

**CUMBERLAND COUNTY INSURANCE COMMISSION
AGENDA AND REPORTS**

AUGUST 6, 2020

MEETING BEING HELD TELEPHONICALLY

Call In Number: 929-205-6099

Meeting ID: 925 2495 3122#

11:00 AM

The Cumberland County Insurance Commission will conduct its August 6, 2020 meeting telephonically, in accordance with the Open Public Meetings Act, N.J.S.A. 10:4-6 et seq. and in consideration of Executive Order No. 103, issued by Governor Murphy on March 9, 2020, declaring a State of Emergency and a Public Health Emergency in the State of New Jersey.

OPEN PUBLIC MEETINGS ACT - STATEMENT OF COMPLIANCE

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

- I. Advertising the notice in the South Jersey Times**
- II. Filing advance written notice of this meeting with the Commissioners of the Cumberland County Insurance Commission; and**
- III. Posting notice on the Public Bulletin Board of the Office of the County Clerk**
- IV. The meeting is called to order and it is noted that adequate notice was provided in accordance with Chapter 231, Public Law 1975 (Senator Byron M. Bear Open Public Meetings Act)**

**CUMBERLAND COUNTY INSURANCE COMMISSION
AGENDA -OPEN PUBLIC MEETING
AUGUST 6, 2020 – 11:00 AM**

- MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ**
 - ROLL CALL OF COMMISSIONERS**
 - APPROVAL OF MINUTES: June 4, 2020 Open Minutes.....Appendix I
June 4, 2020 Closed Minutes.....Distributed via Email**

 - CORRESPONDENCE - None**

 - EXECUTIVE DIRECTOR/ADMINISTRATOR – PERMA.....Page 1**

 - COMMITTEE REPORTS**
 - Safety Committee Report.....Verbal
 - Claims Committee Report.....Verbal

 - TREASURER – Anthony Bontempo**
 - Resolution 18-20 August Bill List.....Page 23**

 - CEL SAFETY DIRECTOR – J.A. Montgomery Risk Control**
 - Monthly ReportPage 25

 - RISK MANAGER REPORT – Hardenbergh Insurance Group**
 - Monthly ReportPage 28

 - MANAGED CARE – Qual Lynx**
 - Monthly ReportPage 34

 - CLAIMS SERVICE – Inservco Insurance Service**

 - EXECUTIVE SESSION**
 - Motion for Executive Session for Certain Specified Purposes for Personnel, Safety, Public Property or Litigation in accordance with the Open Public Meeting Act - PAYMENT AUTHORIZATION REQUEST**

 - Motion to Return to Open Session**
 - Motion to Approve PARS**
 - OLD BUSINESS**
 - NEW BUSINESS**
 - PUBLIC COMMENT**
-
- MEETING ADJOURNMENT**
 - NEXT SCHEDULED MEETING: October 1, 2020 11 AM**

CUMBERLAND COUNTY INSURANCE COMMISSION

9 Campus Drive, Suite 216

Parsippany, NJ 07054

Date: June 4, 2020

Memo to: Commissioners of the Cumberland County Insurance Commission

From: PERMA Risk Management Services

Subject: Executive Director's Report

- Payment of Litigation Expense Cost** – There is a need to adopt a procedure regarding payment of litigation expenses the Commission. Resolution 16-20 appears on **Page 3**.

- Motion to Approve Resolution 16-20 Adopting Procedures for Payment of Litigation Expense Cost**

The Memorandum of Understanding between the Commission and County appears on **Pages 7-10**.

- Appointment of John Carr as Fund Attorney** – With the retirement of Ted Baker, there is a need to appoint his replacement. Resolution 17-20 appointing John G. Carr as Fund Attorney appears on **Page 11**.

- Motion to Appoint John G. Carr as Fund Attorney**

- Certificate of Insurance Issuance Report: Certificate of Insurance Issuance Report:** Attached on **Page 12** is the Certificate of Insurance Issuance Report from the CEL listing those certificates issued for the period of June 1, 2020 to July 1, 2020. There were 4 certificates of insurance issued during this period.

- Motion to approve the certificate of insurance report.**

- NJ Excess Counties Insurance Fund (CELJIF) – NJ Counties Excess Joint Insurance Fund (CELJIF)** - The NJCE met on June 25, 2020 via a zoom conference. A summary report of the meeting is included in the agenda on **Pages 13-16**. The next NJCE meeting is scheduled for September 24, 2020 at 9:30 AM in Camden County.

- Financial Fast Track** – Included on **Pages 17-20** of the agenda are the Financial Fast Track reports for the Cumberland County Insurance Commission for April and May. As of **May 31, 2020**, the Commission has a statutory surplus of **\$529,946**.

❑ **NJ CEL Property and Casualty Financial Fast Track (Pages 21-22)** – Included in the agenda is the NJ CEL Financial Fast Track Report for January. As of **May 31, 2020**, the CEL has a surplus of **\$16,384,318**.

❑ **2021 Renewal – Underwriting Data Collection** – The Fund Office will begin the data collection process for the 2021 renewal in order to provide the relevant information to the underwriters. Last year was the initial launch of Origami, the online platform where members’ exposure data was uploaded for members to access and edit, as well as, applications to download and complete for ancillary coverages.

The Fund Office is working with Origami to facilitate an easier process for members to complete applications for the ancillary coverages. More information will follow shortly.

❑ **NJCE Best Practices Workshop** – The NJCE has set up a task force to address the feasibility of holding the seminar in 2020.

❑ **2020 New Jersey Association of Counties Conference** - This annual conference originally scheduled for May has been rescheduled for October 27th – October 29th.

❑ **2020 MEL MRHIF & NJCE Educational Seminar** - This annual seminar originally scheduled for May 1st was cancelled and will be rescheduled for a date later in the year.

❑ **2020 Assessments** – The third and final installment statements will be sent out in early August. The due date is September 15th.

❑ **Next Meeting** – A reminder that our next meeting is on October 1st.

RESOLUTION NO. 16- 20

**Resolution of the Cumberland County Insurance Commission Regarding Payment of
Litigation Expenses and the Appointment of Counsel To Represent The Interests Of the
County of Cumberland**

WHEREAS, the Cumberland County Insurance Commission procures coverages, performs risk management services, adjustment of losses and handles claims against the County of Cumberland, as well as related services, including but not limited to payment for legal services and expenses arising from claims against the County of Cumberland for which indemnity is provided for in one or more policies of insurance; and

WHEREAS, N.J.A.C. 5:30-5.3 to N.J.A.C. 5:30-5.5 require that both the appointment of counsel to perform services and the payment for such services must be made in accordance with a Resolution appointing such counsel and defining the monetary limit or ceiling within which such services may be paid and further requires one or more Resolutions to raise the ceilings or monetary limit within which authority is authorized to make payments for such services; and

WHEREAS, the Cumberland County Insurance Commission currently pays for litigation expenses and attorneys' fees on behalf of the County pursuant to and in accordance with the terms and conditions of various insurance policies which have been procured on behalf of the County of Cumberland through various insurance carriers; and

WHEREAS, invoices for legal services related to certain types of litigation matters, for example civil rights matters, are already funded by the County of Cumberland but paid through the Cumberland County Insurance Commission; and

WHEREAS, various other types of claims may have a self-insured retention, for example employment-related claims, which heretofore have been paid by and authorized by the Board of Chosen Freeholders of the County of Cumberland up to the self-insured retention limit; and

WHEREAS, the Board of Chosen Freeholders of the County of Cumberland has deemed it to be in the interest of expediency and consolidation of services of similar tasks to allow the Cumberland County Insurance Commission to pay for all legal services and expenses for which indemnity exists pursuant to a policy of insurance provided by or through the Cumberland County Insurance Commission on behalf of the County of Cumberland, subject to the County of Cumberland being responsible for the payment of such coverages and expenses; and

WHEREAS, the County of Cumberland and the Cumberland County Insurance Commission have entered into a Memorandum of Understanding, which is attached hereto and made a party hereof outlining the manner and method pursuant to which the County shall fund the Cumberland County Insurance Commission to pay for all litigation related services including but not limited to counsel fees, out of pocket costs, expert witness fees, among other expenses, by the Cumberland County Insurance Commission in accordance with N.J.A.C. 5:30-5.3 to N.J.A.C. 5:30-5.5; and

WHEREAS, the Cumberland County Insurance Commission has already performed such services and made such payments on behalf of the County of Cumberland for some litigation against the County and deems it to be in the interest of the Commission and the County to consolidate such services for all insurance-covered litigation matters set forth herein, and pursuant to the Memorandum of Understanding attached hereto and made a part hereof.

NOW THEREFORE BE IT RESOLVED BY THE CUMBERLAND COUNTY INSURANCE COMMISSION as follows:

That in accordance with N.J.A.C. 5:30-5.3 to N.J.A.C. 5:30-5.5 the Cumberland County Insurance Commission shall be responsible for the payment of all bills and expenses rendered by counsel who shall be appointed by the Cumberland County Insurance Commission for all litigation services for which insurance coverage has been procured on behalf of the County by the Cumberland County Insurance Commission, including but not limited to employment related matters, civil rights matters, workers compensation, matters arising with respect to property damage and personal injury claims under the New Jersey Tort Claims Act or other matters for which insurance coverage may exist and which was procured, and any claims with respect thereto handled by the Cumberland County Insurance Commission; and

BE IT FURTHER RESOLVED THAT the Cumberland County Insurance Commission shall pass Resolutions from time to time as may be required in order to appoint such counsel, who shall be annually selected and appointed pursuant to N.J.S.A. 40A:11-4.1, et seq. and to pass such additional Resolutions to authorize the increase of a monetary limit or ceiling within which payment may be made from time to time, as may be necessary, to authorize the payment for counsel fees and expenses incurred in accordance with the foregoing; and

BE IT FURTHER RESOLVED that the Cumberland County Insurance Commission shall not pay for claims that are brought by the County of Cumberland by third parties, for claims relating to disciplinary matters involving employees of the County, administrative matters arising from administrative agency decisions brought by or against the County of Cumberland nor for any other matters for which insurance coverage has not been procured on behalf of the County of Cumberland by and through the Cumberland County Insurance Commission; and

BE IT FURTHER RESOLVED that the Memorandum of Understanding attached hereto and made a part hereof is hereby approved and may be executed on behalf of the Commission by the Chairman of the Cumberland County Insurance Commission.

ADOPTED by THE CUMBERLAND COUNTY INSURANCE COMMISSION at a properly noticed meeting held on August 6, 2020.

ADOPTED:

BY: _____
JACK SURRENCY, CHAIRMAN

ATTEST:

MEMORANDUM OF UNDERSTANDING AUTHORIZING COMPLIANCE WITH N.J.A.C.
5:30-5.3 THROUGH N.J.A.C. 5:30-5.5 BETWEEN THE COUNTY OF CUMBERLAND AND
THE CUMBERLAND COUNTY INSURANCE COMMISSION

WHEREAS, the Board of Chosen Freeholders of the County of Cumberland and the Commissioners of the Cumberland County Insurance Commission have authorized the appointment of and payment of services for outside counsel who are selected pursuant to competitive contracting in accordance with N.J.S.A. 40A:11-4.1 et seq.; and

WHEREAS, such counsel often and most frequently provide services on behalf of the County pursuant to policies of insurance that provide for indemnity on behalf of the County of Cumberland; and

WHEREAS, the Cumberland County Insurance Commission performs numerous services for the County of Cumberland including but not limited to handling and adjusting litigation claims and authorizing payment for various matters falling within the jurisdiction of the Cumberland County Insurance Commission, including but not limited to workers compensation claims, litigation claims, civil rights claims and claims which may exceed self-insured retentions for which the County of Cumberland itself has agreed to be responsible; and

WHEREAS, bills are submitted from time to time by counsel with respect to services rendered and for expenses and costs including but not limited to expert witness fees; and

WHEREAS, appointments of professionals are required to be made by resolution; and

WHEREAS, N.J.A.C. 5:30-5.3 requires that a certifying financial officer shall be responsible for determining the availability of sufficient funds for all contracts for services rendered on behalf of the County; and

WHEREAS, the County of Cumberland and the Cumberland County Insurance Commission agree that it would save time, expense and would streamline the process of appointment of outside counsel and the authorization for payment of expenses, for services by outside counsel authorized by the Cumberland County Insurance Commission inasmuch as the Cumberland County Insurance Commission currently pays for such expenses for one or more types of litigated matters (for example Federal Civil Rights matters under 42 U.S.C. 1983); and

WHEREAS, the parties are desirous of consolidating the appointment and payment of services for litigation counsel in matters for which insurance coverage is in effect and the authorization relating to the same by the Cumberland County Insurance Commission which, in part, were formally authorized by the Board of Chosen Freeholders of the County of Cumberland.

NOW THEREFORE, the parties agree as follows:

1. From the date of this Memorandum, all appointments from a list of approved counsel annually appointed through a competitive contracting process by the County of Cumberland and in accordance with N.J.S.A. 40A:11-4.1, et seq. shall be appointed by the Cumberland County Insurance Commission to handle specific matters which are covered through one or more policies of insurance which provide indemnity on behalf of the County of Cumberland and which have been procured on behalf of the County by the Cumberland County Insurance Commission. Such coverages may include: law enforcement coverages, employment practices coverages, general liability coverages for property and personal injury claims that may be brought against the County, environmental insurance coverages and workers compensation insurance coverages. Both the initial appointment and the authorization to pay expenses incurred by outside counsel for services and expenses required by N.J.A.C. 5:30-5.3 to N.J.A.C. 5:30-5.5 shall be paid for by the Cumberland County Insurance Commission from funds made available to it in accordance with

this MOU, and the Insurance Commission shall raise the monetary limit or ceiling so payment can be made from time to time as may be required in accordance with the foregoing regulatory requirements.

2. The County of Cumberland currently funds the Cumberland County Insurance Commission with respect to the services provided by the Cumberland County Insurance Commission and the Cumberland County Insurance Commission issues a quarterly assessment to the members of the Commission to pay for the expenses of operating the Cumberland County Insurance Commission. The County of Cumberland in consultation with the Cumberland County Insurance Commission shall make an additional quarterly payment to the Cumberland County Insurance Commission in order to make funding available to the Commission to pay the expenses related to attorney services, out of pocket costs and expenses in accordance with the foregoing regulatory requirements by making a quarterly payment in an amount that shall be agreed on or before January 15, March 1, May 1, August 1 and November 1 of each year in such amount as may be agreed to between the Cumberland County Insurance Commission and the County of Cumberland prior to January 15th of each year in order to fund the Cumberland County Insurance Commission with sufficient resources to pay such expenses through each year.

3. It is understood and agreed that the quarterly payments mentioned herein are estimated amounts only and may be increased or decreased from time to time as may be agreed upon between the Chairman of the Cumberland County Insurance Commission and the Chief Financial Officer of the County of Cumberland. The understanding between the parties is that adequate funding must be available in order to pay expenses incurred on behalf of the County of Cumberland and that from time to time the amount of payments or the additional payment or payments as may be necessary shall be considered and agreed upon between the Chairmen of the Cumberland County

Insurance Commission and the Chief Financial Officer of the County of Cumberland in order to ensure that adequate funding exists for the aforesaid payments.

4. The parties agree that the amount of funding provided by the County of Cumberland to the Cumberland County Insurance Commission on a quarterly basis in accordance with this Memorandum of Agreement shall be adjusted from time to time as may be necessary to ensure that adequate funding is available on behalf of the Cumberland County Insurance Commission to meet payment obligations for services as set forth in this agreement and the Board of Chosen Freeholders shall authorize the amount of annual and quarterly payments, as needed on or before January 15 of each year.

