganization Meeting

Appendix IV
Qual-Lynx 2026 Servicing Personnel Packet

OVERALL ACCOUNT RESPONSIBILITY

Kathleen M. Kissane Assistant Vice President, Account Management	Ph: 609-833-2178 Fax: 609-653-2928 Cell: 609-457-3752	kathleen.kissane@qual-lynx.com
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WORKERS' COMPENSATION

Caty Lambe WC Unit Manager	Ph: 732-507-6723 Fax: 908-222-2299	catherine.lambe@qual-lynx.com
Tony Jones WC Assistant Supervisor	Ph: 732-562-2826 Fax: 908-222-2299	anthony.jones@qual-lynx.com
Marge Guinane WC Litigation Specialist	Ph: 732-507-6731 Fax: 908-222-2299	marge.guinane@qual-lynx.com
Karen Hinkley Lost Time /Litigation Adjuster	Ph: 732-507-6713 Fax: 908-222-2299	karen.hinkley@qual-lynx.com
Tyhesia Brown WC Medical Only Adjuster	Ph: 732-507-6795 Fax: 908-222-2299	tyhesia.brown@qual-lynx.com

LIABILITY

Karen Berenato Liability Manager	Ph: 609-833-2931 Fax: 609-601-3173	karen.berenato@qual-lynx.com
Susan Lovett Assistant Liability Supervisor	Ph: 609-833-2185 Fax: 609-601-3173	susan.lovett@qual-lynx.com
Robin Sulzer Liability Senior Claim Analyst	Ph: 609-601-3185 Fax: 609-601-3173	robin.sulzer@qual-lynx.com
Jamar Howard Liability Senior Claim Analyst	Ph: 609-250-9652 Fax: 609-601-3173	jamar.howard@qual-lynx.com
Donna Crosson Liability Adjuster	Ph: 609-833-2203 Fax: 609-601-3173	donna.crosson@qual-lynx.com
Milan Davis Liability Adjuster	Ph: 609-732-1058 Fax: 609-601-3173	milan.davis@qual-lynx.com

PROPERTY

Brian Foster Property Manager	Ph: 732-352-9729 Fax: 609-601-3173 Cell: 609-402-5218	brian.foster@qual-lynx.com
Eileen Stasuk Property Adjuster	Ph: 609-833-2091 Fax: 609-601-3193	eileen.stasuk@qual-lynx.com
Doris Moore Property Adjuster	Ph: 609-833-2903 Fax: 609-601-3194	doris.moore@qual-lynx.com
Karen Oliva Property Adjuster	Ph: 609-360-2236 Fax: 609-601-3192	karen.oliva@qual-lynx.com
CarolAnn Cena Property Adjuster	Ph: 609-796-9898 Fax: 609-601-3192	carolann.cena@qual-lynx.com

WORKERS' COMPENSATION MANAGED CARE

Christine Gallagher Client Services Manager	Ph: 609-365-4016	christine.gallagher@qual-lynx.com
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NURSE CASE MANAGEMENT

Stephanie Dionisio Workers' Compensation Clinical Services Manager	Ph: 609-833-9404 Cell: 609-968-4512	stephanie.dionisio@qual-lynx.com
Wendie Szamreta Nurse Case Manager	Ph: 877-822-9368 x. 22344	wendie.szamreta@qual-lynx.com

SENIOR MANAGEMENT

Kathleen M. Kissane Assistant Vice President, Account Management	Ph: 609-833-2178 Fax: 609-653-2928 Cell: 609-457-3752	kathleen.kissane@qual-lynx.com
Lisa Gallo Manager, Client Programs	Ph: 732-465-6364 Fax: 732-562-2815 Cell: 609-380-5288	lisa.gallo@qual-lynx.com
Eileen Luterzo Assistant Vice President, WC Clinical Services	Ph: 732-465-7342 Fax: 732-562-2815 Cell: 908-242-7202	eileen.luterzo@qual-lynx.com
Shelly Long Director, Claims Operations	Ph: 609-833-9267 Fax: 609-653-2928 Cell: 215-460-7799	shelly.long@qual-lynx.com

All Mail Should Be Sent To:

Regular and overnight:

100 Decadon Drive

Egg Harbor Township, NJ 08234

Main Phone Number: 609-653-8400



Claims Reporting Training

Professional Municipal Management Joint Insurance Fund

December 2025

Presented by:

Kathleen Kissane, Assistant Vice President, Account Management

Christine Gallagher, Client Programs Manager

Qual-Lynx handles:

- ✓ Automobile Liability – bodily injury or property damage to a third party
- ✓ General Liability – bodily injury or property damage to a third party
- ✓ Property – damage to your vehicles, equipment, or buildings
- ✓ Workers' Compensation – your employees' injury claims

Any injury sustained by an Employee of the Member, during the course of his/her employment, regardless of whether medical treatment is required.

COMPENSABILITY

- ✓ A claim that has been deemed work related and accepted is a compensable claim
- ✓ In New Jersey, an employer takes an employee “as is” with all ailments and infirmities (pre-existing issues)

BENEFITS

- ✓ Medical Treatment
- ✓ Temporary Total Disability (TTD) – Wage Replacement
- ✓ Permanent Partial Disability (PPD) – if litigated

_____ the medical providers, from whom the injured worker will receive medical treatment for work-related injuries.

The process begins with YOU!



Initial Direction of Medical Treatment

- Immediate Medical Attention is Priority... Then Report to Qual-Lynx
- In case of an emergency send employee to the nearest hospital or dial 911
- When in doubt call Qual-Lynx for guidance

WC Injury Card



Workers' Compensation

Name _____

Employer _____

IF YOU GET HURT ON THE JOB
TELL YOUR EMPLOYER IMMEDIATELY AND CALL QUAL-LYNX AT 1-877-822-9368
DO NOT GO TO YOUR OWN PRIVATE DOCTOR OR CHIROPRACTOR
IN CASE OF AN EMERGENCY, GO TO THE NEAREST HOSPITAL AND TELL YOUR
EMPLOYER AND QUAL-LYNX WITHIN 24 HOURS
PRESENT THIS CARD AT THE ADMITTING OFFICE OR DOCTOR'S OFFICE AT TIME
OF REGISTRATION

PROVIDER NETWORK AND
BILLING INSTRUCTIONS



PRE-CERTIFICATION IS REQUIRED PRIOR TO TREATMENT

CALL 1-800-240-0809 FOR APPROVAL

SUBMIT ALL BILLS TO:

QUALCARE, INC.
PO BOX 211156
Eagan, MN 55121

Jopari Payor I ID: J4059

- ✓ In Workers' Compensation, the Clock and Calendar are the enemy
- ✓ Success is Based on Good Communication
 - Injuries are best reported and attended to early
 - Immediate care from an appropriate and in-network medical provider equals quicker recoveries and faster return to work!
 - This translates into **LESS**:
 - a. Lost Time
 - b. Indemnity
 - c. Medical Costs
- ✓ Late reporting:
 1. Leads to injuries becoming worse over time, complicating treatment, and creating extra expenses
 2. Becomes more difficult to identify and determine whether the injury occurred on the job or not

- ✓ Name, address, and social security number for the injured worker
- ✓ Name of injured worker's employer
- ✓ Injured worker's job title and department
- ✓ Employee's current wages (earned income)
- ✓ Employee's current contact numbers (i.e. Home, Cell)
- ✓ Date, time, and description of the injury

****DO NOT delay reporting if all of the above information is not available. Missing information can be obtained at a later time.***

The most important step is to have a Nurse and Adjuster assigned immediately.