5. This agreement may be amended from time to time which must be in writing duly authorized and executed between the parties hereto.

The parties hereto have set their hands and seals this ____ day of _____, 2020.

Dated: _____

COUNTY OF CUMBERLAND

By _____
Joseph Derella, Freeholder Director

Dated: _____

Cumberland County Insurance Commission

By _____
Kimberly E. Wood, Chairman

RESOLUTION NO. 17-20

**CUMBERLAND COUNTY INSURANCE COMMISSION
DESIGNATING COMMISSION ATTORNEY**

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

WHEREAS, the CCIC requires the services of an Attorney, and

WHEREAS, **John G. Carr** has demonstrated the skill and possesses the qualifications to perform the duties of Commission Attorney for the County Insurance Commission;

WHEREAS, the Commission authorizes the appointment of **John G. Carr** as CCIC Attorney for the term commencing upon adoption of the within resolution through 2021 CCIC Reorganization; and

BE IT FURTHER RESOLVED that **John G. Carr** shall receive no compensation to serve as Commission Attorney to the CCIC.

ADOPTED by the CUMBERLAND COUNTY INSURANCE COMMISSION at a properly noticed meeting held on August 6, 2020.

ADOPTED:

BY: _____
JACK SURRENCY, CHAIRMAN

ATTEST:

Cumberland County Ins. Comm.

Certificate of Insurance Monthly Report

From 6/1/2020 To 7/1/2020

Holder (H)/ Insured Name (I)	Holder / Insured Address	Description of Operations	Issue Date/ Cert ID	Coverage
H - City of Bridgeton I - Cumberland County	181 E. Commerce Street Bridgeton, NJ 08302	CompanyD: XS Worker Compensation PolicyLimit XS WC Statutory \$1,000,000, XS Employers Liability: \$5,000,000 x \$1,000,000 Policy Term: 1/1/2020 - 1/1/2021 Policy#: SP4059717 RE: Cumberland County Department of Health clinic 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 Cumberland County Department of Health clinic	6/9/2020 #2524941	GL AU EX WC OTH
H - City of Bridgeton I - Cumberland County	181 E. Commerce Street Bridgeton, NJ 08302	CompanyD: XS Worker Compensation PolicyLimit XS WC Statutory \$1,000,000, XS Employers Liability: \$5,000,000 x \$1,000,000 Policy Term: 1/1/2020 - 1/1/2021 Policy#: SP4059717 RE: Cumberland County Department of Health clinic The Certificate Holder and New Jersey Green Acres Program are an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written contract as respect to Cumberland County Department of Health clinic	6/11/2020 #2526189	GL AU EX WC OTH
H - Vertical Bridge REIT LLC I - Cumberland County	c/o Vertical Bridge Towers LLC 750 Park of Commerce Drive, Suite 200 Boca Raton, FL 33487	CompanyD: XS Worker Compensation PolicyLimit XS WC Statutory \$1,000,000, XS Employers Liability: \$5,000,000 x \$1,000,000 Policy Term: 1/1/2020 - 1/1/2021 Policy#: SP4059717 Re: 1800 North Ave., Port Norris, NJ 08349 Vertical Bridge REIT, LLC, its parents, affiliates, subsidiaries, successors and/or assigns, ATIMA are an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written contract as respect to 1800 North Ave., Port Norris, NJ 08349	6/18/2020 #2527809	GL AU EX WC OTH
H - Cumberland County Technical I - Cumberland County	Education Center 3400 College Drive Vineland, NJ 08360	CompanyD: XS Worker Compensation PolicyLimit XS WC Statutory \$1,000,000, XS Employers Liability: \$5,000,000 x \$1,000,000 Policy Term: 1/1/2020 - 1/1/2021 Policy#: SP4059717 Evidence o Insurance with respects to use of the facility for the County Prosecutors Office use of Force Listening Session.	6/29/2020 #2534121	GL AU EX WC OTH
Total # of Holders: 4				



NEW JERSEY COUNTIES EXCESS JOINT INSURANCE FUND

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

Date: June 25, 2020
To: Cumberland County Insurance Commission
From: PERMA Risk Management Services
Subject: New Jersey Counties Excess Meeting Report

NJCE Claims Review Committee: Committee Chairman Sheehan reported the Claims Review Committee met prior to the Fund’s meeting to review claims in detail. The Board of Fund Commissioners accepted the recommendations of the committee to approve payment or settlement authority requests. Closed Session was not required for this action.

December 31, 2019 Audit: Fund Auditor submitted a draft financial audit for the period ending December 31, 2019 and provided a summary review of the Financial Statements. Fund Auditor reported there were no recommendations or findings. Fund Auditor said the Fund is in excellent financial condition would be submitting a final audit report at the September meeting. The Board of Fund Commissioners adopted a resolution authorizing the Fund office to file the draft audit and request an extension to file the final audit report to the State’s regulatory agencies.

Executive Director reported on the following:

Professional Contracts/Services/Competitive Contracts:

Learning Management System – Competitive Contract Request for Proposals (CCRFP): As previously discussed, a dedicated safety institute of instructor-led and online training programs will be provided to members of the NJCE JIF through a Learning Management System. Responses to the CCRFP were due on June 16th; two proposals were received from NEOGOV and Benchmark Analytics.

Fund Attorney reported that NEOGOV requested removal of a termination provision of the standard contract, which is considered a material exception. In addition, Benchmark Analytics submitted a fee proposal which substantially exceeds the budget for these services. Fund Attorney reported the CCRP procurement process does not permit negotiation of changes to material terms or proposed fees. Fund Attorney recommended the proposals be rejected on those grounds and this service be re-advertised; the Board of Fund Commissioners agreed to the recommendation and adopted a resolution noting that action.

Workers’ Compensation Claims Administration Request for Proposals (RFP): Executive Director reported the contract for this service with AmeriHealth expires on 7/31/20.

AmeriHealth has agreed to extend services based on the same terms and conditions of the existing contract on a month-to-month basis for August and September.

The Fund office is working with the Fund Attorney in reviewing the scope of services prior to issuing an CCRFP for re-procurement of these services in order to take action at the September 24th meeting. The Board of Fund Commissioners adopted a resolution authorizing a month-to-month agreement pending re-procurement of services.

Payroll Auditor and Actuary: Executive Director reported the contracts for these services have expired and the Fund office has issued a request for quotes for both positions, which were due on June 23rd. Copies of the responses were distributed to the Board for their review.

Executive Director reported there was one (1) response for Payroll Auditor from Bowman & Company (*Incumbent*) and three (3) responses for Actuary from The Actuarial Advantage (*Incumbent*), Glicksman Consulting, and Pinnacle Actuarial Resources. Executive Director made the following recommendations: 1) Award a one-year contract to Bowman & Company for Payroll Auditor services based on response completeness and annual fee of \$19,900 as noted in proposal and 2) Award a one-year contract to The Actuarial Advantage based on response completeness and annual fee of \$23,431 as noted in proposal. The Board of Fund Commissioners confirmed these recommendations with a unanimous motion for each contract award.

Financial Fast Track: Copies of Financial Fast Tracks as of March 31st and April 30th were included in the agenda. Executive Director reported the April 30th report reflected a statutory surplus of \$16.2 million.

Deputy Executive Director reported on the following:

2021 Renewal – Underwriting Data Collection: The fund office will begin the data collection process for the 2021 renewal in order to provide relevant information to underwriters. Last year was the initial launch of Origami, the online platform where members' exposure data (property, vehicles, etc.) was uploaded for members to access and edit, as well as, applications to download and complete for ancillary coverages.

Deputy Executive Director reported the Fund office is working with Origami to facilitate an easier process for members to complete applications for ancillary coverages. In addition, audited payrolls as provided by the Payroll Auditor will be uploaded into the platform. The anticipated date to begin the 2021 renewal is mid-July, which will allow members to confirm underwriting data in time to introduce a budget at the October meeting.

Sexual Abuse Molestation Legislation: As previously discussed, the Commissioners opted to participate in the MEL training initiative as respects the legislation adopted in late 2019. Deputy Executive Director reported that due to the health crisis the Fund office has developed online training sessions. The Fund's website – www.njce.org (under Safety) – includes an online video that members may use for training purposes. In addition, Paul Shives will be presenting two live webinars via Zoom on July 17th and July 24th from 9:00AM to 11:00AM; interested participants should contact the Fund office for more information.

MEL-Sponsored Webinar: Communication in a Crisis: On June 30, 2020 starting at 10:30 a.m., the MEL will be presenting a free webinar for its members, *Facing and Embracing Crisis For Your Municipality*. The webinar reviews best practices when a crisis occurs as leaders will be judged primarily on their response and their communications with the public. Four experienced professionals will share their expertise and experiences on developing a crisis communication plan and addressing the public and media in a crisis. This is a MEL sponsored program and they are inviting the NJCE members to participate; continuing education credits have been approved for this session.

Best Practices Forum: This forum is typically held in October timeframe. Due to the health crisis Executive Director suggested the Best Practices sub-committee meet to discuss feasibility of holding the forum whether in person or virtual. Commissioners agreed this was a good idea.

NJCE 10th Year Anniversary: As previously discussed, this year marks the 10th anniversary of the Fund's inception, which began with two County members and has grown to ten members and 19 affiliated entities. In February, the Board agreed to celebrate the milestone with a luncheon hosted at a Central Jersey venue for all Fund Commissioners, Professionals and staff to attend. Please save the date of October 19, 2020 at noon pending additional directives issued by the Governor's office on reopening. Best Practices Forum sub-committee will also address this as well.

2020 New Jersey Association of Counties Conference: This annual conference originally scheduled for May has been rescheduled for October 27th - October 29th.

2020 MEL & MRHIF & NJCE Educational Seminar: This annual seminar originally scheduled for May 1st has been cancelled and may rescheduled for a date later in the year.

Membership Renewal: The Commissions of Atlantic County, Burlington County and Cumberland County are scheduled to renew their 3-year membership with the Fund as of January 1, 2021. Renewal documents have been sent to each County to execute.

2020 Financial Disclosures: All Fund Commissioners and Professionals have completed the required filing by the April 30th deadline.

Underwriting Manager

Underwriting Manager provided a brief summary report of the 2021 renewal noting the Property market is hardening, but will continue negotiation efforts to secure stable rates, as well as, explore alternative program structures. Underwriting Manager added the NJCE Cyber Task Force held an initial meeting and will be developing a Cyber Risk Management program for NJCE membership.

Risk Control

Safety Director submitted a report reflecting the risk control activities and the Safety Director Bulletins distributed from April to July 2020. Safety Director reported that all instructor led courses have been suspended and encouraged members to utilize online training resources in the interim. Safety Director added the annual BRIT Safety Grant is available and encouraged members to submit applicable purchases.

Next Meeting: The next meeting of the NJCE fund is scheduled for September 24, 2020 at 9:30AM location to be determined.

CUMBERLAND COUNTY INSURANCE COMMISSION					
FINANCIAL FAST TRACK REPORT					
		AS OF	April 30, 2020		
ALL YEARS COMBINED					
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME	272,268	1,089,073	20,533,048	21,622,122
2.	CLAIM EXPENSES				
	Paid Claims	92,152	514,934	6,303,589	6,818,524
	Case Reserves	37,056	55,438	2,532,113	2,587,551
	IBNR	20,016	259,344	1,681,595	1,940,939
	Discounted Claim Value	(8,780)	(31,462)	(124,026)	(155,488)
	TOTAL CLAIMS	140,444	798,255	10,393,271	11,191,526
3.	EXPENSES				
	Excess Premiums	109,484	437,936	7,879,184	8,317,119
	Administrative	29,614	114,972	2,322,120	2,437,092
	TOTAL EXPENSES	139,098	552,908	10,201,304	10,754,212
4.	UNDERWRITING PROFIT (1-2-3)	(7,274)	(262,089)	(61,527)	(323,616)
5.	INVESTMENT INCOME	1,932	22,460	140,488	162,948
6.	PROFIT (4 + 5)	(5,342)	(239,630)	78,962	(160,668)
7.	CEL APPROPRIATION CANCELLATION	0	0	2,109	2,109
8.	DIVIDEND INCOME	0	0	84,697	84,697
9.	DIVIDEND EXPENSE	0	0	(84,697)	(84,697)
10.	INVESTMENT IN JOINT VENTURE	7,205	18,995	756,111	775,106
11.	SURPLUS (6 + 7 + 8 - 9)	1,863	(220,634)	837,182	616,547
SURPLUS (DEFICITS) BY FUND YEAR					
	2012	103	1,516	293,056	294,572
	2013	149	(16,275)	150,626	134,351
	2014	(2,802)	(19,787)	203,361	183,574
	2015	226	(114,504)	(437,506)	(552,010)
	2016	357	(14,724)	531,897	517,173
	2017	278	20,563	(242,070)	(221,507)
	2018	322	(157,612)	189,595	31,982
	2019	579	64,332	148,222	212,553
	2020	2,650	15,858		15,858
	TOTAL SURPLUS (DEFICITS)	1,863	(220,634)	837,181	616,546
	TOTAL CASH				4,210,467

CLAIM ANALYSIS BY FUND YEAR				
FUND YEAR 2012				
Paid Claims	0	0	40,744	40,744
Case Reserves	0	0	0	0
IBNR	0	0	0	0
Discounted Claim Value	0	0	0	0
TOTAL FY 2012 CLAIMS	0	0	40,744	40,744
FUND YEAR 2013				
Paid Claims	1,125	3,475	1,122,972	1,126,447
Case Reserves	(51,658)	(53,864)	157,406	103,542
IBNR	50,533	50,312	29,268	79,580
Discounted Claim Value	0	6,298	(6,298)	0
TOTAL FY 2013 CLAIMS	0	6,222	1,303,348	1,309,569
FUND YEAR 2014				
Paid Claims	16,229	35,880	1,195,904	1,231,784
Case Reserves	(7,773)	(21,424)	175,561	154,137
IBNR	(5,399)	(9,764)	9,764	0
Discounted Claim Value	0	9,915	(9,915)	(0)
TOTAL FY 2014 CLAIMS	3,058	14,608	1,371,313	1,385,921
FUND YEAR 2015				
Paid Claims	12,984	107,997	1,435,031	1,543,028
Case Reserves	(16,640)	(43,165)	463,721	420,557
IBNR	3,656	34,549	76,038	110,587
Discounted Claim Value	0	24,241	(27,857)	(3,616)
TOTAL FY 2015 CLAIMS	(0)	123,622	1,946,933	2,070,555
FUND YEAR 2016				
Paid Claims	8,189	18,448	782,684	801,132
Case Reserves	(3,679)	(13,938)	319,701	305,763
IBNR	(4,510)	(16,924)	23,609	6,685
Discounted Claim Value	0	10,130	(15,856)	(5,726)
TOTAL FY 2016 CLAIMS	0	(2,284)	1,110,138	1,107,854
FUND YEAR 2017				
Paid Claims	16,014	80,135	942,512	1,022,647
Case Reserves	(7,228)	(59,576)	793,167	733,591
IBNR	(8,786)	(44,573)	119,576	75,003
Discounted Claim Value	0	474	(23,665)	(23,191)
TOTAL FY 2017 CLAIMS	(0)	(23,540)	1,831,590	1,808,050
FUND YEAR 2018				
Paid Claims	28,621	186,659	687,631	874,290
Case Reserves	58,518	101,852	454,600	556,452
IBNR	(87,139)	(111,533)	293,384	181,851
Discounted Claim Value	0	(8,163)	(18,029)	(26,192)
TOTAL FY 2018 CLAIMS	0	168,816	1,417,585	1,586,401
FUND YEAR 2019				
Paid Claims	1,041	67,987	96,111	164,099
Case Reserves	6,140	13,788	167,957	181,745
IBNR	(7,181)	(81,273)	1,129,956	1,048,683
Discounted Claim Value	0	(38,255)	(22,405)	(60,660)
TOTAL FY 2019 CLAIMS	(0)	(37,752)	1,371,619	1,333,867
FUND YEAR 2020				
Paid Claims	7,950	14,353		14,353
Case Reserves	59,376	131,765		131,765
IBNR	78,841	438,549		438,549
Discounted Claim Value	(8,780)	(36,103)		(36,103)
TOTAL FY 2020 CLAIMS	137,386	548,564	0	548,564
COMBINED TOTAL CLAIMS	140,444	798,255	10,393,271	11,191,526