- **Telephonic:** Supervisor or Employee calls Qual-Lynx:

1-877-822-9368

Press option 1

24 hours a day / 7 days a week

If after hours (after 5pm and weekends) follow prompts to speak with “On Call Nurse”, leave a message, and expect a return call within a reasonable time frame

- **Email:** Complete FROI form to report claims to [**FROI@qual-lynx.com**](mailto:FROI@qual-lynx.com)
- **Digital Online Claim Reporting:** Access and complete the questionnaire within the workers' compensation claim form. Claim data submitted through Digital will immediately create a claim number and provide a confirmation email to the preparer.
- Submit completed Employee Accident and Supervisor Report forms subsequent to initial report via email [**FROI@qual-lynx.com**](mailto:FROI@qual-lynx.com)

Employee Accident & Supervisor Report

EMPLOYEE ACCIDENT and SUPERVISOR REPORT

Immediate completion of this form will help us to assist employees in obtaining workers' compensation benefits and help us prevent injuries to others.

Insured: _____ Today's Date: _____

Department: _____ Time: _____

Part 1 EMPLOYEE MUST COMPLETE AND ANSWER ALL QUESTIONS					
First Name	M.I.	Last Name	Your Usual Occupation	Date of Birth / /	
Home Address (Number and Street)			City	State	Zip
Home Phone # ()	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status		Length of Time Employed	
Date and Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM		Exact Location Where Accident Occurred			
Occupation at Time of Accident			On Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employee's Complete Description of Accident (Give details in explaining what happened.) 					
Description of Injury (Give details including part of body injured.) 					
Did anyone witness this accident? <input type="checkbox"/> Yes <input type="checkbox"/> No			Witness Name(s):		
Employee's Signature			Social Security #		

SHOULD BE COMPLETED BY EMPLOYEE'S DIRECT SUPERVISOR

Part 2 TO BE COMPLETED BY SUPERVISOR TO WHOM ACCIDENT REPORTED – REPORT ALL HAZARDS IMMEDIATELY!

Supervisor's name and title: _____

1. Do you usually supervise this individual? Yes No For how long? _____
2. Was accident immediately reported? Yes No* (Explain below) (If no, when and how did you learn of the accident?)
3. Was employee working alone* (Explain below) with crew or fellow workers?
4. Was employee at work on company time? Yes No* (Explain below)
5. Did you physically inspect the area where injury occurred? Yes No* (Explain below)
6. Any unsafe conditions or unusual hazards present? Yes* No

Employee Accident & Supervisor Report-Pg 2

7. Evidence of horseplay? Yes* No
8. Evidence of intoxication? Yes* No
9. Evidence of drug use? Yes* No
10. Was employer provided safety equipment in use? Yes No*
11. Was immediate medical attention necessary? Yes No If yes, where? _____

By whom? _____
12. Is employee at work now? Yes No If no, when do you expect employee to return? _____

13. Are you satisfied that the accident/injury occurred as described above? Yes No*
14. Do you feel that accidents such as this can be avoided in the future? Yes* No
15. Describe action(s) taken to prevent recurrence: (safety talk with employees, eliminate unsafe practice, remove hazards, etc.) _____

16. Do you want to discuss this matter with the Claim Representative? Yes* No
17. Was employee wearing back support? Yes No*

Explain all * items by number

Prepared by: _____

Signature

Dept.: _____

Date: _____

Once Qual-Lynx is notified about your claim/injury:

- ✓ A claim number is assigned to the file (immediate via Digital)
- ✓ The member will receive a copy of the First Report of Injury (FROI)
**Please make sure you verify all the information on the report to ensure the correct information was provided, and notify Qual-lynx immediately of any changes/updates that need to be made*
- ✓ A Qual-Lynx claims representative will follow up with the employee, treating physician, and employer in order to manage medical treatment, return to work status, and overall claim handling.

Send employee to the nearest hospital emergency room or dial 911

- ✓ Supervisor or employee must call Qual-Lynx to report injury asap
- ✓ Virtua Health
1000 Atlantic Avenue
Camden, NJ
856-246-3060
Or nearest hospital

What situations are considered an emergency?

- ✓ Unconsciousness
- ✓ Profuse bleeding
- ✓ Unstable vital signs
- ✓ Inability to move an extremity
- ✓ Smoke inhalation
- ✓ Eye Trauma
- ✓ If you are in doubt

The approved pharmacy provider for the JIF is Mitchell ScriptAdvisor

- ❖ Give the Qual-Lynx First Fill Letter to the employee to provide to the pharmacist for no out-of-pocket expense
- ❖ Qual-Lynx will set up the account for the employee and a permanent ID Card will be sent by mail
- ❖ Injured workers are advised to call Qual-Lynx whenever given a prescription by a treating physician

FAST & SIMPLE: GETTING YOUR FIRST PRESCRIPTION FILLED

Mitchell ScriptAdvisor has been selected by Qual-Lynx to assist you in obtaining prescription drugs related to your workers' compensation claim. This form enables you to fill prescriptions written by your authorized workers' compensation physician for medications related to your injury. Simply present it at the pharmacy at the time your prescription is filled. This form should ensure that you will have NO out-of-pocket expenses.

Please Note: This is a temporary prescription card; you may receive a permanent drug card in the future.

For your convenience, Mitchell ScriptAdvisor has an extensive network of retail pharmacies including major chain drug stores. For pharmacy locations, you may call our toll-free number at 866.846.9279 or visit our website at www.mitchells scriptadvisor.com to access the pharmacy locator.



Employee

- You may contact Mitchell Customer Service at 866.846.9279 or you may present this sheet to the pharmacist along with your prescription.



Pharmacy

- This sheet is a Temporary Prescription ID Card for a **10 Days' Supply** Fill until this individual's permanent card can be provided.
- Create the ID number based off the criteria provided and write it, along with individual's name, on the ID card below.
- All data needed to process this script through the Script Care Adjudication System is included in the drug card represented below.

Mitchell ScriptAdvisor Temporary Prescription Benefit Card	
Attention Pharmacists: Process through Script Care and Enter RxBIN, RxPCN and GROUP.	
Member Name:	
Member ID #:	
Date of Injury + Date of Birth (Example: MMDDYYMMDDYY)	
Rx BIN:	023377
PCN:	MPS
Group:	001779TC

This card is to be used for prescriptions related to your workers' compensation injury covered under the workers' compensation insurance policy. Use of this card does not waive any limitations or exclusions for the policy. This card does not confirm coverage. To confirm eligibility or obtain specific information, please contact the Help Desk with the information from the front of this card.

Questions? Need Help?



Call (866) 846-9279

Our representatives are available 24/7 to answer any questions you may have regarding your pharmacy benefits.



Mitchell International

666.221.6588

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RÁPIDO Y SIMPLE: OBTENER SU PRIMERA RECETA SURTIDA

Mitchell **ScriptAdvisor** ha sido seleccionado por Qual-Lynx para ayudarlo a obtener medicamentos recetados relacionados con su reclamo de compensación para trabajadores. Este formulario le permite surtir recetas escritas por su médico autorizado de compensación de trabajadores para medicamentos relacionados con su lesión. Simplemente presentelo en la farmacia en el momento en que se surta su receta. Este formulario debe garantizar que NO tendrá gastos de bolsillo.

Tenga en cuenta: Esta es una tarjeta de prescripción temporal; es posible que reciba una tarjeta de medicamentos permanente en el futuro.

Para su comodidad, Mitchell **ScriptAdvisor** tiene una extensa red de farmacias minoristas, incluidas las principales cadenas de farmacias. Para ubicaciones de farmacias, puede llamar a nuestro número gratuito al 866.846.9279 o visitar nuestro sitio web en www.mitchellscriptheadvisor.com para acceder al localizador de farmacias.



Empleado

- Puede comunicarse con el Servicio al Cliente de Mitchell al 866.846.9279 o puede presentar esta hoja al farmacéutico junto con su receta.



Farmacia

- Esta hoja es una tarjeta de identificación de prescripción temporal para un suministro de **10** días hasta que se pueda proporcionar la tarjeta permanente de esta persona.
- Cree el número de identificación basado en los criterios proporcionados y escribalo, junto con el nombre del individuo, en la tarjeta de identificación a continuación.
- Todos los datos necesarios para procesar este script a través del Sistema de Adjudicación de Script Care se incluyen en la tarjeta de medicamentos que se representa a continuación.

Mitchell ScriptAdvisor	
Temporary Prescription Benefit Card	
Attention Pharmacists: Process through Script Care and Enter RxBIN, RxPCN and GROUP.	
Member Name:	
Member ID #:	
Date of Injury + Date of Birth (Example: MMDDYYMMDDYY)	
Rx BIN:	023377
PCN:	MPS
Group:	001779TC

Esta tarjeta debe usarse para medicamentos recetados relacionados con su lesión cubierta por la poliza de seguro. El uso de esta tarjeta no renuncia a ninguna limitación o exclusión de la poliza. Esta tarjeta no confirma la cobertura. Para confirmar la elegibilidad u obtener información específica, comuníquese con la mesa de ayuda con la información que se encuentra en el anverso de esta tarjeta.

Questions? Need Help?



Call (866) 846-9279

Our representatives are available 24/7 to answer any questions you may have regarding your pharmacy benefits.

 **mitchell**

an Enlyte Company

Mitchell International

866.221.6598

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- ❖ Medical Providers must submit all medical bills and notes to:

QualCare, Inc.
PO Box 211156
Eagan, MN 55121
- ❖ Medical bills received in the office are then sent to Qual-lynx's Bill Re-pricing Department for review and re-priced as per the provider's QualCare contracted rates
- ❖ Once medical bills are re-priced, they are sent to the adjuster to issue payment
- ❖ If an employee receives a medical bill directly, make sure the employee immediately notifies the claims adjuster

**Per State of New Jersey Regulations, Title 34, Section 15:15 – “payment of services rendered from Claims Administrators constitute payment in full. State law prohibits billing the workers' compensation claimant/patient. There are no co-payments or balance bills of any kind allowed”*

❖ Gathering the facts:

- ✓ Make certain the injured employee provides a detailed description of how the injury occurred:
 - Slip/Trip – what caused the fall? i.e. ice, water, waxed surface, electric cord, raised sidewalk, etc.?
 - Fall from height – ladder, truck, height?
 - Fall forward, backward, strike body part; which body parts?
 - Defective equipment?
 - Where did injury occur (i.e. employer's premises or private/ commercial venue?)
- ✓ Did the supervisor physically inspect the location of injury?
- ✓ Any unsafe or unusual hazards present?
- ✓ Did employee alter equipment being used?
- ✓ Evidence of horseplay, intoxication, drug use?
- ✓ Was employer provided safety equipment in use? If yes, was it being used properly?
- ✓ Any suspicions about how the accident/injury occurred?
- ✓ Are you satisfied the accident/injury occurred as the employee described?

1. Automobile Liability Claims:

- ✓ Any motor vehicle accident involving an insured vehicle which results in bodily injury or property damage to others and/or a pedestrian

2. General Liability Claims:

- ✓ Trip/slip/falls (anywhere) resulting in bodily injury or property damage
- ✓ Improper signage or view obstructions
- ✓ Employment cases; i.e., sexual harassment, wrongful termination

- ❖ A Notice of Tort Claim (NOC) must be filed within 90 days from the date of accrual, most typically the date of loss (59:8-8). Minors have 90 days from the date they turn 18
- ❖ A Notice of Tort Claim must include (59:8-4):
 - ✓ Name and home address of the claimant
 - ✓ Address where notices should be sent (*usually the attorney*)
 - ✓ Date, place, and other circumstances of occurrence giving rise to the claim
 - ✓ General description of injury, damage, or loss incurred
 - ✓ Name of public entity, employee or employees causing the injury or damages
 - ✓ Amount of claim (\$\$)
- ❖ Written notice is required; Appellate Division has ruled that oral notice is insufficient (59:8-4)
- ❖ NOC must be signed by the party or his/her representative

- ✓ When a Notice of Claim (NOC) is received: date stamp it and promptly send a copy to Qual-Lynx
- ✓ Retain any surveillance video of the area of the incident
- ✓ If the 90-day filing window is closed, save the envelope and promptly send the envelope to Qual-Lynx
- ✓ If a claimant calls or physically appears in your office, complete the Acord Form and promptly send to Qual-Lynx
- ✓ Qual-Lynx will send the Tort Questionnaire to the claimant and/or the Attorney who filed the NOC

❖ Regular Mail:

Qual-Lynx
Attn: Liability
100 Decadon Drive
Egg Harbor Township, NJ 08234

- ❖ Fax Number: ATTN: Liability at 609-601-3173
- ❖ Email: Liability: Liabilityclaims@qual-lynx.com
- ❖ If you receive a Summons/Complaint, promptly send it to Qual-Lynx via email to Liability Manager, Karen Berenato, at karen.berenato@qual-lynx.com.