CUMBERLAND COUNTY INSURANCE COMMISSION					
FINANCIAL FAST TRACK REPORT					
		AS OF	May 31, 2020		
ALL YEARS COMBINED					
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	UNDERWRITING INCOME	272,268	1,361,342	20,533,048	21,894,390
2.	CLAIM EXPENSES				
	Paid Claims	36,370	551,305	6,303,589	6,854,894
	Case Reserves	53,088	108,526	2,532,113	2,640,639
	IBNR	153,542	412,886	1,681,595	2,094,481
	Discounted Claim Value	(13,249)	(44,711)	(124,026)	(168,737)
	TOTAL CLAIMS	229,751	1,028,006	10,393,271	11,421,277
3.	EXPENSES				
	Excess Premiums	109,484	547,420	7,879,184	8,426,603
	Administrative	28,453	143,424	2,322,120	2,465,545
	TOTAL EXPENSES	137,936	690,844	10,201,304	10,892,148
4.	UNDERWRITING PROFIT (1-2-3)	(95,420)	(357,509)	(61,527)	(419,035)
5.	INVESTMENT INCOME	1,623	24,083	140,488	164,571
6.	PROFIT (4 + 5)	(93,796)	(333,426)	78,962	(254,464)
7.	CEL APPROPRIATION CANCELLATION	0	0	2,109	2,109
8.	DIVIDEND INCOME	0	0	84,697	84,697
9.	DIVIDEND EXPENSE	0	0	(84,697)	(84,697)
10.	INVESTMENT IN JOINT VENTURE	7,195	26,190	756,111	782,301
11.	SURPLUS (6 + 7 + 8 - 9)	(86,601)	(307,236)	837,182	529,946
SURPLUS (DEFICITS) BY FUND YEAR					
	2012	93	1,609	293,056	294,665
	2013	130	(16,145)	150,626	134,481
	2014	6,224	(13,563)	203,361	189,798
	2015	201	(114,303)	(437,506)	(551,808)
	2016	318	(14,406)	531,897	517,491
	2017	244	20,807	(242,070)	(221,263)
	2018	280	(157,332)	189,595	32,262
	2019	521	64,853	148,222	213,074
	2020	(94,613)	(78,755)		(78,755)
	TOTAL SURPLUS (DEFICITS)	(86,601)	(307,236)	837,181	529,945
	TOTAL CASH				4,176,655

CLAIM ANALYSIS BY FUND YEAR				
FUND YEAR 2012				
Paid Claims	0	0	40,744	40,744
Case Reserves	0	0	0	0
IBNR	0	0	0	0
Discounted Claim Value	0	0	0	0
TOTAL FY 2012 CLAIMS	0	0	40,744	40,744
FUND YEAR 2013				
Paid Claims	300	3,775	1,122,972	1,126,747
Case Reserves	(300)	(54,164)	157,406	103,242
IBNR	0	50,312	29,268	79,580
Discounted Claim Value	0	6,298	(6,298)	0
TOTAL FY 2013 CLAIMS	0	6,222	1,303,348	1,309,569
FUND YEAR 2014				
Paid Claims	(5,242)	30,638	1,195,904	1,226,542
Case Reserves	(758)	(22,182)	175,561	153,379
IBNR	0	(9,764)	9,764	0
Discounted Claim Value	0	9,915	(9,915)	(0)
TOTAL FY 2014 CLAIMS	(6,000)	8,608	1,371,313	1,379,921
FUND YEAR 2015				
Paid Claims	2,456	110,453	1,435,031	1,545,484
Case Reserves	(2,456)	(45,621)	463,721	418,100
IBNR	0	34,549	76,038	110,587
Discounted Claim Value	0	24,241	(27,857)	(3,616)
TOTAL FY 2015 CLAIMS	0	123,622	1,946,933	2,070,555
FUND YEAR 2016				
Paid Claims	5,883	24,331	782,684	807,015
Case Reserves	(5,883)	(19,821)	319,701	299,880
IBNR	0	(16,924)	23,609	6,685
Discounted Claim Value	0	10,130	(15,856)	(5,726)
TOTAL FY 2016 CLAIMS	0	(2,284)	1,110,138	1,107,854
FUND YEAR 2017				
Paid Claims	13,143	93,278	942,512	1,035,790
Case Reserves	(13,194)	(72,771)	793,167	720,396
IBNR	51	(44,521)	119,576	75,055
Discounted Claim Value	0	474	(23,665)	(23,191)
TOTAL FY 2017 CLAIMS	0	(23,540)	1,831,590	1,808,050
FUND YEAR 2018				
Paid Claims	12,331	198,991	687,631	886,621
Case Reserves	(21,029)	80,824	454,600	535,423
IBNR	8,697	(102,836)	293,384	190,549
Discounted Claim Value	0	(8,163)	(18,029)	(26,192)
TOTAL FY 2018 CLAIMS	0	168,816	1,417,585	1,586,401
FUND YEAR 2019				
Paid Claims	814	68,801	96,111	164,913
Case Reserves	(3,214)	10,574	167,957	178,531
IBNR	2,400	(78,873)	1,129,956	1,051,083
Discounted Claim Value	0	(38,255)	(22,405)	(60,660)
TOTAL FY 2019 CLAIMS	0	(37,752)	1,371,619	1,333,867
FUND YEAR 2020				
Paid Claims	6,684	21,037		21,037
Case Reserves	99,922	231,687		231,687
IBNR	142,394	580,942		580,942
Discounted Claim Value	(13,249)	(49,352)		(49,352)
TOTAL FY 2020 CLAIMS	235,751	784,315	0	784,315
COMBINED TOTAL CLAIMS	229,751	1,028,006	10,393,271	11,421,277

NEW JERSEY COUNTIES EXCESS JIF					
FINANCIAL FAST TRACK REPORT					
		AS OF	May 31, 2020		
ALL YEARS COMBINED					
		THIS	YTD	PRIOR	FUND
		MONTH	CHANGE	YEAR END	BALANCE
1.	UNDERWRITING INCOME	2,084,585	10,422,925	163,505,481	173,928,406
2.	CLAIM EXPENSES				
	Paid Claims	55,885	973,908	4,975,775	5,949,683
	Case Reserves	90,849	1,166,762	5,846,623	7,013,386
	IBNR	425,747	996,293	9,810,443	10,806,736
	Discounted Claim Value	(50,328)	(173,017)	(1,471,830)	(1,644,847)
	TOTAL CLAIMS	522,153	2,963,947	19,161,011	22,124,958
3.	EXPENSES				
	Excess Premiums	1,271,354	6,356,769	113,746,590	120,103,360
	Administrative	168,665	803,590	12,402,903	13,206,494
	TOTAL EXPENSES	1,440,019	7,160,360	126,149,494	133,309,854
4.	UNDERWRITING PROFIT (1-2-3)	122,413	298,618	18,194,976	18,493,595
5.	INVESTMENT INCOME	14,365	377,790	1,120,484	1,498,275
6.	PROFIT (4+5)	136,778	676,409	19,315,460	19,991,869
7.	Dividend	0	0	3,607,551	3,607,551
8.	SURPLUS (6-7-8)	136,778	676,409	15,707,909	16,384,318
SURPLUS (DEFICITS) BY FUND YEAR					
	2010	291	8,285	543,904	552,189
	2011	380	127,591	836,289	963,880
	2012	622	19,578	1,013,486	1,033,064
	2013	858	(157,024)	1,438,925	1,281,901
	2014	1,494	(130,269)	2,887,430	2,757,161
	2015	1,588	137,802	1,229,755	1,367,557
	2016	1,685	(395,950)	3,388,065	2,992,115
	2017	2,042	(101,028)	1,257,423	1,156,394
	2018	1,960	146,856	2,119,126	2,265,982
	2019	2,098	375,312	993,507	1,368,819
	2020	123,760	645,255		645,255
	TOTAL SURPLUS (DEFICITS)	136,778	676,409	15,707,909	16,384,317
	TOTAL CASH				30,381,676

CLAIM ANALYSIS BY FUND YEAR				
FUND YEAR 2010				
Paid Claims	0	0	171,840	171,840
Case Reserves	0	0	(0)	(0)
IBNR	0	1,061	10,466	11,527
Discounted Claim Value	0	(77)	(983)	(1,060)
TOTAL FY 2010 CLAIMS	0	985	181,322	182,306
FUND YEAR 2011				
Paid Claims	2,110	100,703	519,228	619,931
Case Reserves	(2,110)	(202,240)	214,527	12,287
IBNR	0	(35,954)	46,091	10,137
Discounted Claim Value	0	22,501	(24,930)	(2,428)
TOTAL FY 2011 CLAIMS	0	(114,989)	754,916	639,927
FUND YEAR 2012				
Paid Claims	743	2,534	1,551,733	1,554,267
Case Reserves	57	(1,736)	75,090	73,353
IBNR	(800)	(2,568)	64,097	61,529
Discounted Claim Value	0	276	(12,804)	(12,528)
TOTAL FY 2012 CLAIMS	0	(1,495)	1,678,116	1,676,621
FUND YEAR 2013				
Paid Claims	19,105	256,016	646,873	902,889
Case Reserves	(19,105)	(3,816)	644,280	640,464
IBNR	0	(63,163)	105,073	41,910
Discounted Claim Value	0	(4,333)	(76,642)	(80,975)
TOTAL FY 2013 CLAIMS	0	184,703	1,319,585	1,504,288
FUND YEAR 2014				
Paid Claims	511	5,120	442,532	447,651
Case Reserves	(511)	176,002	332,716	508,718
IBNR	0	10,458	178,256	188,714
Discounted Claim Value	0	(19,960)	(42,871)	(62,831)
TOTAL FY 2014 CLAIMS	0	171,619	910,633	1,082,252
FUND YEAR 2015				
Paid Claims	4,829	65,999	763,735	829,734
Case Reserves	(4,830)	83,508	1,897,750	1,981,258
IBNR	1	(256,717)	511,194	254,477
Discounted Claim Value	0	14,163	(172,551)	(158,387)
TOTAL FY 2015 CLAIMS	0	(93,046)	3,000,129	2,907,082
FUND YEAR 2016				
Paid Claims	78	3,442	320,211	323,653
Case Reserves	(3)	557,682	647,770	1,205,452
IBNR	(75)	(98,326)	305,258	206,931
Discounted Claim Value	0	(20,758)	(69,661)	(90,419)
TOTAL FY 2016 CLAIMS	0	442,040	1,203,578	1,645,617
FUND YEAR 2017				
Paid Claims	1,335	(1,632)	68,152	66,520
Case Reserves	(1,452)	203,593	1,525,070	1,728,664
IBNR	117	(33,699)	2,088,218	2,054,518
Discounted Claim Value	0	(12,888)	(292,128)	(305,016)
TOTAL FY 2017 CLAIMS	0	155,375	3,389,312	3,544,686
FUND YEAR 2018				
Paid Claims	372	12,945	243,786	256,730
Case Reserves	628	55,443	161,698	217,141
IBNR	(1,000)	(173,319)	2,419,495	2,246,176
Discounted Claim Value	0	10,328	(290,608)	(280,280)
TOTAL FY 2018 CLAIMS	0	(94,603)	2,534,370	2,439,768
FUND YEAR 2019				
Paid Claims	26,802	302,763	247,685	550,448
Case Reserves	20,411	(91,774)	347,722	255,948
IBNR	(47,212)	(597,767)	4,082,295	3,484,528
Discounted Claim Value	0	69,501	(488,652)	(419,152)
TOTAL FY 2019 CLAIMS	0	(317,278)	4,189,050	3,871,772
FUND YEAR 2020				
Paid Claims	0	226,018		226,018
Case Reserves	97,765	390,100		390,100
IBNR	474,716	2,246,288		2,246,288
Discounted Claim Value	(50,328)	(231,770)		(231,770)
TOTAL FY 2020 CLAIMS	522,153	2,630,636	0	2,630,636
COMBINED TOTAL CLAIMS	522,153	2,963,947	19,161,011	22,124,958

RESOLUTION NO. 18 – 20

**CUMBERLAND COUNTY INSURANCE COMMISSION
BILLS LIST – AUGUST 2020**

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

BE IT RESOLVED that the Cumberland County Insurance Fund Commission, hereby authorizes the Commission Treasurer to issue warrants in payment of the following claims; and

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

FUND YEAR 2019

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
000231			
000231	INSERVCO INSURANCE SERVICES	CLAIMS ADMIN - 11/19	4,343.16
			4,343.16
		Total Payments FY 2019	4,343.16

FUND YEAR 2020

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
000232			
000232	NEW JERSEY COUNTIES EXCESS JIF	CEL - 2ND HALF 2020	542058.15
			542058.15
000233			
000233	INSERVCO INSURANCE SERVICES	CLAIMS ADMIN 7/20	4343.16
000233	INSERVCO INSURANCE SERVICES	CLAIMS ADMIN 6/20	4343.16
000233	INSERVCO INSURANCE SERVICES	CLAIMS ADMIN 3/20	4343.16
000233	INSERVCO INSURANCE SERVICES	CLAIMS ADMIN 5/20	4343.16
			17372.64
000234			
000234	PERMA RISK MANAGEMENT SERVICES	POST AGE 5/20	2.50
000234	PERMA RISK MANAGEMENT SERVICES	ADMIN SERVICES - 3RD QTR 2020	25126.25
000234	PERMA RISK MANAGEMENT SERVICES	POST AGE 3/20	3.00
			25131.75
000235			
000235	SG RISK, LLC	ACTUARY SERVICES 2020	5170.00
			5170.00
000236			
000236	SAFETYFIRST SYSTEMS	REPLACEMENT DECALS 5/20	99.95
			99.95
000237			
000237	CUMBERLAND COUNTY TREASURER'S OFFICE	REIMBURSEMENT 7/20	998.91
			998.91
000238			
000238	HARDENBERGH INSURANCE GROUP	CUMB CTY UT AUTH - 3RD QTR 20 RMC	1276.73
000238	HARDENBERGH INSURANCE GROUP	CUMB CTY IMP AUTH - 3RD QTR 20 RMC	6875.00
000238	HARDENBERGH INSURANCE GROUP	CTY OF CUMB - 3RD QTR 20 RMC	33000.00
			41151.73
		Total Payments FY 2020	631983.13

TOTAL PAYMENTS ALL FUND YEARS \$636,326.29

Chairperson

Attest:

_____ **Dated:** _____

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

Treasurer



CUMBERLAND COUNTY INSURANCE COMMISSION

TO: Fund Commissioners
FROM: J.A. Montgomery Consulting, Safety Director
DATE: August 6, 2020

CUIC SERVICE TEAM

Paul Shives, Vice President, Safety Services pshives@jamontgomery.com Office: 732-736-5213	Glenn Prince, Associate Public Sector Director gprince@jamontgomery.com Office: 856-552-4744 Cell: 609-238-3949	Natalie Dougherty, Senior Administrative Coordinator ndougherty@jamontgomery.com Office: 856-552-4738
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June – August 2020

RISK CONTROL ACTIVITIES

MEETINGS ATTENDED / TRAINING / LOSS CONTROL VISITS CONDUCTED

- **June 4:** Attended the CUIC meeting via teleconference.
- **June 16:** Attended the CUIC Claims Committee meeting via teleconference.
- **July 9:** Attended the CUIC Safety Expo Committee meeting via teleconference.
- **July 21:** Attended the CUIC Claims Committee meeting via teleconference.