AUTOMOBILE LOSS NOTICE

AGENCY		INSURED LOCATION CODE	DATE OF LOSS AND TIME		
			AM <input type="checkbox"/> PM <input type="checkbox"/>		
		CARRIER	NAIC CODE		
		POLICY NUMBER			
		POLICY TYPE			
CONTACT NAME: PHONE: AC. NO. EXC: TAX: AC. NO: TAX: ADDRESS: CODE: Agency Customer ID:					
INSURED		INSURED'S MAILING ADDRESS			
NAME OF INSURED (FIRL NAME, LAST) DATE OF BIRTH <input type="checkbox"/> FEN (If applicable) MARITAL STATUS					
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS			
CONTACT NAME OF CONTACT (FIRL NAME, LAST) PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		CONTACT'S MAILING ADDRESS			
WHEN TO CONTACT		PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS			
LOSS		POLICE OR FIRE DEPARTMENT CONTACTED			
LOCATION OF LOSS STREET: CITY, STATE, ZIP: COUNTRY:		REPORT NUMBER			
DESCRIBE LOCATION OF LOSS IF NOT AT ABOVE ADDRESS (4 NUMBERS): DESCRIBE OF ACCIDENT (Match ACORD '11, Add'l Part 10 Schedule 6, if more space is required)					
INSURED VEHICLE					
VEH #	YEAR	MAKE	BODY TYPE	PLATE NUMBER	STATE
MODEL		Y/M			
DRIVER'S NAME AND ADDRESS		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS	
DRIVER'S NAME AND ADDRESS		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS	
RELATION TO INSURED (Check all that apply)	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	STATE	PURPOSE OF USE	USED WITH PERMISSION? <input type="checkbox"/>
DESCRIBE DAMAGE					
1. WAS A 4 POINT CHILD RESTRAINT SYSTEM (CHILD SEAT) INSTALLED IN THE VEHICLE AT THE TIME OF THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
2. WAS THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) USED BY A CHILD DURING THE TIME OF THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
3. DID THE CHILD PASSENGER RESTRAINT SYSTEM (CHILD SEAT) SUSTAIN A LOSS AT THE TIME OF THE ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ESTIMATE AMOUNT: Other Insurance on Vehicle Carrier:	WHICH VEHICLE BE SEEN:		WHAT CAR/VEHICLE BE SEEN:		
POLICY NUMBER:					

ACORD 2 (2011)01

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OTHER VEHICLE / PROPERTY DAMAGED			NON-VEHICLE? <input type="checkbox"/>	AGENCY/CUSTOMER ID: _____		
YEAR	YEAR	MAKE	BODY TYPE	PHONE #	STATE	
MODEL			VIN:			
DESCRIBE PROPERTY (Other Than Vehicle)				OTHER VEHICLE PROPS? <input type="checkbox"/>		
CARRIER OR AGENCY NAME		NAME/CODE		POLICY NUMBER		
OWNER'S NAME AND ADDRESS				PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> CELL	
DRIVER'S NAME AND ADDRESS		(Check items required)		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUSINESS <input type="checkbox"/> CELL	
PRIMARY E-MAIL ADDRESS SECONDARY E-MAIL ADDRESS						
DISCLOSURE LANGUAGE						
ESTIMATE AMOUNT	WHERE CAN DAMAGE BE SEEN?					
INJURED						
NAME & ADDRESS		PHONE (ACR No.)	PER INJURED EXISTS	INJ SYMPTOMS	EXTENT OF INJURY	
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
WITNESSES OR PASSENGERS						
NAME & ADDRESS		PHONE (ACR No.)	INJ SYMPTOMS	INJ SYMPTOMS	EXTENT OF INJURY	
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		
REPORTED BY		REPORTED TO				
REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						



GENERAL LIABILITY NOTICE OF OCCURRENCE / CLAIM

AGENCY		INSURANCE LOCATION CODE	DATE OF LOSS AND TIME	DATE (MM/DD/YY)
			AM	PM
		CLAIM NUMBER		NAME CODE
		POLICY NUMBER		
CONTACT NAME PHONE (Local/No. 600) FAX APN No. Email Address Cont: Agency Customer ID:				
INSURED		INSURED'S MAILING ADDRESS		
NAME OF INSURED (last, first, last)				
DATE OF BIRTH		FIRM/COMPANY		
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		
PRIMARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:		
CONTACT		CONTACT'S MAILING ADDRESS		
NAME OF CONTACT (last, first, last)				
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		
WHEN TO CONTACT		PRIMARY E-MAIL ADDRESS:		
		SECONDARY E-MAIL ADDRESS:		
OCCURRENCE		POLICE OR FIRE DEPARTMENT CONTACTED		
LOCATION OF OCCURRENCE STREET: CITY, STATE ZIP COUNTRY:		REPORT NUMBER		
DETAILED LOCATION OF OCCURRENCE IF NOT AT STREET ADDRESS:				
DESCRIPTION OF OCCURRENCE (max 1000 characters, additional remarks section, if more space is required)				
TYPE OF LIABILITY		TYPE OF PROPERTY		
PRODUCTS INSURED		CARRIER		
OWNER'S NAME & ADDRESS (if relevant)		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		
		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		
PRODUCTS INSURED		PRIMARY E-MAIL ADDRESS		
MANUFACTURER'S NAME & ADDRESS (if relevant)		SECONDARY E-MAIL ADDRESS		
WHERE TO PROTECT THE PROPERTY		TYPE OF PROPERTY		
ACORD 3 (2011/01)		PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		
		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		
		PRIMARY E-MAIL ADDRESS		
		SECONDARY E-MAIL ADDRESS		

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INJURED PROPERTY DAMAGED		AGENCY CUSTOMER ID: _____	
NAME & ADDRESS (if known)		EMPLOYER'S NAME & ADDRESS	
PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input checked="" type="checkbox"/> CELL SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	
PRIMARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	
AGE <input type="checkbox"/> 52 OCCUPATION:		SEX/SEX INJURY:	
WHERE TAKEN:		WHAT WAS INJURED DOING?	
DESCRIBE PROPERTY (Type, model, etc.)		INJURE AWARE? <input type="checkbox"/> YES/NO CAN PROPERTY BE REPAIR	
WITNESSES			
NAME & ADDRESS PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL			
NAME & ADDRESS PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL			
NAME & ADDRESS PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL			
REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required):			
REPORTED BY:		REPORTED TO:	

When there is damage to a vehicle, building, or equipment owned by the Member, this is a 1st Party Property Claim.

- Any damage to insured property, such as owned buildings, contents, lighting, vehicles, and mobile equipment
- Crime
- Outdoor property
- Property of others where the:
 - property is in the care, custody, and control of insured
 - insured has insurable interest or obligation
 - insured is legally liable per written agreement

- ✓ Report the claim to Qual-Lynx at the earliest opportunity and provide the following information:
 - The date of loss
 - The location of the loss
 - The description of the loss
- ✓ Mitigate damages by cleaning up water or boarding up windows.
- ✓ Delays can cost money and in some cases coverage. Protect involved equipment; it may be evidence.
- ✓ Remove vehicles from establishments charging storage fees.
- ✓ Take pictures before anything is discarded.
- ✓ Save receipts, save evidence, save agreements. This can help with proving the claim and with subrogation.

Reporting A Property Loss

- ❖ Regular Mail:

Qual-Lynx
Attn: Property
100 Decadon Drive
Egg Harbor Township, NJ 08234
Main Number: 609-653-8400

- ❖ Fax Number: ATTN: Property at 609-601-3173
- ❖ Email: Property: Propertyclaims@qual-lynx.com



PROPERTY LOSS NOTICE

ACCORD		PROPERTY LOSS NOTICE		DATE OF INSURANCE	
		INSURED LOCATION CODE	DATE OF LOSS AND TIME	PROPERTY / HOME POLICY	EXPIRE DATE
CONTACT NAME: PHONE: FAX: ADD. NO.: ADDRESS: STATE: <input type="text"/> ZIP CODE: <input type="text"/>		POLICY NUMBER LENDER POLICY NUMBER GARNER POLICY NUMBER		PROPERTY / HOME POLICY FLOOD POLICY HOME OWN. HOME OWN. HOME OWN.	
AGENCY/CUSTOMER ID: <input type="text"/>					
INSURED NAME OF INSURED: <input type="text"/> STATE: <input type="text"/>		INSURED'S MAILING ADDRESS			
DATE OF BIRTH: <input type="text"/> PRIMARY STATUS: <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR				PRIMARY E-MAIL ADDRESS: PRIMARY FAX ADDRESS: HOME'S MAILING ADDRESS (<input type="checkbox"/> applicable)	
PRIMARY PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <input type="checkbox"/> SECONDARY PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL				PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: <input type="checkbox"/>	
NAME OF SPOUSE (incl. Middle Name, if applicable): <input type="text"/>					
DATE OF BIRTH: <input type="text"/> PRIMARY STATUS: <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR					
PRIMARY PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <input type="checkbox"/> SECONDARY PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL					
CONTACT <input type="checkbox"/> CONTACT INSURED		CONTACT'S MAILING ADDRESS			
NAME OF CONTACT: <input type="text"/> STATUS: <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR					
PRIMARY PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL <input type="checkbox"/> SECONDARY PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL					
NAME TO CONTACT: <input type="text"/>		PRIMARY E-MAIL ADDRESS: SECONDARY E-MAIL ADDRESS: <input type="checkbox"/>			
LOSS					
LOCATION OF LOSS: STREET: <input type="text"/> CITY, STATE, ZIP: <input type="text"/> COUNTY: <input type="text"/>				POLICE OR FIRE DEPARTMENT CONTACTED REPORT NUMBER	
APPROX. LOCATION OF LOSS: <input type="text"/> NO. <input type="text"/> SPECIFIC STREET ADDRESS: <input type="text"/>					
KIND OF LOSS: <input type="checkbox"/> RRF <input type="checkbox"/> INS. THING <input type="checkbox"/> PLACED <input type="checkbox"/> <input type="checkbox"/> HHP <input type="checkbox"/> HAB <input type="checkbox"/> HABIT				PROBABLE AMOUNT ENTIRE LOSS: <input type="text"/>	
DESCRIPTION OF LOSS & DAMAGE: <input type="text"/> (Copy ACCORD 101, Additional Remarks Schedule if more specific required)					
REPORTED BY: <input type="text"/>			REPORTED TO: <input type="text"/>		

AGENCY CUSTOMER ID: _____

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

APPLICABLE IN ALASKA

A person who knowingly and with intent to injure, defraud, or deprive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

APPLICABLE IN ARIZONA

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**APPLICABLE IN ARKANSAS, DELAWARE, KENTUCKY, LOUISIANA, MAINE, MICHIGAN, NEW JERSEY,
NEW MEXICO, NEW YORK, NORTH DAKOTA, PENNSYLVANIA, RHODE ISLAND, SOUTH DAKOTA,
TENNESSEE, TEXAS, VIRGINIA, AND WEST VIRGINIA**

Any person who knowingly and with intent to defraud any insurance company or another person, files a statement of claim containing any materially false information, or conceals or omits information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and [NY: substantial] civil penalties. In LA, ME, TN, and VA, insurance benefits may also be denied.

APPLICABLE IN CALIFORNIA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

APPLICABLE IN COLORADO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fine, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.