UPCOMING MEETINGS / TRAINING / LOSS CONTROL VISITS PLANNED

- **August 6:** Plan to attend the CUIC meeting via teleconference.
- **August 12:** Plan to attend the CUIC Safety Committee meeting via teleconference.
- **August 18:** Plan to attend the CUIC Claims Committee meeting via teleconference.
- NJCE JIF in-classroom training programs will continue to be suspended until further notice.
- Live Safety Training Webinars are available (July-August Training schedule and registration links attached).

CEL MEDIA LIBRARY

- Six videos were utilized in 2020.
- Online Streaming Videos Service available - <https://njce.org/safety-training-videos-registration/>

Safety Director Bulletins

Safety Director Bulletins and Messages are distributed by e-mail to Executive Directors, Fund Commissioners, Risk Managers and Training Administrators. They can be viewed at <https://nice.org/>.

- Law Enforcement Bulletin – Disinfection Software for Ford SUV's – June 2.
- Law Enforcement Bulletin – Identifying the Unseen Victims of COVID-19 – June 4.
- SD Bulletin - Reopening Outdoor Activities – June 5.
- Law Enforcement Bulletin – Firearms Training and Hearing Loss – June 10.
- Live Safety Training Webinars - June thru July Registration Now Open - Updated Schedule! – June 15.
- SD Bulletin - Latest Reopening Schedule – June 16.
- SD Bulletin - Hurricane Season and COVID – June 24.
- Law Enforcement Bulletin – Expanding Outdoor Dining Areas – June 26.
- MEL Webinar: Facing and Embracing Crisis For Your Municipality on June 30 – June 29.
- NJCE JIF – SD Bulletin - Reopening Public Outdoor Playgrounds – June 30.
- NJCE JIF - Safety Director Message - Protecting Children from Abuse Webinars - July 9.
- Law Enforcement Bulletin – Strategic Partnerships – July 14.

The MEL Safety Institute (MSI) and New Jersey Counties Excess Joint Insurance Fund (NJCE) continues our live-instructor virtual safety training. Our upcoming schedule of online webinars is provided below, with links to register.

July / August Webinar Training Schedule

Click on Topic to Register

Date	Webinar Topic	Time
7/20/2020	Fire Extinguisher	1:00 - 2:00 pm
7/21/2020	Dealing with Difficult People	9:00 - 11:00 am
7/22/2020	HazCom w/GHS	9:00 - 10:30 am
7/23/2020	Fire Safety	9:00 - 10:00 am
7/24/2020	Protecting Children from Abuse	9:00 - 11:00 am
7/27/2020	CDL-Drivers Safety Regulations	9:00 - 11:00 am
7/28/2020	PPE	9:00 - 11:00 am
7/29/2020	Mower Safety	9:00 - 10:00 am
7/30/2020	Fire Extinguisher	9:00 - 10:00 am
8/4/2020	Ladder Safety/Walking Surfaces	9:00 - 11:00 am
8/5/2020	PPE	1:00 - 3:00 pm
8/6/2020	Lock Out/Tag Out (LOTO)	9:00 - 11:00 am
8/11/2020	Driving Safety Awareness	9:00 - 10:30 am
8/12/2020	CDL-Drivers Safety Regulations	1:00 - 3:00 pm
8/13/2020	BBP	9:00 - 10:00 am
8/18/2020	Hearing Conservation	1:00 - 2:00 pm
8/19/2020	Protecting Children from Abuse: For Managers/Supervisors/Elected Officials	9:00 - 11:00 am
8/19/2020	Dealing with Difficult People	1:00 - 3:00 pm
8/20/2020	Lock Out/Tag Out (LOTO)	1:00 - 3:00 pm
8/25/2020	Mower Safety	1:00 - 2:00 pm
8/26/2020	Dealing with Difficult People	9:00 - 11:00 am
8/26/2020	Protecting Children from Abuse: For Managers/Supervisors/Elected Officials	1:00 - 3:00 pm

About Zoom Training:

- A Zoom account is not needed to attend a class. Attendees can log-in and view the presentations from a laptop, smartphone, or tablet.
- Registration is required. Once registered you will receive the webinar link for your class, be sure to save the link on your calendar to access the day of training.
- Please [click here](#) for informative Zoom operation details.
- Group Training procedures:
 - Please have one person register for the safety training webinar.
 - Please complete the Group sign in sheet (link to sign in sheet below) and send it to ndougherty@jamontgomery.com within 24 hours of training completion. <https://njce.org/wp-content/uploads/2020/06/Webinar-Group-Sign-in-Sheet.pdf>

Questions? Please contact Natalie Dougherty at ndougherty@jamontgomery.com



Post Office Box 8000 • 8000 Sagamore Drive, Suite 8101 • Marlton, New Jersey 08053
856.489.9100 • 856.489.9101 Fax • www.hig.net

TO: Commissioners of the Cumberland County Insurance Commission (CCIC)
CC: Brad Stokes, CumbCIC Executive Director
FROM: Christopher Powell and Public Entity Team
DATE: 8/6/2020
RE: Risk Management Consultant's Report

Safety and Training

- **8/12/2020 Safety and Accident Review Committee Meeting**
The August meeting will not be cancelled and will be conducted by video conference.

- **NJCEL – Child Abuse Bill S477 Training**
J.A. Montgomery provided two online webinars in July titled "Protecting Children from Abuse" which discussed child abuse and the responsibility of local government to protect children. This webinar was recommended training for appointed and elected officials, employees and volunteers who interact with children regularly. Two additional trainings are scheduled in August for any who may have missed the webinar last month. The first will be held on August 19th from 9:00am to 11:00am and the second will be held on August 26th from 1:00pm to 3:00pm.

In addition, the NJCEL website has a 20-minute video available to view titled "Protecting Children". This is recommended training for employees and volunteers who do not interact with children regularly.

Risk Management

- **Cumberland County Insurance Commission Litigation Management Plan**
Attached is the Litigation Management Plan. There are five amendments to the Plan:
 - Increase the payment authorization request authority amount for Property, including Boiler & Machinery, Auto Liability, General Liability, including Law Enforcement Legal Liability claims from \$7,500 to \$10,000 per the 2020 Claims Charter.
 - Increase the payment authorization request authority amount for Workers' Compensation claims from \$10,000 to \$15,000, inclusive of legal fees, expenses, and such other items per the 2020 Claims Charter.
 - In the "Sample Assignment Letter", updated the Executive Director's address to P.O. Box 99106, Camden, NJ 08101.
 - On all sample letters, updated County Counsel's name to John Carr.
 - On the Notice of Claim Form, removed the "Attn" name on the first page of the form.

Action Requested: Motion to adopt the revised Litigation Management Plan

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Main Office 8000 Sagamore Drive, Suite 8101 Marlton, NJ 08053	Gibbstown 618 E. Broad Street Gibbstown, NJ 08027	Mount Holly 2 Mill Street Mount Holly, NJ 08060	Philadelphia PO Box 40901 Philadelphia, PA 19107
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- **2020 Claims Charter**
Attached is the 2020 Claims Charter. There is one amendment to the Charter:
 - Remove Theodore Baker as Commission Counsel and add John Carr as Commission Counsel under Commission Professionals.

Action Requested: **Motion** to adopt the revised Claims Charter

- **2020 Underwriting Renewal Data**
The renewal applications and schedules will be provided to all members shortly and a meeting will be scheduled to assist each member with their completion.

Insuring Bright Futures and Building Lasting Relationships since 1954

Main Office 8000 Sagamore Drive, Suite 8101 Marlton, NJ 08053	Gibbstown 618 E. Broad Street Gibbstown, NJ 08027	Mount Holly 2 Mill Street Mount Holly, NJ 08060	Philadelphia PO Box 40901 Philadelphia, PA 19107
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**CUMBERLAND COUNTY INSURANCE COMMISSION
CLAIMS COMMITTEE MEETING SCHEDULE,
ASSIGNMENTS AND CLAIMS CHARTER**

The Claims Committee will conduct meetings on the following schedule:

Claims Committee Meetings will be held on the third Tuesday of each month at 11 am at the County Administration Building, 164 W. Broad Street, Bridgeton, NJ 08302.

CLAIMS COMMITTEE ASSIGNMENTS

Committee Members

Name	Affiliation
Kim Wood (Chair)	Cumberland County Insurance Commission
Jody Hirata	Cumberland County
Craig Atkinson	Cumberland County
Henrietta Barreras	Cumberland County
Jerry Velazquez	Cumberland County Improvement Authority
Janet Heck	Cumberland County Improvement Authority
Steven Errickson	Cumberland County Utilities Authority

Commission Professionals

John Carr	Commission Counsel
Bradford Stokes	Executive Director
Hardenbergh Insurance Group Representatives	
Conner Strong & Buckelew Representatives	
J.A. Montgomery Representatives	
Inservco Insurance Services Representatives	
Qual-Lynx Representatives	
PERMA Representatives	

January 2014 Edition
Amended April 3, 2014
Amended February 3, 2015
Amended February 4, 2016
Amended April 6, 2017
Amended February 1, 2018
Amended April 4, 2019
Amended December 10, 2019
Amended April 9, 2020
Amended August 6, 2020

**CUMBERLAND COUNTY INSURANCE COMMISSION
CLAIMS COMMITTEE MEETING SCHEDULE,
ASSIGNMENTS AND CLAIMS CHARTER**

CLAIMS COMMITTEE CHARTER

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

Composition

The Claims Committee shall be comprised of at least one representative from each member of the Cumberland County Insurance Commission and one Cumberland County Insurance Commissioner. Each representative shall have one vote. As additional members join the Cumberland County Insurance Commission, a representative from the new member entity shall be appointed to the Claims Committee.

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

Authority and Responsibility

1. The Claims Committee shall review and recommend for approval or denial all payment authority requests which exceed the total authority of a member's deductible plus ten thousand dollars (\$10,000) for Property, including Equipment Breakdown, Auto Liability, General Liability including Law Enforcement Legal Liability, and fifteen thousand dollars (\$15,000) for Workers' Compensation Claims, inclusive of legal fees, expenses, and such other items to be charged to the Cumberland County Insurance Commission. This notification also includes any prior claim where a request for additional payment authority is needed beyond an amount previously approved, any requests for lien compromises, and any subrogation abandonment requests.
2. The Claims Committee shall review and recommend for approval or denial all settlement authority requests.

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**CUMBERLAND COUNTY INSURANCE COMMISSION
CLAIMS COMMITTEE MEETING SCHEDULE,
ASSIGNMENTS AND CLAIMS CHARTER**

3. The Claims Committee shall develop and recommend claims cost containment programs.

Claims Committee Bylaws

The Claims Committee of the Cumberland County Insurance Commission was established in February 2013, where the Cumberland County Insurance Commission adopted a resolution appointing certain employees of member entities to the Claims Committee, an advisory committee authorized by the Commission's rules and regulations. The Committee's operational guidelines are set down herein and may be amended by the Commissioners of the Cumberland County Insurance Commission.

Meetings

The Claims Committee shall meet at least monthly, on the third Tuesday of the month, and as many times as the Committee Chairman deems necessary. Meetings are to be held telephonically. In-person meetings will only be required if deemed necessary by the Chairman.

Attendance

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

Specific Duties

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

1. Apprise the Commissioners of the Cumberland County Insurance Commission, through special presentations as necessary, of significant developments in the course of performing its responsibility.

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**CUMBERLAND COUNTY INSURANCE COMMISSION
CLAIMS COMMITTEE MEETING SCHEDULE,
ASSIGNMENTS AND CLAIMS CHARTER**

2. Review and recommend for approval or denial all payment authority requests which exceed the total authority of a member's deductible plus ten thousand dollars (\$10,000) for Property, including Equipment Breakdown, Auto Liability, General Liability including Law Enforcement Legal Liability, and ten thousand dollars (\$15,000) for Workers' Compensation inclusive of legal fees, expenses, and such other items to be charged to the Cumberland County Insurance Commission. This notification also includes any prior claim where a request for additional payment authority is needed beyond an amount previously approved, any requests for lien compromises, and any subrogation abandonment requests.
3. Review and recommend for approval or denial all settlement payment authorization requests.
4. Recommend to Commissioners of the Cumberland County Insurance Commission any appropriated changes or extensions in the duties of the Committee.
5. Report annually to the Commissioners of the Cumberland County Insurance Commission on the discharge of these responsibilities.