<u>FACILITY</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>FAX</u>	<u>X-RAY</u>	<u>HOURS</u>
AFC Urgent Care - Cinnaminson	1210 US-130 #1438, Cinnaminson, NJ 08077	856-829-0407	856-543-4092	Y	M-SU 8AM-8PM
AFC Urgent Care - Willingboro	4318 US-130, Willingboro, NJ 08046	609-871-2045	609-526-5286	Y	M-SU 8AM-8PM
AtlantiCare Urgent Care - Mt. Laurel	3131 Route 38, Mt. Laurel, NJ 08054	856-866-8700	856-866-1302	Y	OPEN EVERY DAY: 8:30 to 8:00
Carbon Health (AKA:Central Jersey Urgent Care - Browns Mills	6 Earlin Ave, Suite 140, Browns Mills, NJ 08015	609-322-1618	609-546-9833	Y	MON-FRI 8-8PM, SAT/SUN 9-6PM
Concentra - Burlington	2103 Burlington - Mt Holly Road, Burlington, NJ 08016	609-747-1891	609-747-8147	Y	M-F 8-5
Concentra Urgent Care - Mt. Laurel	817 East Gate Drive, Suite 102, Mt Laurel, NJ 08054	856-778-1090	856-778-9191	Y	M-F 8AM -5PM
Virtua Urgent Care - Medford	128 Route 70, Suite 1B Medford NJ 08055	609-367-0900	609-367-0901	Y	MON-FRI: 9 - 8:30 SS & HOLIDAYS 9-4:30
Virtua Urgent Care/ Occ Med for W/C	400 Lippincott Dr, St 115 Marlton, NJ 08053	856-355-7010	856-355-7011	Y	UC: M-F: 9 -8:30. Weekends & Holidays 9 - 4:30 / Occupational Health hours Mon-Fri 8 a.m. to 4 p.m.
Virtua Urgent Care - Mt. Holly	555 High St. Suite 16A, Mount Holly NJ 08060	609-444-5610	609-444-5611	Y	MON-FRI: 9 - 8:30 SS & HOLIDAYS 9-4:30



Workers' Compensation

Name _____

Employer _____

IF YOU GET HURT ON THE JOB

TELL YOUR EMPLOYER IMMEDIATELY AND CALL QUAL-LYNX AT 1-877-822-9368

DO NOT GO TO YOUR OWN PRIVATE DOCTOR OR CHIROPRACTOR

IN CASE OF AN EMERGENCY, GO TO THE NEAREST HOSPITAL AND TELL YOUR
EMPLOYER AND QUAL-LYNX WITHIN 24 HOURS

PRESENT THIS CARD AT THE AMDITTING OFFICE OR DOCTOR'S OFFICE AT TIME
OF REGISTRATION

PROVIDER NETWORK AND
BILLING INSTRUCTIONS



PRE-CERTIFICATION IS REQUIRED PRIOR TO TREATMENT

CALL 1-800-240-0809 FOR APPROVAL

SUBMIT ALL BILLS TO:

QUALCARE, INC.
PO BOX 211156
Eagan, MN 55121

Page 38

Jopari Payor | ID: J4059

FAST & SIMPLE: GETTING YOUR FIRST PRESCRIPTION FILLED

Mitchell **ScriptAdvisor** has been selected by **Qual-Lynx** to assist you in obtaining prescription drugs related to your workers' compensation claim. This form enables you to fill prescriptions written by your authorized workers' compensation physician for medications related to your injury. Simply present it at the pharmacy at the time your prescription is filled. This form should ensure that you will have NO out-of-pocket expenses.

Please Note: This is a temporary prescription card; you may receive a permanent drug card in the future.

For your convenience, **Mitchell ScriptAdvisor** has an extensive network of retail pharmacies including major chain drug stores. For pharmacy locations, you may call our toll-free number at 866.846.9279 or visit our website at www.mitchells scriptadvisor.com to access the pharmacy locator.



Employee

- **You may contact Mitchell Customer Service at 866.846.9279 or you may present this sheet to the pharmacist along with your prescription.**



Pharmacy

- This sheet is a Temporary Prescription ID Card for a **10 Days' Supply** Fill until this individual's permanent card can be provided.
- **Create the ID number** based off the criteria provided and write it, along with individual's name, on the ID card below.
- All data needed to process this script through the Script Care Adjudication System is included in the drug card represented below.

Mitchell ScriptAdvisor	
Temporary Prescription Benefit Card	
Attention Pharmacists: Process through Script Care and Enter RxBIN, RxPCN and GROUP.	
Member Name:	
Member ID #:	
Date of Injury + Date of Birth (Example: MMDDYYMMDDYY)	
Rx BIN:	023377
PCN:	MPS
Group:	001779TC

This card is to be used for prescriptions related to your workers' compensation injury covered under the workers' compensation insurance policy. Use of this card does not waive any limitations or exclusions for the policy. This card does not confirm coverage. To confirm eligibility or obtain specific information, please contact the Help Desk with the information from the front of this card.



Questions? Need Help?



Call (866) 846-9279

Our representatives are available 24/7 to answer any questions you may have regarding your pharmacy benefits.

RÁPIDO Y SIMPLE: OBTENER SU PRIMERA RECETA SURTIDA

Mitchell **ScriptAdvisor** ha sido seleccionado por **Qual-Lynx** para ayudarlo a obtener medicamentos recetados relacionados con su reclamo de compensación para trabajadores. Este formulario le permite surtir recetas escritas por su médico autorizado de compensación de trabajadores para medicamentos relacionados con su lesión. Simplemente preséntelo en la farmacia en el momento en que se surta su receta. Este formulario debe garantizar que NO tendrá gastos de bolsillo.

Tenga en cuenta: Esta es una tarjeta de prescripción temporal; es posible que reciba una tarjeta de medicamentos permanente en el futuro.

Para su comodidad, **Mitchell ScriptAdvisor** tiene una extensa red de farmacias minoristas, incluidas las principales cadenas de farmacias. Para ubicaciones de farmacias, puede llamar a nuestro número gratuito al 866.846.9279 o visitar nuestro sitio web en www.mitchellscriptadvisor.com para acceder al localizador de farmacias.



Empleado

- **Puede comunicarse con el Servicio al Cliente de Mitchell al 866.846.9279 o puede presentar esta hoja al farmacéutico junto con su receta.**



Farmacia

- Esta hoja es una tarjeta de identificación de prescripción temporal para un suministro de **10** días hasta que se pueda proporcionar la tarjeta permanente de esta persona.
- **Cree el número de identificación** basado en los criterios proporcionados y escríbalo, junto con el nombre del individuo, en la tarjeta de identificación a continuación.
- Todos los datos necesarios para procesar este script a través del Sistema de Adjudicación de Script Care se incluyen en la tarjeta de medicamentos que se representa a continuación.

Mitchell ScriptAdvisor	 SCRIPT CARE, LTD.
Temporary Prescription Benefit Card	
Attention Pharmacists: Process through Script Care and Enter RxBIN, RxPCN and GROUP.	
Member Name:	
Member ID #:	
Date of Injury + Date of Birth (Example: MMDDYYMMDDYY)	
Rx BIN:	023377
PCN:	MPS
Group:	001779TC

Esta tarjeta debe usarse para medicamentos recetados relacionados con su lesión cubierta por la póliza de seguro. El uso de esta tarjeta no renuncia a ninguna limitación o exclusión de la póliza. Esta tarjeta no confirma la cobertura. Para confirmar la elegibilidad u obtener información específica, comuníquese con la mesa de ayuda con la información que se encuentra en el anverso de esta tarjeta

Questions? Need Help?