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**CUMBERLAND COUNTY INSURANCE COMMISSION
Cumulative Savings Report
1/1/2020 - 6/30/2020**

2020						
	UNITS OF SERVICE	BILLED	APPROVED	SAVINGS	% SAVINGS	MANAGED CARE FEE
JANUARY	33	\$97,849.87	\$54,627.09	\$43,222.78	44%	\$5,618.96
FEBRUARY	11	\$4,600.47	\$1,712.05	\$2,888.42	63%	\$375.49
MARCH	41	\$40,038.97	\$17,014.24	\$23,024.73	58%	\$2,993.21
APRIL	42	\$22,878.98	\$9,806.99	\$13,071.99	57%	\$1,699.36
MAY	27	\$13,404.00	\$5,150.26	\$8,253.74	62%	\$1,072.99
JUNE	37	\$15,453.20	\$3,977.73	\$11,475.47	74%	\$1,491.81
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						
Grand Total	191	\$194,225.49	\$92,288.36	\$101,937.13	52%	\$13,251.83

2019						
	UNITS OF SERVICE	BILLED	APPROVED	SAVINGS	% SAVINGS	MANAGED CARE FEE
JANUARY	33	\$110,004.18	\$35,581.97	\$74,422.21	68%	\$9,674.89
FEBRUARY	16	\$36,031.21	\$34,348.58	\$1,682.63	5%	\$218.74
MARCH	28	\$28,681.02	\$16,374.42	\$12,306.60	43%	\$1,599.86
APRIL	29	\$43,382.24	\$10,100.05	\$33,282.19	77%	\$4,326.68
MAY	13	\$21,781.60	\$11,094.44	\$10,687.16	49%	\$1,389.33
JUNE	8	\$19,188.95	\$8,812.68	\$10,376.27	54%	\$1,348.92
JULY	14	\$5,401.50	\$3,995.59	\$1,405.91	26%	\$182.77
AUGUST	8	\$2,282.24	\$965.68	\$1,316.56	58%	\$171.15
SEPTEMBER	7	\$3,483.50	\$1,461.97	\$2,021.53	58%	\$452.86
OCTOBER	15	\$8,329.16	\$3,345.57	\$4,983.59	60%	\$1,082.79
NOVEMBER	11	\$28,722.86	\$7,873.51	\$20,849.35	73%	\$2,710.42
DECEMBER	32	\$68,902.28	\$21,366.77	\$47,535.51	69%	\$6,179.62
Grand Total	214	\$376,190.74	\$155,321.23	\$220,869.51	59%	\$29,338.02



PPO SAVINGS AND PENETRATION REPORT
January 1, 2020 – June 30, 2020

	UNITS OF SERVICE	CHARGES	APPROVED	SAVINGS	% SAVINGS	MANAGED CARE FEE
Participating Provider	184	\$192,076.49	\$90,383.36	\$101,693.13	53%	\$13,220.11
Hospital	6	\$88,751.53	\$53,250.94	\$35,500.59	40%	\$4,615.08
Physical Therapy	63	\$37,766.00	\$8,601.00	\$29,165.00	77%	\$3,791.45
Medical Transportation	41	\$24,576.70	\$12,849.03	\$11,727.67	48%	\$1,524.60
Orthopedic Surgery	23	\$13,692.20	\$4,776.66	\$8,915.54	65%	\$1,159.02
MRI/Radiology	9	\$7,979.87	\$2,725.00	\$5,254.87	66%	\$683.13
Occ Med/Primary Care	23	\$6,351.00	\$3,442.68	\$2,908.32	46%	\$378.08
Ambulatory Surgery Center	1	\$5,100.00	\$900.00	\$4,200.00	82%	\$546.00
Urgent Care Center	9	\$2,619.00	\$1,336.85	\$1,282.15	49%	\$166.68
Sports Medicine	3	\$2,046.97	\$773.15	\$1,273.82	62%	\$165.60
Emergency Medicine	1	\$1,278.00	\$559.75	\$718.25	56%	\$93.37
Physician Fees	2	\$696.00	\$610.12	\$85.88	12%	\$11.16
Anesthesiology	1	\$660.00	\$412.00	\$248.00	38%	\$32.24
Physical Medicine & Rehabilitation	1	\$506.10	\$123.67	\$382.43	76%	\$49.72
Durable Medical Equipment	1	\$53.12	\$22.51	\$30.61	58%	\$3.98
Out Of Network	7	\$2,149.00	\$1,905.00	\$244.00	11%	\$31.72
Physical Medicine & Rehabilitation	1	\$1,118.00	\$874.00	\$244.00	22%	\$31.72
Behavioral Health	4	\$690.00	\$690.00	\$0.00	0%	\$0.00
Laboratory Services	1	\$241.00	\$241.00	\$0.00	0%	\$0.00
Physician Fees	1	\$100.00	\$100.00	\$0.00	0%	\$0.00
Grand Total	191	\$194,225.49	\$92,288.36	\$101,937.13	52%	\$13,251.83

TOP 10 PROVIDER REPORT
January 1, 2020 – June 30, 2020

	UNITS OF SERVICE	APPROVED
INSPIRA MEDICAL CENTER VINELAND	4	\$49,519.96
COMP X MEDICAL MANAGEMENT	40	\$12,796.50
NOVACARE REHABILITATION	43	\$6,896.00
INSPIRA MEDICAL CENTER ELMER	2	\$3,730.98
PREMIER ORTHOPAEDIC ASSOC OF SOUTHERN NJ	19	\$3,395.72
INSPIRA HEALTH NETWORK URGENT CARE	20	\$2,941.21
ONE CALL CARE DIAGNOSTICS	9	\$2,725.00
IVY REHAB NETWORK, INC	20	\$1,705.00
SPRAINS, STRAINS & FRACTURES	3	\$1,124.81
PREMIER ORTHO ASSOC SURGERY CENTER	1	\$900.00
Grand Total	161	\$85,735.18

APPENDIX I – MEETING MINUTES

**CUMBERLAND COUNTY INSURANCE COMMISSION
OPEN MINUTES
MEETING – JUNE 4, 2020
ELECTRONICALLY
11:00 AM**

Meeting called to order by Chairman Jack Surrency. Open Public Meetings notice read into record

ROLL CALL OF COMMISSIONERS:

Jack Surrency	Present
Kim Wood	Present
Gerald Seneski	Present

ALTERNATE FUND COMMISSIONER:

Jody Hirata	Present
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FUND PROFESSIONALS PRESENT:

Executive Director	PERMA Risk Management Services Bradford Stokes, Karen A. Read
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ALSO PRESENT:

Anthony Bontempo, Cumberland County
Craig Atkinson, Cumberland County
Ted Baker, Cumberland County
Melissa Strickland, Cumberland County
Janet Heck, Cumberland County Improvement Authority
Christina Violetti, Hardenbergh Insurance Group
Veronica George, Inservco
Amy Zeiders, Inservco
Yvonne Frey, Inservco
Surretha Hobbs, Inservco
Karen Beatty, Qual-Lynx
Chris Roselli, Qual-Lynx
Scott Brown, SG Risk
Brandon Tracy, PERMA
Robyn Walcoff, PERMA
Jennifer Conicella, PERMA
Glenn Prince, JA Montgomery

PUBLIC PRESENT:

Nancy Ridgway

APPROVAL OF MINUTES: OPEN AND CLOSED SESSION OF APRIL 9, 2020

Moved: Commissioner Surrency
Second: Commissioner Seneski
Vote: Unanimous

CORRESPONDENCE: None

EXECUTIVE DIRECTOR REPORT:

Certificate of Insurance Issuance Report: Certificate of Insurance Issuance Report:

Attached on **Pages 3-5** is the Certificate of Insurance Issuance Report from the CEL listing those certificates issued for the period of March 1, 2020 to May 1, 2020. There were 8 certificates of insurance issued during this period.

MOTION TO APPROVE THE CERTIFICATE OF INSURANCE REPORT

Moved: Commissioner Seneski
Second: Commissioner Hirata
Vote: Unanimous

NJ Excess Counties Insurance Fund (CELJIF) – The NJCE last met on April 23, 2020.

Attached on **Pages 6-8** is a written summary of the meeting. The Counties of Essex and Sussex are renewing 6/1/20 and 1/1/21 respectively and have been identified as potential members for the program. The next meeting is scheduled for Thursday, June 25, 2020 at 9:30 AM via teleconference.

This year marks the 10th anniversary of the Fund's inception, which began with two County members and has grown to ten members. The Board of Fund Commissioners were in agreement to acknowledge the progress over the last decade with a luncheon at a Central Jersey venue, however that event is on hold until hopefully later in the year.

Financial Fast Track – Included on **Pages 9-12** of the agenda are the Financial Fast Track reports for the Cumberland County Insurance Commission for February and March. As of **March 31, 2020**, the Commission has a statutory surplus of **\$614,683**.

NJ CEL Property and Casualty Financial Fast Track (Pages 13-14) – Included in the agenda is the NJ CEL Financial Fast Track Report for January. As of **March 31, 2020**, the CEL has a surplus of **\$16,112,207**.

2020 Excess Insurance and Ancillary Coverage Policies – The NJCE renewal policies will again be available electronically through the Conner Strong & Buckelew Egnyte Connect for authorized users. The Limit Schematics are posted to the site. If anyone has any difficulty in accessing the website, they should contact the Fund Office.

2020 Property & Casualty Assessments - The second assessment payment will be mailed shortly with a due date of July 15, 2020.

Next Meeting – A reminder that our next meeting is on August 6th. Executive Director said the next Commission meeting will be held on August 6, 2020 and the hope everyone will stay safe and we will see everyone soon.

Executive Director said there are four professional positions coming up this year and the Executive Director's office will coordinate issuing those RFPs sometime in August or September with the County Purchasing Department and advise the professionals whose three-year term are coming due.

Ms. Wood thanked all of the Fund Professionals for the training opportunities that have been shared with the Commission members along with protocols to make sure everyone is aware of and taking the necessary precautions during the public health pandemic, which has been very valuable guidance and support that is much appreciated.

SAFETY COMMITTEE: Craig Atkinson reported the County has been following the directive on Covid-19 reportable incidents and there have been five reportable incidents. Mr. Atkinson reported two of the required hospitalizations to the PEOSHA inspector and she has been supplied with all of the information Cumberland County sent out including emails, directives, the training and any other information that went out regarding Covid-19. PEOSHA is currently digesting that information. Mr. Atkinson said he is anxiously awaiting a response from PEOSHA regarding the two hospitalizations.

Mr. Atkinson reported Cumberland County will be returning to work full duty on Monday June 8th and on May 15th all County employees received a letter from the Executive Team which outlined all of the safety measures being taken. If an employee is sick we are asking they please stay home, and we are currently doing temperature checks for all employees and that will continue upon arrival in the morning for all. Mr. Atkinson said C-scans are set up in each department and Dr. Cindy Hickman put together training for temperature checks, use of the equipment and social distancing, which all departments participated in. The training also reviewed the personal protective equipment that everyone is mandated to use, which was outlined in the May 15th letter.

Mr. Atkinson reported before the virus the County was making good progress on their cyber security training through the IT Department. All department heads have completed the training and they are currently working on training division heads and supervisors. During the February Freeholder meeting, the Employee Assistance Program through Charles Nextum was approved effective March 1st and is in full swing. An affirmative action plan was approved on March 1st which was written by Melissa Strickland and a new security cell phone policy was also approved. This morning there was Zoom virtual training through the Training and Development Division with the Cumberland County Library staff, which was well received. All buildings have been disinfected twice and will be disinfected again on June 9th, after which, all buildings will be disinfected on a monthly basis.

The employee assistance program is in full swing and anybody having difficulties may call the 800 number to receive assistance. Various trainings have been ongoing along with educational seminars. Webinars are in the process of being completed by all employees and quite a bit of written information regarding the Pandemic including bathroom usage, handwashing, personal protective equipment, the temperature checks have gone out to all employees. The County has enjoyed good success with the use of that information and the County will continue to do virtual training through the Department of Training and Development. Presently there is a Microsoft Team training regimen for department heads and division heads so everybody has the training and ability to use that form of a meeting going forward.

CLAIMS COMMITTEE: Jennifer Conicella reported the Claims Committee met in April and May and will be discussing the PARs in closed session.

TREASURER:

REPORT: Treasurer reported the June bills list was included in the agenda.

MOTION TO APPROVE RESOLUTION 15-20 JUNE BILLS LIST IN THE AMOUNT OF \$53,116.80

Motion:	Commissioner Surrency
Second:	Chairman Seneski
Roll Call Vote:	3 Ayes, 0 Nays

CEL SAFETY DIRECTOR: Safety Director Glenn Prince reviewed the Safety Director's report and the Safety Director Bulletins issued by JA Montgomery Risk Control. Instructor led training has been suspended until further notice and will continue to monitor should this need to be extend or resume training. An online safety streaming video service is available on the NJCE website with 132 topics. Some of the videos are very short in duration and can be used as toolbox talks. Safety Director encouraged everyone to look at them.

RISK MANAGER:

Christina Violetti reviewed the Risk Managers Report and discussed the safety training online digital streaming library with 115 videos for members to utilize along with instructions on how members can access this information. Ms. Violetti said the Safety and Accident Review Committee meeting scheduled for June 10th has been cancelled and hope to have the next meeting on August 12th in person. A submission for the 2020 BRIT Safety Grant was submitted on behalf of the Cumberland County Public Works Department for the purchase of a traffic attenuator. This piece of equipment costs \$16,984.

Ms. Violetti discussed a submission from Dr. Cindy Hickman with multiple departments coming together requesting various items or activities to promote wellness. Enclosed in the Risk Manager's Report were the submissions for everyone's review. If any of the requests are questionable, such as

the yoga classes, the will reach out to the departments to make sure that it's something they would be able to possibly move forward with Ms. Violetti said with no questions being heard in regards to the submissions a motion to approve would be in order

MOTION TO APPROVE WELLNESS GRANT

Motion: Commissioner Surrency
Second: Chairman Seneski
Roll Call Vote: 3 Ayes, 0 Nays

MANAGED CARE: Karen Beatty reviewed the Cumulative Savings report for 2020 and the PPO Penetration Report. Ms. Beatty reported on the virtual care which has played an important role during this pandemic, as a whole making sure that we can continue services to our injured workers and to keep their care moving in the right direction. Veronica George said the virtual care has been working very well.

CLAIMS SERVICE: Claims Manager Amy Zieders reviewed the Stewardship Report and said the claims were down as far as frequency and severity so the number of claims have dropped in 2019. Ms. Wood thanked the Claims Manager for the report and said it was wonderful news which the graphs and charts showing numbers going down significantly and a lot of that is attributed to the training and education, which is a direct result of getting the Insurance Commission started and being able to implement some of these best practices.

MOTION TO GO INTO EXECUTIVE SESSION FOR CERTAIN SPECIFIED PURPOSES FOR PERSONNEL, SAFETY, PUBLIC PROPERTY OR LITIGATION IN ACCOURDANCE WITH THE OPEN PUBLIC MEETINGS ACT - PAYMENT AUTHORIZATION REQUESTS

Motion: Commissioner Surrency
Second: Commissioner Seneski
Vote: Unanimous

MOTION TO RETURN TO OPEN SESSION

Motion: Commissioner Surrency
Second: Commissioner Seneski
Vote: Unanimous

Property PAR

MOTION TO APPROVE PAYMENT AUTHORIZATION REQUEST FOR CLAIM #3770001228 IN THE AMOUNT OF \$2,347.17

Motion: Commissioner Surrency
Second: Commissioner Seneski

MOTION TO APPROVE SETTLEMENT AUTHORIZATION REQUEST FOR CLAIM #3770001200 IN THE AMOUNT OF \$250.00

Motion: Commissioner Surrency
Second: Commissioner Seneski

MOTION TO APPROVE PAYMENT AUTHORIZATION REQUEST FOR CLAIM #2020202340 IN THE AMOUNT OF \$134,000.00

Motion: Commissioner Surrency
Second: Commissioner Seneski

Workers Compensation PAR/SAR

MOTION TO APPROVE SETTLEMENT AUTHORIZATION REQUEST FOR CLAIM #3770000149 IN THE AMOUNT OF \$84,052.80;

Motion: Commissioner Surrency
Second: Commissioner Seneski

MOTION TO APPROVE PAYMENT AUTHORIZATION REQUEST FOR CLAIM #3770000639 IN THE AMOUNT OF \$300,000.00

Motion: Commissioner Surrency
Second: Commissioner Seneski

MOTION TO APPROVE PAYMENT AUTHORIZATION REQUEST FOR CLAIM #377000847 IN THE AMOUNT OF \$17,500.00; SETTLEMENT AUTHORIZATION IN THE AMOUNT OF \$12,500.00

Motion: Commissioner Surrency
Second: Commissioner Seneski

MOTION TO APPROVE PAYMENT AUTHORIZATION REQUEST FOR CLAIM #3770000502 IN THE AMOUNT OF \$38,698.09; SETTLEMENT AUTHORIZATION IN THE AMOUNT OF \$18,489.00

Motion: Commissioner Surrency
Second: Commissioner Seneski

MOTION TO APPROVE SETTLEMENT AUTHORIZATION REQUEST FOR CLAIM# 3770001049 IN THE AMOUNT OF \$9,700.00

Motion: Commissioner Surrency
Second: Commissioner Seneski

General Liability PAR/SAR

MOTION TO APPROVE PAYMENT AND SETTLEMENT AUTHORIZATION REQUEST FOR CLAIM #3770000828 IN THE AMOUNT OF \$250,000.00

Motion: Commissioner Surrency
Second: Commissioner Seneski

MOTION TO APPROVE SETTLEMENT AUTHORIZATION REQUEST FOR CLAIM# 3770001262 IN THE AMOUNT OF \$170.60

Motion: Commissioner Surrency
Second: Commissioner Seneski

MOTION TO APPROVE SETTLEMENT AUTHORIZATION REQUEST FOR CLAIM# 3770000696 IN THE AMOUNT OF \$1,500.00

Motion: Commissioner Surrency
Second: Commissioner Seneski

MOTION TO APPROVE THE PAYMENT AUTHORIZATION REQUESTS AND SETTLEMENT AUTHORIZATION REQUEST AS PRESENTED

Motion: Commissioner Surrency
Second: Commissioner Seneski
Roll Call Vote: 3 Ayes, 0 Nay

OLD BUSINESS: None.

NEW BUSINESS: None

MOTION TO OPEN THE PUBLIC PORTION OF THE MEETING

Motion: Commissioner Seneski
Second: Commissioner Surrency
Vote: Unanimous

PUBLIC COMMENT: Mrs. Ridgway requested the amounts for all of the PARs and SARs. Commissioner Wood read each claim number and amount, which are listed above.

MOTION TO CLOSE THE PUBLIC PORTION OF THE MEETING

Motion: Commissioner Seneski
Second: Commissioner Surrency
Vote: Unanimous

MOTION TO ADJOURN:

Motion: Commissioner Surrency
Second: Chairman Seneski
Vote: Unanimous

MEETING ADJOURNED: 12:31 PM

NEXT MEETING: WILL BE HELD ON AUGUST 6, 2020 AT 11:00 AM

Minutes prepared by: Karen A. Read, Assisting Secretary

APPENDIX II – Litigation Management Plan

THE CUMBERLAND COUNTY INSURANCE COMMISSION

**Litigation Management Plan
Adopted: October 2013**

Revised: February 4, 2016
August 6, 2020

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- II. Initial Report to Defense Attorney
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I. INTRODUCTION

The Cumberland County Insurance Commission ("CCIC") was formed in order to secure certain insurance coverage and to provide control over risk management; an important element in this regard is relative to the proactive and effective management of litigation.

To achieve this fundamentally significant strategic goal, CCIC seeks to aggressively defend frivolous claims, promptly settle meritorious claims and aggressively use all available defenses including Title 59 immunities in a cost-effective manner.

CCIC approved Defense Attorneys are an important part of a team of professionals who have an impact on the CCIC's long term success. Actuaries, Auditors, Safety and Claims professionals, along with Risk Managers have worked together to properly fund the CCIC, to prevent and control claims and to practice sound risk management principles. The direct and active involvement of our members has and will contribute to CCIC's success.

The purpose of the litigation management plan is to outline the CCIC's philosophy of claims litigation, describe the roles and relationships of the parties to the litigation process and to supplement its Rules & Regulations and other policies established by the CCIC Commissioners

The CCIC has previously established via Resolution 15-13 an advisory Claims Committee with a charter via Resolution 15-14. The Claims Committee shall be composed of at least one representative from each member of the CCIC and each representative shall have one vote. The Claims Committee shall review and recommend for approval or denial all payment authorization requests which exceed the total authority of a member's deductible plus ten thousand (\$10,00) dollars for Property, including Boiler & Machinery, Auto Liability, General Liability including Law Enforcement Legal Liability claims, and fifteen thousand dollars (\$15,000), inclusive of legal fees, expenses and such other items for Workers' Compensation claims; it being the intent of the CCIC that all members be aware of all claims and have opportunity for meaningful input from inception to ultimate resolution of all claims.

CCIC has established a protocol for litigation management which will serve the best interests

of the members and CCIC. The plan will define the parameters within which CCIC's defense counsel and claim personnel will operate during the course of litigation. CCIC believes an active and well-understood relationship between its Claims Administrator, Defense Counsel and Commission Attorney is essential to the continued success of CCIC.

The best possible protection for members will be provided when the above parties combine their skills and effectively communicate from the inception of a complaint/petition to its ultimate disposition. It is imperative every expense associated with the defense or resolution of complaints/petitions be reasonably and necessarily incurred. CCIC simply cannot avoid the reality that its "loss experience is composed of two factors it hopes to better control, those being loss and expense."

The CCIC must strive to eliminate the duplication of effort on the part of attorneys and claims specialists. The CCIC expects to identify and clarify pertinent issues at the earliest possible stage of litigation. Thereafter, it is necessary for this "team" to proceed immediately toward an expeditious, efficient and just conclusion of a complaint/petition. Disposition at the earliest possible date is highly desirable and in most cases is in the best interest of members.

II. CONFLICT OF INTEREST

- A. No Defense Counsel or a member of his/her law firm shall be assigned the defense of a complaint/petition where the Defense Counsel or a member of his/her law firm serves as counsel to the member named in the complaint/petition unless the Commission attorney deems such representation appropriate.
- B. No Defense Counsel or a member of his/her law firm, appointed as Defense Counsel by CCIC shall represent an individual or entity in any matter, whether or not a formalized complaint or petition, against CCIC or any of its members, any other County Insurance Commission who is a member of the New Jersey Counties Excess Liability Fund unless the CCIC Attorney deems such representation appropriate.
- C. All Defense Counsel shall be required to comply with the Rules of Professional Conduct as promulgated and amended from time to time by the Supreme Court of New Jersey.

- D. CCIC shall terminate the appointment of Defense Counsel where the Defense Counsel or a member of his/her law firm has violated the above conflict of interest policy.

III. CLAIMS ADMINISTRATOR

CCIC's designated Claims Administrator is its Claims Manager and is charged with the responsibility to vigilantly and proactively anticipate and initiate all reasonable action needed to control the claim and its cost for CCIC and its members. Thus, the Claim Administrator will always retain primary responsibility for the management of litigation from inception through final disposition. The Claims Administrator will work closely with CCIC's Attorney and the selected Defense Counsel.

The Claims Administrator will conduct as complete an investigation as is necessary to evaluate the member's exposure and thereafter promptly pursue resolution of the claim and/or complaint/petition. If the Claims Administrator is unable to develop all necessary evidence and information through their investigative efforts, the Commission Attorney will be asked to assist the Claims Administrator.

Immediately upon receipt of a complaint/petition, the Claims Administrator will forward it to the Commission Attorney who will assign Defense Counsel from the CCIC's approved list to handle the member's defense. The assignment will be confirmed in writing by the Claims Administrator to both the Defense Attorney and Commission Attorney.

During the pre-suit stage of proceedings, The Claims Administrator will be responsible for investigating the claim. Any proposed response to the Tort Claim Notice will be at the discretion and prepared by the Claims Administrator. The Claims Administrator will be responsible for submitting the final version of the response to the claimant and/or his or her attorney. The Claims Administrator will confer with the Commission Attorney on an as needed basis.

IV. DEFENSE COUNSEL

Assigned Defense Counsel owes the CCIC member a fiduciary responsibility, which includes but is not limited to the highest degree of care and good faith during his/her professional representation. CCIC's contractual duty to provide a defense to the member encompasses the expectation Defense Counsel will take whatever measures are necessary to avoid or limit liability and damages. In all matters Defense Counsel shall abide by New Jersey's Rules of Professional Conduct.

Once litigation begins, CCIC expects an aggressive approach to the case. Contact with the member and Plaintiff/Petitioner's Attorney should be made immediately. Indeed, Defense Counsel is urged to seek voluntary cooperation from the member and Plaintiff/Petitioner's Attorney so that essential facts and discovery can be exchanged informally and promptly. Interrogatories, document requests and other written discovery should routinely be filed. The need for depositions should be discussed with the Claims Administrator. Important evidence should be obtained promptly through the most efficient and cost effective means available. Generally, an aggressive gathering of information by Defense Counsel working with the Claims Administrator and the member will aid the prompt and efficient disposition process. Moreover, copies of all pertinent motions, pleadings, and other court filings which are served by the parties should be forwarded to the Claims Administrator in a timely manner.

It is essential the effort of Defense Counsel be in proportion to the seriousness of the matter in question and that Defense Counsel should confer with the Claims Administrator to determine how to bring each case/claim to a speedy and cost-effective conclusion. Neither the member nor CCIC are well served by exorbitant costs incurred in an easily-defensible matter. By way of example, generally speaking, defense expenditures should not exceed costs of any settlement of the action.

Within 15 days of assignment, Defense Counsel should forward a proposed litigation budget to the Claims Administrator for approval. Once the budget has been approved, Defense Counsel will be expected to comply with same. If,

however, during the course of litigation, Defense Counsel feels that unforeseen matters require the budget to be reopened, it is expected that he or she will communicate this information to the Claims Administrator as quickly as possible. In such cases, Defense Counsel will be expected to submit a revised proposed budget to the Claims Administrator along with an explanation as to why additional attorney's fees/costs are required.

CCIC directs a partner with commensurate Title 59/Workers' Compensation experience will handle assigned matters. Associates should be assigned only where the complexity-of the matter does not exceed their experience.

In the event the Title 59/Workers' Compensation defense strategy is in question, it is incumbent upon Defense Counsel to discuss said strategy with the Claims Administrator, CCIC Attorney and/or Special Counsel if appropriate.

As soon as the issues are formed, Defense Counsel should seek to move the case forward. Delays in terminating litigation will generally not be in the best economic interest of CCIC and should, therefore, be avoided. However, CCIC understands that there may be delays that may result which are not within the control of defense counsel, such as those that may be attributable to Plaintiff or Petitioner. In such cases, it is incumbent upon Defense Counsel to communicate said rationale with the Claims Administrator.

V. CCIC ATTORNEY

CCIC's Fund Attorney is responsible for the overall legal conduct of CCIC as it relates to *N.J.S.A.40A:10-1 et. seq.*, Insurance, *N.J.S.A. 40A:11-1 et. seq.* Local Public Contracts Law and in general all those bodies of law which affect the CCIC. In addition, the Fund Attorney shall assign and evaluate Defense Counsel.

The CCIC Attorney shall consult with the Claims Administrator on all complex conflict of interest questions. The CCIC Attorney is responsible for assisting the Claims Administrator in monitoring the cost and performance of Defense Counsel, assisting in the coordination of claims in litigation, participating in the planning of pre-trial and trial strategy and be provided settlement and release documents for review on behalf of the Commission. The CCIC Attorney shall

attempt to resolve all disputes between the Claims Administrator and Defense Counsel so as to assure the orderly implementation of the policy and guidelines outlined herein.

The use of paralegals is encouraged in order to control costs. Paralegal rates should be disclosed and approved by the Claims Administrator prior to being included on legal billings. Whenever there are services that can be performed by a paralegal, then the Commission encourages the use of those services. Paralegal services, however, should not and will not be accepted at the same rate as is paid to defense counsel and must be approved prior to be included on billings.

VI. SPECIAL COUNSEL

CCIC may elect to appoint an attorney(s) as Special Counsel, or may designate the CCIC Attorney as such. Special Counsel is appointed to provide early, proactive and deliberate defense strategy to the Claims Administrator, Defense Counsel, CCIC Attorney and CCIC when in the opinion of CCIC said person(s) possess unique and extensive, specialized experience in a matter relevant to the defense of the complaint/petition.

VII. INTERACTION/PROMPT DISPOSITION

The efficient resolution of claims will depend upon the extent of cooperation and assistance the "Defense Team" extends to each other. Although we expect each professional to be responsible for his/her assigned tasks, these duties cannot be accomplished in a vacuum. The key to success is ongoing and frequent communications between all involved parties.

The Defense Attorney and Claims Administrator share the common goal of prompt disposition of all complaints/petitions. An exchange of views is encouraged in order to identify pertinent issues and outline the most effective course available to resolve the complaints/petitions in the best interest of CCIC and its members. Even though independent judgment must be exercised by Defense Counsel and Claims Administrator, the obligation to ensure the maintenance of

open lines of communication is held equally by Defense Counsel and the Claims Administrator. Each party must be available to receive and exchange views whenever necessary.

Initially, the Claims Administrator and member should gather all investigative evidence and information either prior to or simultaneously with the defense assignment to avoid duplication of effort. Defense Counsel should thereafter promptly advise the Claims Administrator of such matters as the status of the case, any and all areas of legal exposure, the potential for recovery of sanctions for frivolous claims, the possibility of resolving the case on summary judgment, and the anticipated probability of success should the matter ultimately proceed to trial.

VIII. FEES AND EXPENSES

Defense Counsel fees and related charges are the most significant portion of expense in the litigation cycle. Since legal fees are included in a member's "experience", it is essential that all expenses incurred in the defense or resolution of litigation be reasonable and necessary. Defense Counsel may find it necessary to research certain issues of law during the course of a complaint/petition. CCIC expects that Defense Counsel is familiar with most negligence, Title 59, and Workers' Compensation issues and, therefore, research would usually be limited to confirming the law, or exploring unusual nuances on questions of law. A brief outline of the issues involved and an estimate of the associated expense should be submitted to the Claims Administrator prior to performing any significant research. Since the cost of research is included in overall expenses, CCIC should receive the conclusions, results and any memoranda produced as a result of this work.

Statements for legal services must comply with CCIC's approved fee schedule which is included in each Defense Counsel's professional services contract. Statements for services must be submitted on a monthly basis and be itemized with expenditures in one-tenth of an hour increments. Routine ministerial tasks such as receipt and review of letters should in most every instance not exceed 1/10th of an

hour for review. The Commission also will not accept billing for two lawyers to confer on an assigned matter as an “interoffice” conference. The Commission believes that such activities are appropriate but generally benefit the development and growth of counsel’s expertise and accordingly shall not be billed to the Commission. The date, description of the services rendered, and identity of the persons providing such service must be provided for each entry. Appropriate documentation must be provided for out-of-pocket costs and disbursements. If mileage is billed it will be paid at a rate of .40 per mile; however if attorney travel time is billed, mileage reimbursement will not apply. Each interim and final statement will reflect current outstanding fees plus cumulative paid fees and expenses from the inception of the legal activities of the file.

Bills for legal services should be generally submitted monthly; provided, however, that no bills for \$100 or less should be submitted monthly. If a file is inactive or bills to date are less than \$100 bills should be submitted on a quarterly basis but not more frequently than that.

County Counsel/Counsel to the Cumberland County Insurance Commission and the Claims Administrator will review all statements for services rendered and make inquiries to Defense Counsel on any items needing clarification.

IX. REVIEW OF LEGAL SERVICES

Occasionally, CCIC may audit and review the legal product of retained Defense Counsel. It is expected that Defense Counsel will cooperate with CCIC and make available all files requested for review.

The review will address the overall quality of the work performed including but not limited to the following:

- 1. Services performed by retained Defense Counsel:**
 - a. Did Counsel promptly contact the CCIC member and Claims Administrator?
 - b. Did Counsel follow the initial instructions and guidelines set forth by the Claims Administrator and/or CCIC Attorney?
 - c. Did Counsel file responsive pleadings in a timely manner?

- d. Did Counsel timely report to the Claims Administrator?
- e. Did Counsel properly perform authorized research?
- f. Did Counsel promptly perform and report all reasonable and necessary discovery?
- g. Did Counsel effectively communicate with all necessary parties at all stages of the litigation?
- h. Did Counsel aggressively move the case to a conclusion and was there a constant attempt to seek early disposition?
- i. Did Counsel submit required reports on a complete and timely basis?
- j. Did Counsel anticipate prospective areas of concern?
- k. Did Counsel identify and communicate any areas that would lead to legal exposures?