Call (866) 846-9279

Our representatives are available 24/7 to answer any questions you may have regarding your pharmacy benefits.

FIRST REPORT OF INJURY (FROI)

INITIAL FILING SUBSEQUENT FILING

Email form to FROI@qual-lynx.com

EMPLOYER

1. Street address: _____
2. Employer city: _____
3. State: _____ Zip: _____

EMPLOYEE/WAGE

1. Full Name: _____
2. Full Address: _____
3. Telephone#: _____
4. Date of Birth: _____ 5. Social Security #: _____
6. Date of Hire: _____ Gender Identification: _____
7. Occupation/Job Title: _____
8. Marital Status: Unmarried Single/Divorced Married Separated Unknown
9. Employment Status: (Please select the FIRST status that applies to the injured worker, make only ONE choice)
Volunteer Seasonal Employee Regular Full Time Regular Part Time
Not Employed Retired On Strike Disabled Other
10. Wage Rate: \$ _____ Per Day Per Week Per Month
11. Days worked per week: _____ 13. Did Employee receive full pay for day of injury? Yes No
14. Did Salary continue? Yes No

OCCURRENCE/TREATMENT

1. Time employee began work: _____ AM PM
2. Date of injury or illness: _____
3. Time of occurrence: _____ AM PM
4. Last work date: _____
5. Did the employee finish work on the date of occurrence? Yes No
6. Date employer was notified of occurrence: _____
7. Date disability began: _____
8. Type of injury: _____
9. Part of body affected: _____
10. Did injury/illness/exposure occur on employers premises? Yes No
11. Department or location where accident or illness/exposure occurred? _____
12. ZIP Code of injury site: _____

13. All equipment, materials or chemicals employee was using when accident or illness/exposure occurred:

14. Specific activity the employee was engaged in when the accident or illness/exposure occurred:

15. Work process the employee was engaged in when accident/illness/exposure occurred:

16. How injury or illness/abnormal health condition occurred. Describe the sequence of events and include any objects or substances that directly injured the employee or made the employee ill:

17. Date returned to work: _____

18. If fatal, give date of death: _____

19. Were safeguards or safety equipment provided? Yes No

20. Were they used? Yes No

MEDICAL PROVIDER

1. Name of Physician or Health Care Provider: _____

2. Address: _____

3. Name of Hospital or off-site treatment facility: _____

4. Address: _____

5. Initial Treatment (check one):

No Medical Treatment Minor/Treatment by Employer: Emergency Care: _____

Hospitalized greater than 24 hours: Future major medical/lost time anticipated:

OTHER

1. Witness name: _____

2. Witness Area Code & Phone #: _____

3. Date Administrator (TPA) notified: _____

4. Date Report Prepared: _____

5. Preparer's Name: _____

6. Preparer's Title: _____

7. Preparer's Area Code & Phone #: _____

Distribution:

EMPLOYEE ACCIDENT and SUPERVISOR REPORT

Immediate completion of this form will help us to assist employees in obtaining workers' compensation benefits and help us prevent injuries to others.

Insured: _____ Today's Date: _____

Department: _____ Time: _____

Part 1 EMPLOYEE MUST COMPLETE AND ANSWER ALL QUESTIONS					
First Name	M.I.	Last Name	Your Usual Occupation		Date of Birth / /
Home Address (Number and Street)			City		State Zip
Home Phone # ()	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status	Length of Time Employed	
Date and Time of Accident		Exact Location Where Accident Occurred <input type="checkbox"/> AM <input type="checkbox"/> PM			
Occupation at Time of Accident			On Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employee's Complete Description of Accident (Give details in explaining what happened.) 					
Description of Injury (Give details including part of body injured.) 					
Did anyone witness this accident? <input type="checkbox"/> Yes <input type="checkbox"/> No Witness Name(s): _____					
Employee's Signature			Social Security #		

SHOULD BE COMPLETED BY EMPLOYEE'S DIRECT SUPERVISOR

Part 2 TO BE COMPLETED BY SUPERVISOR TO WHOM ACCIDENT REPORTED – REPORT ALL HAZARDS IMMEDIATELY!

Supervisor's name and title: _____

1. Do you usually supervise this individual? Yes No For how long? _____
2. Was accident immediately reported? Yes No* (Explain below) (If no, when and how did you learn of the accident?)
3. Was employee working alone* (Explain below) with crew or fellow workers?
4. Was employee at work on company time? Yes No* (Explain below)
5. Did you physically inspect the area where injury occurred? Yes No* (Explain below)
6. Any unsafe conditions or unusual hazards present? Yes* No

7. Evidence of horseplay? Yes* No

8. Evidence of intoxication? Yes* No

9. Evidence of drug use? Yes* No

10. Was employer provided safety equipment in use? Yes No*

11. Was immediate medical attention necessary? Yes No If yes, where? _____
By whom? _____

12. Is employee at work now? Yes No If no, when do you expect employee to return? _____

13. Are you satisfied that the accident/injury occurred as described above? Yes No*

14. Do you feel that accidents such as this can be avoided in the future? Yes* No

15. Describe action(s) taken to prevent recurrence: (safety talk with employees, eliminate unsafe practice, remove hazards, etc.) _____

16. Do you want to discuss this matter with the Claim Representative? Yes* No

17. Was employee wearing back support? Yes No*

Explain all * items by number

Signature

Dept.: _____

Date: _____

Signature



DIGITAL ONLINE CLAIM REPORTING

MEMBER USER ACCOUNT SETUP

Kindly complete the below information and email to Qual-Lynx at

digitalsupport@qual-lynx.com.

JOINT INSURANCE FUND _____

MEMBER ENTITY _____

NAME OF EMPLOYEE REPORTING CLAIMS _____

EMPLOYEE JOB TITLE _____

EMPLOYEE EMAIL ADDRESS _____

EMPLOYEE PHONE NUMBER _____

LINE OF COVERAGE REQUESTED _____

i.e., WC (workers' compensation), GL (general liability), AL (automobile liability), and PR (property)

100 Decadon Drive
Egg Harbor Township, NJ 08234
P 609-653-8400
F 609-926-9270



Updated Online Claim Reporting System

Presented by Qual-Lynx

User Online Claim Reporting Forms

Qual-Lynx has four Digital Online Claim Reporting Forms

- Workers' Compensation (WC)
- General Liability (GL)
- Automobile Liability (AL)
- Property (PR)

Member User Account Setup

To create a user account for your member entity, complete the attached form with the following information and email it to digitalsupport@qual-lynx.com.