2. The fees for legal services rendered compared with the work performed:

- a. Generally speaking, were the billings reasonable?
- b. Were the billings within the approved fee schedule?
- c. Were the billings itemized to one-tenth of an hour?
- d. Were the billings submitted at appropriate intervals?
- e. Were the billings reflective of the work performed?
- f. Were the services performed or the fees charged commensurate with the complexity of the case assigned?

X. SUBROGATION

The Claims Administrator, in consultation with the CCIC attorney, will determine whether or not a claim is appropriate for the CCIC to pursue reimbursement for any monies paid by the CCIC to recoup expenses on a loss that has been paid when another party or entity should be liable for paying at least a portion of said claim.

Should it be determined that any particular loss is appropriate for subrogation, the following procedure must be utilized:

The Claims Administrator will communicate with the responsible party

seeking reimbursement.

If, however, the Claims Administrator is unable to obtain reimbursement from and/or cooperation of the responsible party, the Claims Administrator shall refer the subrogation to the Commission attorney.

If the CCIC attorney is unable to obtain reimbursement from and/or cooperation of the responsible party, the CCIC attorney, where appropriate, will pursue all legal remedies on behalf of the CCIC, including but not limited to filing a lawsuit. The Commission attorney has the authority to assign this duty to outside counsel.

LITIGATION PROCESS AND REPORTS

- I. Sample Assignment Letter
- II. Initial Report to Defense Attorney
- III. Initial Acceptance of Assignment
- IV. Outline of Reports
- V. Defense Attorney's Suit Status Report
- VI. Affirmative Defenses Checklist
- VII. Pre ESP/Arbitration Report
- VIII. Post ESP/Arbitration Report
- IX. Pre-Trial Report
- X. Post-Trial Report
- XI. Workers' Compensation Report
- XII. Notice of Tort Claim Form

I. SAMPLE ASSIGNMENT LETTER

RE: _____

INSURED/MEMBER: _____

CLAIM NO: _____

DATE OF LOSS: _____

Dear: _____

Enclosed herewith please find a copy of Summons and Complaint relative to the above captioned matter. Also enclosed is a copy of the pre-suit Tort Notice and response thereto.

The above-referenced enclosures are being forwarded to your office for the purposes of defending the interests of a member of the Cumberland County Insurance Commission ("CCIC"). Please file appropriate answering pleading(s) or motion(s) and defend this matter on CCIC's behalf. We have also enclosed our investigative reports and documentation. I, as well as the, CCIC Solicitor, should be kept apprised of the status of this matter. Please reference the claim file number on all correspondence.

You will be responsible for defending this cause of action. You must obtain advance approval from Inservco Insurance Services, Inc. ("Inservco") before transferring said responsibility to another attorney. In addition, you may use other attorneys to assist you in this case provided you first inform us of the specific attorney(s). You and your firm will comply with CCIC's policies and procedures relating to litigation including billing procedures and all reporting obligations. You and your firm must have no ethical or legal conflicts that would disqualify you or your firm from representing the defendant(s) insured by CCIC in this matter. If such a conflict of interest or a potential conflict arises, you will immediately notify me as well as the CCIC's Attorney.

Any investigation required in this matter is to be conducted through the offices of Inservco Insurance Services, Inc. Further, you must obtain prior authorization from me for the purposes of obtaining an independent medical examination or expert witness authorization. Kindly direct all such requests to my attention. Please send a copy of the Case Scheduling Order once received from the court. It is of the utmost importance that we are notified as soon as possible of the dates of discovery, motions, settlement and case management conferences and the anticipated trial date.

CCIC operates on a committee approval basis and authorization for settlement purposes must be submitted for committee approval. Since CCIC's claims committee meets once a month, settlement authority is not able to be given immediately in many circumstances. You should insure that you provide me with sufficient time to obtain the committees approval for settlement authority well in advance of court settlement conferences, arbitration hearings or trials.

Please note that any requests for information concerning answers to interrogatories, arranging depositions with the member's employees and other requests for information or documents should be made through the CCIC Commissioner for the affected CCIC member, who can be reached at, with copies of the request going to me. Arrangements should not be made directly with the member's employee.

To ensure prompt payment submit all legal bills to my attention on a quarterly basis with the required quarterly report.

Pursuant to OPRA, and pertinent case law, all releases, settlement agreements and/or Stipulations of Settlement are government records which must/shall be made available to the public by a government entity. Accordingly, it will be necessary for you to forward all releases, settlement agreements and/or stipulations of settlement to the Cumberland County Insurance Commission to keep on file as a public record. The designated custodian of records for the CCIC is the Executive Director. Therefore, please forward the original documents to the following.

Cumberland County Insurance Commission Executive Director c/o PERMA Risk Management Services, P.O. Box 99106, Camden, NJ 08101 with a copy to Inservco.

Upon receipt of this letter please immediately acknowledge receipt of this assignment and your agreement to abide by its terms.

Thank you for your attention to the foregoing. Should you have any questions, or if any further information or clarification is required, please do not hesitate to contact me.

By: _____ Date: _____

Enclosures

C: John Carr, CCIC Attorney

II. INTIAL REPORT TO DEFENSE ATTORNEY

Date:

To:

RE: _____ v. _____

Docket No.: _____

Insured/Member: _____

Plaintiff: _____

Date of Incident: _____

Notice of Claim Filed: _____

Complaint Filed: _____

Claim File #: _____

Regarding the above matter:

(1) There is/is not a question of coverage regarding the named member defendants.

(2a) Presuit Torts Claim Notice was properly and sufficiently filed: YES
__NO__

(2b) Presuit Torts Claim Notice was not properly filed or was never filed.
YES__NO__

(3) Complaint was/was not properly filed and served.

(4) We view this view this case as one of full/questionable/limited/no liability on the part of our insured/member with minimal/substantial exposure.

We enclose our file contents, which include:

Description of Accident:

Injuries/Treatment/Damages for each
Plaintiff: _____

Title 59 Defenses and Immunities:

Comments and/or Instructions:

We look forward to working with you on this matter. Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,
**Inservco Insurance Services,
Inc.**

By:

Enclosures - File contents

II. INITIAL ACCEPTANCE OF ASSIGNMENT

CAPTION: _____

INSURED: _____

INSERVCO CLAIM NO: _____

DATE OF LOSS: _____

LAW FIRM INITIALLY ASSIGNED TO THIS MATTER:

TO: CUMBERLAND COUNTY INSURANCE COMMISSION (CCIC):

This law firm has been assigned the above captioned matter for litigation. We hereby make the following representations to the CCIC:

1. The name/contact information of the attorney who is responsible for the defense of this cause of action is:

2. The attorney assigned and this law firm have the requisite ability to handle this matter.
3. The attorney assigned will have the time available to properly represent the insured's, including preparation and attendance at all depositions, hearings, and trial.
4. If the assigned attorney is unable to attend depositions, arbitrations, court appearances, etc. prior authorization must be obtained from the CCIC attorney to send someone other than the assigned attorney.
5. This firm and the attorney assigned will comply with the CCIC's policies and procedures relating to litigation (including billing procedures).
6. This firm and the attorney assigned have no ethical or legal conflicts that would disqualify the firm or the attorney from representing the defendants insured by the CCIC in the pending litigation.

Law Firm: _____

By: _____

Date: _____

Original: Claim Adjuster

cc: CCIC Attorney – John Carr, Esquire

IV. OUTLINE OF REPORTS

1. Initial Acceptance
Letter from defense attorney accepting terms of assignment is to be sent immediately after receipt of assignment.
2. Initial Report
A comprehensive initial status report is due within 15 days of acceptance of assignment. The proposed budget is to accompany the initial report.
3. Quarterly Report
This does not require an entire review of the file. They are due every 90 days after the receipt of the assignment.
4. Attorney's Six Month Report, 12 Month Report, and thereafter
Generally, speaking, the next reports are due on six month intervals. In other words, a written report is due six month and 12 months, respectively, and in six month intervals thereafter.
However, more frequent reports should be proffered as developments warrant. In other words, should facts arise which change or modify the litigation process in either a positive or negative manner, defense counsel is expected to communicate this information in a timely manner rather than wait until the next scheduled report is due.

The items to be covered in this report include, but are not limited, to the following items:

- a. General statement of facts, with reference to relevant interrogatory answers and depositions (with emphasis on contested versus uncontested critical facts);
- b. Assessment of liability, with reference to statutory law and case law, if necessary. A critical assessment of credibility of parties, witnesses, and experts should be included in this analysis.
- c. Assessment of Plaintiff or Petitioner's counsel. In this regard, the report should address such matters as whether opposing counsel is a sole practitioner vs. member of a medium or large law firm, his or her expertise and success in litigating cases similar to the matter at issue in the instant lawsuit, and years of litigation expertise.

- d. Discussion of judge assigned to the case to include such topics as years on the bench and any “reputation” as being perceived as either more sympathetic to Plaintiffs or Defendants.
- e. Assessment of damages, with reference to the method of determination. If possible, the determination of damages should be broken down into the various components, such as pain and suffering, medical expenses (categorized as reimbursed or unreimbursed) lost wages, loss of services, property damage, etc. A critical assessment of credibility of parties, witnesses, and experts should be included in this analysis.

Settlement Status and Recommendations:

1. The status of settlement negotiations;
2. Overall assessment of the case value (what is the case worth considering b. and c.); and
3. Recommendations for further investigation/discovery.

V.DEFENSE ATTORNEYS SUIT STATUS REPORT

(To be completed 90 days upon receipt of assignment and updated every 90 days thereafter)

DATE OF REPORT:

CAPTION:

INSURED/MEMBER:

CLAIM NO:

DATE OF LOSS:

A. General Information

1. PLAINTIFF

Name: _____

Age: _____

Marital Status: _____

No. of Dependents: _____

2. CO-DEFENDANT(S)

3. THIRD PARTY DEFENDANT(S)

4. Have you received the contents of the file from
_____?

Yes No

B. Litigation Information

- 1. Court:
Venue:
Jury Trial: Yes No
Bifurcation: Yes No

- 2. Designated Trial Counsel:
This Defendant:

Co-Defendant(s):

Plaintiff:

Third Party Defendant(s):

Plaintiff's Attorney's Experience:

- 3. Date Complaint Filed:

Date Answer Filed:

Date Crossclaim Filed:

- 4. Interrogatories to Other Parties:

Party to Whom Sent	Date Sent	Date Received
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-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

Have answers been fully responsive (specify which party)? If not,
steps to obtain same: _____

5. Depositions:

Names of Deponents	Recommended	Scheduled	Taken
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-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

6. Request for Production of Documents:

Party to Whom Sent	Date Sent	Date Received
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-----	-----	-----
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-----	-----	-----
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Have answers been fully responsive (specify which party)? If not,
steps to obtain same: _____

C. Preliminary Litigation Strategy

1. Should any party(ies) be added:

Yes No

If Yes, state name(s) and what has been (will be) done to add said party(ies):

2. Is (are) there any unknown party(ies)?

Yes No

Have they been appropriately noted at time Answer filed?

Yes No

Explain:

3. Will any preliminary Motions be required? (Venue, Jurisdiction, Title 59 defenses, Summary Judgment, etc.?)

Yes No

State nature of Motion, factual basis for same, and return date or anticipated return date. (Be Specific)

4. Besides the standard negligence defenses, have any special defenses been asserted (e.g., Title 59 defenses?)

Yes No

If Yes, state the nature of the defense and factual basis for same. (Provide the precise theory and provision under Title 59)

5. Do you suggest any additional investigation?

Yes No

If Yes, explain in further detail:

6. Are any Motions by any party (including this defendant) to be anticipated at the completion of discovery?

Yes No

If Yes, set forth nature of Motion and basis for same:

7. Do you anticipate the need for any type of expert witnesses on behalf of this defendant? (e.g., independent medical examination, accident reconstruction, etc.?)

Yes No

Defense experts

Name and Firm
specific)

Subject matter (Be

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-----	-----
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Are you aware of any experts for the Plaintiff?

Name Firm

Subject matter (Be specific)

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D. EXPOSURE INFORMATION

1. DAMAGES

Medical Specials:

Lost Wages:

Property Damage:

Amount of Above Reimbursed by Insurance:

2. ANTICIPATED LEGAL FEES

Legal Fees to Date: _____

Cumulative Fees Through completion of discovery:

Cumulative Fees Through completion of ESP/Arbitration:

Cumulative Fees Through trial:

3. Has Discovery been completed? Yes _____ No _____

If not, what further discovery is needed and from whom?

MISCELLANEOUS COMMENTS BY DEFENSE ATTORNEY

NARRATIVE

Due with every other quarterly report/to be attached by defense attorney.

Cc: Original: Claim Adjuster: _____(w/enclosures)

CCIC Attorney – John Carr, Esquire, Cumberland County, 164 W. Broad Street, Bridgeton, NJ 08302 (w/o enclosures)

VI. AFFIRMATIVE DEFENSE CHECKLIST

Yes/No	Theory	Description	Factual Basis
	Common Law	Plaintiff failed to mitigate damages.	
	Common Law	Superseding, intervening event.	
	Common Law	Plaintiff assumed the risk.	
	Common Law, U.S.	Qualified immunity of police-good faith.	

	Constitution		
	Common Law, R. 12(b)(6)	Failure to state a claim.	
	Common Law	Prosecutorial discretion.	
	Common Law, U.S. Constitution	Probable cause.	
	<u>N.J.S.A. 59:4-4</u>	Immunity from any allegation that injuries to plaintiff resulted from its failure to provide emergency warning signals.	
	<u>N.J.S.A. 59:4-5</u>	Immunity from prosecution on any allegation that injuries to plaintiff resulted from its failure to provide ordinary traffic signals.	

Yes/No	Theory	Description	Factual Basis
	<u>N.J.S.A.</u> 59:8-8	Plaintiff failed to file the proper Tort Claim Notice within time.	
	<u>N.J.S.A.</u> 59:9-4	Comparative negligence and/or contributory negligence.	
	<u>N.J.S.A.</u> 59:4-9	Immunity from any allegation that injuries to plaintiff resulted from the condition of unimproved and unoccupied portions of public property, as the condition complained of was not palpably unreasonable.	
	<u>N.J.S.A.</u> 59:4-8	Immunity from any allegation that injuries to plaintiff resulted from the condition of unimproved public property.	
	<u>N.J.S.A.</u> 59:4-6	Immunity from any allegation that injuries to plaintiff resulted from a plan or design of public	

		property.	
	<u>N.J.S.A.</u> 59:3-7	Immunity from any allegation that injuries to plaintiff resulted from its failure to inspect, of the negligent inspection, of property.	

Yes/No	Theory	Description	Factual Basis
	<u>N.J.S.A.</u> 59:3-6	Immunity from any allegation that injuries to plaintiff resulted from the issuance, denial, suspension or revocation of any permit.	
	<u>N.J.S.A.</u> 2A:15-97	Demand for credit for any expenses paid by insurance or other third parties, which are claimed as damages by plaintiff.	
	<u>N.J.S.A.</u> 59:2-2 and 59:3-2	Immunity from vicarious liability allegation based on an employee, servant or agent failing to enforce a law, or that any injuries resulted from an act or omission of any such employee, servant or agent. Pursuant to	
	<u>N.J.S.A.</u> 59:2-4	Immunity from allegation of failing to enforce a law.	
	<u>N.J.S.A.</u> 39:4-91	Defendant's vehicle had the right of way.	
	<u>N.J.S.A.</u> 59:9-2(d)	Insufficient pain and suffering – specials less than \$1,000. Threshold.	