- Name of Member Entity
- Name of Employee Reporting Claims
- Employee Job Title
- Employee Email Address
- Employee Phone Number

Member Login Credentials

- Qual-Lynx will create the security profile for the reporting member employee.
- A confirmation email will be sent to user from do-not-reply@ventivtech.com with subject 'Your Ventiv Digital Account' that will provide the user login credentials.
- Once the claim reporting form for the specified line of coverage (i.e., WC, GL, AL, PR) has been created for the user account, an email will be sent from do-not-reply@ventivtech.com with subject 'Your Ventiv Digital Account' stating that a new task has been assigned.
- A user will receive an email for each line of coverage. These emails are notification only that the claim reporting forms are available to begin utilizing.

Introduction

- Each line of coverage Online Claim Reporting form contains a survey style questionnaire that easily captures information for the user/preparer entering the information.
- Digital is directly integrated with our Claims Enterprise system.
 - Claim data submitted through Digital will immediately create a claim number in our Claims Enterprise database.
- Preparer of the Digital form will receive a confirmation email promptly.
 - Email will include a PDF document of all information submitted in Digital.
 - Email will include the claim number from Claims Enterprise.

Workers' Compensation Form

- Employee Information
- Employment Information
- Incident Information
- Initial Treatment
- Witness and Attachment Information
- Insured Contact Information



Employee Information

1 First Name

Enter text response

Please fill out the missing field.

1 Last Name

Enter text response

Please fill out the missing field.

Phone Number

999 999 9999

Email

Enter text response

Date of Birth

Enter (yyyy-MM-dd)



Social Security Number

####



Address

Enter text response

City

Enter text response

State

Select...

Zip Code

99999

Gender

Select...

Martial Status

Select...

Occupation Title

Enter text response

Department

Enter text response

Employment Status

Select...



WC FORM

EMPLOYMENT INFORMATION
WC FORM

Employment Information

! Date and time of the injury

Enter (yyyy-MM-dd hh:mm a) 

Please fill out the missing field.

Hire Date

Enter (yyyy-MM-dd) 

Full pay for day of injury?

Yes

No

Wage

Enter numeric response

Per

Select... 

Days Worked/Week

Enter numeric response



Incident Information

Did salary continue?

Yes
 No

Time Employee Began Work

Enter or choose a time

Last Date Worked

Enter (yyyy-MM-dd)

Date Employer Notified

Enter (yyyy-MM-dd)

Date Disability Began

Enter (yyyy-MM-dd)

Type of Injury/Illness

Enter text response

! Nature of Injury

Select...

! Cause of Injury

Select...

Primary Body Part

Select...

Add Body Part

! Did incident occur on employer's premises?

Yes
 No

! Jurisdiction state

Select...

Department or Location where accident or illness exposure occurred

Enter text response

Equipment, materials or chemical employee was using at time of incident

Enter text response

Specific activity the employee was engaged in when incident occurred

Enter text response



WC FORM

INCIDENT INFORMATION
WC FORM

How did the incident occur? Describe the sequence of events.

Enter text response

Date Returned to Work

Enter (yyyy-MM-dd)



If Fatal, Date of Death

Enter (yyyy-MM-dd)



Were safeguards or safety equipment provided?

Enter text response

Were safeguards used?

Enter text response



Initial Treatment

Select...

Initial Physician

Enter text response

Address- Initial

Enter text response

City- Initial

Enter text response

State- Initial

Select...

Zip Code - Initial

99999

Hospital

Enter text response



WC FORM

ATTACHMENT AND WITNESS INFORMATION

WC FORM

Add Witness

 Add New Record

Add Attachment

 Add New Record



WITNESS FORM- WC

WITNESS INFORMATION

First Name

Enter text response

Last Name

Enter text response

Phone

999 999 9999



ATTACHMENTS

ATTACHMENTS

Upload Documents

CHOOSE A FILE 

Choose a file to Upload

File Description

Enter text response



WC FORM
CLAIMANT QUESTIONS
WC FORM

Teacher Salary Type

Enter text response

Is Employee Per Diem

Yes
 No

Dominant Hand

Enter text response

Child Involved

Yes
 No

Previous Medical Condition

Enter text response

Previous Workers' Comp Injury

Enter text response

Primary Care Physician

Enter text response

Treatment Directed By

Enter text response

Initial Treatment Date

Enter (yyyy-MM-dd)



Does employee have or require a CDL?

Enter text response



WC FORM

INSURED CONTACT INFORMATION

WC FORM

Preparer's Name

Date

Enter (yyyy-MM-dd)



Insured Contact Name

Enter text response

Insured Contact Phone Number

999 999 9999

Insured Contact Email

Enter text response

Comments (For example, Is there any additional information you can provide to assist with the handling and investigation of this claim?)

Enter text response

Please add the email address for an additional recipient



Enter text response



I attest that this information is true, accurate, and complete to the best of my knowledge

October 1, 2025

IMPORTANT: CHANGES TO CLAIM REPORTING PROCESS

Effective immediately, Qual-Lynx is implementing an important change to our claims reporting process aimed at enhancing operational efficiency and security. After analyzing our workflow protocols, we have created email queues for the submission of new claims by our Liability and Property Damage teams. These updated claim reporting protocols are part of our ongoing efforts to streamline and secure our claims reporting practices. This change is expected to enhance the organization and routing of incoming claims, improve response times, and strengthen our security measures.

Liability and Property Claims should no longer be emailed directly to the Manager. Rather, claims and any attachments should be emailed as follows:

- **Liability Claims:** Liabilityclaims@qual-lynx.com
- **Property Claims:** Propertyclaims@qual-lynx.com

Please note that this change does not affect the reporting process for Workers' Compensation claims, which will continue to follow the existing procedures.

Workers' Compensation claims may still be reported by:

- Calling Intake at 877-822-9368, press Option 1 [If after hours (after 5pm and weekends) follow prompts to speak with "On Call Nurse", leave a message and expect a return call within a reasonable time frame.]
- Completing the attached First Report of Injury form (FROI) and emailing it to FROI@qual-lynx.com

For all lines of coverage, members may also register for our **Digital Online Reporting** by completing the attached Digital Online Claim Reporting Member User Account Setup form and emailing it to digitalsupport@qual-lynx.com.

Member Next Steps:

1. Forward this notification to all relevant team members and stakeholders who may be impacted by this change.
2. Reach out to Kathy Kissane if you have any questions or concerns at kathleen.kissane@qual-lynx.com or 609-457-3752.

We believe that this change will positively contribute to our continuous improvement efforts and enhance our overall claims handling process.