	<u>N.J.S.A.</u> 59:2-3	Immunity from any allegation that injuries to plaintiffs resulted from an act or omission that fell within answering defendant's discretion.	
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Yes/No	Theory	Description	Factual Basis
	<u>N.J.S.A.</u> 59:3-3	Immunity from any allegation that injuries to plaintiffs resulted from actions of its agents, servants & employees in executing or enforcing any law.	
	<u>N.J.S.A.</u> 59:4-2	Immunity from any allegation that injuries to plaintiff resulted from a dangerous condition on public property.	
	<u>N.J.S.A.</u> 59:4-3	Immunity from any allegation that injuries to plaintiff resulted from a dangerous condition on public property – lack of notice.	
	<u>N.J.S.A.</u> 59:2-7	Immunity from any allegation that injuries to plaintiffs resulted from its failure to supervise a recreational facility.	
	<u>N.J.S.A.</u> 59:3-11	Immunity from allegation that injuries to plaintiffs resulted from actions of its agents, servants or	

		employees in supervising a recreational facility.	
	<u>R.</u> 4:3-2(a)(2)	Improper venue.	
	Statute	Statute of Limitations or Statute of Repose.	

VII. PRE-ESP/ARBITRATION REPORT

This report must be received at least five (5) working days prior to the scheduled ESP/Arbitration. (Form)

This report must be submitted within five (5) working days after the ESP. This should not be a rehash of the facts of the case, only a report as to who attended the session, what the results were, the rationale of the arbitrators/panelists for arriving at their decision, and recommendations as to whether or not the case should be settled or brought to trial. (Form)

If appeal of an arbitration award is possible, your recommendations should be clearly and quickly **communicated** to the Claims Administrator verbally and in writing to ensure timely appeals.

DATE OF REPORT: _____

CAPTION: _____

INSURED/MEMBER: _____

CLAIM NO: _____

DATE OF LOSS: _____

1. Scheduled Date of ESP/Arbitration:

_____ Is this matter ready to proceed to ESP/Arbitration? Yes No

If not, what needs to be completed?: _____

—

—

—

2. Name of attorney who will be handling the ESP/Arbitration: _____

—

3. If different from original attorney, state why:

—

—

—

—

—

—

—

—

—

—

6. Attach a copy of any ESP/Arbitration memorandum you intend to submit.

7. Miscellaneous comments of defense counsel: _____

—

—

cc: Original Claim Adjuster _____ (w/enclosures);
CCIC Attorney, John Carr, Esquire, Cumberland County, 164 W. Broad Street,
Bridgeton, 08302 (w/o enclosures)

VII. POST-ESP/ARBITRATION REPORT

**TO BE SUBMITTED IMMEDIATELY UPON COMPLETION
OF ESP/ARBITRATION**

(Attach extra sheets, if necessary)

DATE OF REPORT: _____

CAPTION: _____

INSURED/MEMBER: _____

CLAIM NO: _____

DATE OF LOSS: _____

1. What was the assessment of liability placed on each of the parties by the panelists/arbitrators? _____

2. Attach copy of ESP/Arbitration decision and copy of Plaintiff's Memorandum.

3. What was the assessment of the Plaintiff's damages by the panelists/arbitrators? Be certain to clarify whether the assessment of damages for the full value of the Plaintiff's injuries or if the figure was simply the amount the panelists/arbitrators determined the Plaintiff should receive.

4. (a) What were the names of the panelists/arbitrators? _____

(b) Were the panelists/arbitrators Plaintiff or Defense attorneys? _____

5. Does Plaintiff's attorney indicate a willingness to settle this matter at the figure set forth by the panelists/arbitrators? Yes No

If No, set forth what (s)he would be willing to settle the case for and any reasoning (s)he gave you therefore: _____

6. In your opinion, should the case be settled for the amount set forth by the panelists/arbitrators? Yes No

Explain, with reference to your opinion as to whether or not the case should be settled, and the amount which you would propose to offer. _____

7. Should a Trial De Novo be requested on behalf of the client? Yes No

Explain: _____

8. Additional comments by Defense counsel: _____

cc: Original Claim Adjuster _____ (w/enclosures);
CCIC Attorney, John Carr, Cumberland County, 164 W. Broad Street, Bridgeton
NJ 08302 (w/o enclosures)

IX. PRE-TRIAL REPORT

**TO BE SUBMITTED AT LEAST SIXTY (60) DAYS
PRIOR TO THE FIRST SCHEDULED DATE FOR TRIAL**

(Attached extra sheets, if necessary)

DATE OF REPORT: _____

CAPTION: _____

INSURED/MEMBER: _____

CLAIM NO.: _____

DATE OF LOSS: _____

1. Is Discovery completed?
 Yes No If No, explain:

2. Who will be trying the case on behalf of the client?

3. Scheduled trial date: _____

4. Have arrangements been made for all witnesses, including expert witnesses to appear at time of trial?

Yes No If No,

explain: _____

5. Will any requests be made for special jury instructions?

Yes No

Explain: (If special request to be made, attach copies of same.)

6. Should any attempt be made to settle this matter prior to trial?

Yes No Explain:

7. What is your assessment of the possibility of success if the matter is tried?

Law Firm: -

By:

Esquire

Cc: Original: Claim Adjuster:

(w/enclosures)
CCIC Attorney – John Carr, Esquire (w/o enclosures)

X. POST-LITIGATION ANALYSIS

**TO BE SUBMITTED WITHIN TEN (10) DAYS
OF COMPLETION OF LITIGATION**
(Attach extra sheets, if necessary)

DATE OF REPORT: _____

CAPTION: _____

INSURED/MEMBER: _____

CLAIM NO.: _____

DATE OF LOSS: _____

1. This case was concluded by:

- Settlement Dismissal Jury Verdict

Set forth the final terms resulting from the Settlement of Trial of this matter:

2. How did this result compare with your analysis of the case throughout litigation?

3. Did this case conclude along the line of the ESP/Arbitration?

Yes No

Explain:

4. If tried to verdict, do you recommend filing an appeal?

Yes No

Do you anticipate any other party filing an appeal?

Yes No

5. Did you receive proper cooperation from the claims adjuster?

Yes No

Explain:

Do you have any recommendations how cooperation and communication between the defense attorney and the adjuster can be made better in the future?

Yes No

Explain:

6. Did you receive proper cooperation from the CCIC Attorney's office?

Yes No

Explain:

7. Were you satisfied with you and your firm's performance on behalf of the defendant in this matter?

Yes No

If No, explain:

8. Did you receive proper support services, such as investigation, from the adjustment agency?

Yes No

If No, explain:

9. If any expert witnesses were utilized in representing this defendant,

whether medical or nonmedical evaluate each expert witness in terms of knowledge, abilities, cooperation with the defense, and their credibility. Would you use this expert in the future?

Yes No

If No, explain:

10. In dealing with the representative for the County local unit, did you receive their full cooperation?

Yes No

Explain:

11. Please utilize this space to make any post-litigation comments you may have. These comments should include reference to the administrative procedures of the CCIC, the degree of cooperation between and among the defense attorney, adjuster, fund attorney, and municipal officials, and so forth.

12. Have you filed the original release, settlement agreement and/or stipulation of settlement with the CCIC Executive Director with a copy to Inservco as requested in the initial assignment letter from Inservco?

Yes No

Law Firm:

By:

Esquire

Cc: Original: Claim Adjuster:

_____ (w/enclosures)
CCIC Attorney: John Carr, Esquire (w/o enclosures)

XI. WORKERS' COMPENSATION REPORT

TO: Cumberland County Insurance Commission
c/o Inservco Insurance Services, Inc.
3150 Brunswick Pike, Lawrenceville, NJ 08648

RE:

Petitioners Attorney:

Date of Accident:

Wage: Accepted Denied

Amount of Temp Paid:

Outline Medicals:

Third Party Attorney:

How Accident Occurred:

Compensable Diagnosis:

Issues in Dispute:

Exposure:

Recommendations/Resolution Strategy:

Petitioner's Evaluating Physicians:

Respondents Evaluating Physicians:

Needs to be Done:

Authority Extended:

Projected Defense Costs:

Projected Time for Resolution:

ACTIVITY LOG

HOME PHONE

WORK PHONE

4. DATE OF INCIDENT GIVING RISE TO
CLAIM: _____

5. LOCATION OF
INCIDENT: _____

6. IF NOTICES AND CORRESPONDENCE ARE TO BE SENT TO A PERSON
OTHER THAN THE CLAIMANT, TO WHOM AND WHERE SHOULD THEY BE
SENT?

NAME:

ADDRESS AND PHONE:

ATTORNEY AT LAW

OTHER RELATIONSHIP (DESCRIBE):

DESCRIPTION OF INCIDENT

7. DATE OF
INCIDENT: _____

8. TIME OF DAY: _____ (A.M.) (P.M.)

9. EXACT LOCATION OF

INCIDENT: _____

10. DESCRIBE IN DETAIL HOW THE INCIDENT OCCURRED, STATING SPECIFICALLY WHY YOU CONTENT THAT CONDUCT OF THE COUNTY OR ANY OF ITS OFFICERS OR EMPLOYEES CAUSED OR CONTRIBUTED TO THIS INCIDENT. IF YOU KNOW THE NAMES AND/OR JOB TITLES OF ANY COUNTY OFFICIERS OR EMPLOYEES WHO YOU CONTEND WERE INVOLVED, PROVIDE THOSE NAMES OR JOB TITLES. IF NOT, PROVIDE SUGGICIENT INFORMATION SO THAT THOSE PERSONS CAN BE INDENTIFIED.

11. ON AN ADDITIONAL SHHET OF PAPER, DRAW A DIAGRAM OF THE WAY IN WHICH YOU CONTEND THE INCIDENT OCCURRED, NOTING ALL POINTS OF REFERENCE SUCH AS LANDMARKS AND POINTS OF INTERSECTION.

12. WAS THIS INCIDENT REPORTED TO THE POLICE? YES ___ NO ___

13. WHEN WAS IT REPORTED? _____ WHICH DEPARTMENT? _____

14. POLICE CASE NUMBER: _____

15. ATTACH A COPY OF THE POLICE REPORT OF THE INCIDENT.

16. STATE THE NAMES AND ADDRESSES OF ALL PERSONS WHO WITNESSED THE INCIDENT, USING ADDITIONAL SHEETS IF NECESSARY:

17. WERE ANY TICKETS ISSUED? YES ___ NO ___ IF SO, TO WHOM AND FOR WHAT?

MEDICAL INFORMATION

18. DID YOU RECEIVE MEDICAL TREATMENT AS A RESULT OF THIS INCIDENT?

YES ___ NO ___

19. STATE THE NAMES OF ALL DOCTORS WHO TREATED YOU:

NAME	SPECIALTY	ADDRESS
------	-----------	---------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

USE ADDITIONAL SHEETS IF NECESSARY.

20. DO YOU CLAIM THAT YOU WERE INJURED AS A RESULT OF THE INCIDENT?

YES ___ NO ___

21. DO YOU CLAIM THAT ANY OF YOUR INJURIES ARE PERMANENT?

YES ___ NO ___

22. DID YOU RECEIVE INJURIES IN THIS INCIDENT WHICH ARE NOW CURED? IF SO, DESCRIBE THEM IN DETAIL AND STATE WHEN THEY WERE

COMPLETELY HEALED:

23. DESCRIBE IN DETAIL ALL INJURIES WHICH YOU SUFFERED AS A RESULT OF THIS INCIDENT WHICH YOU CLAIM TO BE PERMANENT AND DESCRIBE IN DETAIL ALL LIMITATIONS WHICH YOU CLAIM THOSE INJURIES PLACE ON YOUR ACTIVITIES: _____

24. HAVE ANY DOCTORS EXAMINED YOU (OTHER THAN THOSE NAMED IN 19. ABOVE) FOR THE PURPOSE OF EVALUATING THIS CLAIM, RATHER THAN STRICTLY FOR PURPOSES OF DIAGNOSIS AND TREATMENT? YES ___
NO ___

NAME	DATE	COPY OF REPORT ATTACHED?
_____	_____	YES ___ NO ___

IF REPORT IS NOT ATTACHED, WHEN WILL IT BE SUPPLIED? _____

USE ADDITIONAL SHEETS IF NECESSARY.

25. WERE YOU HOSPITALIZED AS A RESULT OF THIS INCIDENT? YES ___
NO ___

26. STATE THE NAMES OF ALL HOSPITALS WHERE YOU RECEIVED

TREATMENT:

NAME

ADDRESS

DATES OF TREATMENT

27. STATE IN DETAIL ALL COSTS FOR MEDICAL TREATMENT:

PROVIDER

DATE OF TREATMENT

AMOUNT

28. ATTACH COPIES OF ALL MEDICAL AND HOSPITAL BILLS.

29. OF THE ABOVE COSTS, STATE THE AMOUNT WHICH IS NOT COVERED BY ANY POLICY OF INSURANCE: _____

30. LIST ALL INSURANCE POLICIES WITHIN THE HOUSEHOLD UNDER WHICH COVERAGE IS PROVIDED FOR ANY MEDICAL EXPENSE (INCLUDING MAJOR MEDICAL, AUTOMOBILE INSURANCE OR ELIGIBILITY FOR MEDICARE OR MEDICAID, PROVIDING THAT NAME OF THE INSURANCE PROVIDED TOGETHER WITH POLICY NUMBERS AND POLICY EFFECTIVE DATES):

INCOME INFORMATION

31. NAME AND ADDRESS OF EMPLOYER AT TIME OF INCIDENT:

32. JOB TITLE: _____ 33. SALARY: _____

34. DO YOU CLAIM LOST WAGES OR INCOME AS A RESULT OF THIS INCIDENT?

YES ___ NO ___

35. AMOUNT OF LOST WAGES OR INCOME: _____

36. STATE IN DETAIL HOW YOU ARRIVED AT THE AMOUNT OF LOST INCOME CLAIMED, ATTACHING COPIES OF ALL PAY STUBS OR OTHER DOCUMENTATION AND DETAILING ALL TIME, IF ANY, LOST FROM WORK:

37. DOES YOUR EMPLOYER PROVIDE MEDICAL COVERAGE? IF SO, PROVIDE THE NAME OF PROVIDER, GROUP PLAN, ETC.:

OTHER PROCEEDING

38. HAVE YOU FILED ANY CLAIM IN ANY COURT (FOR EXAMPLE, WORKERS' COMPENSATION) AS A RESULT OF THIS INCIDENT? YES ___ NO ___

39. NAME OF COURT, DOCKET NUMBER:

40. HAS THIS MATTER BEEN RESOLVED? IF SO, DESCRIBE IN

DETAIL: _____

41. ATTACH A COPY OF ALL PLEADINGS OF ALL PARTIES IN THAT MATTER, AND ALL ORDERS GRANTING OR DENYING ANY RELIEF.

42. HAVE YOU FILED ANY CLAIM FOR STATE OR FEDERAL DISABILITY, SSI, UNEMPLOYMENT, OR OTHER BENEFITS? YES ___ NO ___
IF SO, WHERE? PROVIDE CLAIM NUMBER AND NAME OF AGENCY: _____

43. HAVE YOU SETTLED ANY PART OF THIS CLAIM WITH ANY OTHER PERSON, OR HAVE YOU AGREED TO ANY SETTLEMENT? IF SO, DESCRIBE IN DETAIL:

44. HAVE YOU FILED BANKRUPTCY OR ARE YOU CURRENTLY IN BANKRUPTCY? IF SO, AND YOU HAVE BEEN DISCHARGED, PROVIDE DETAILS (WHO, WHEN, ETC.):

PROPERTY DAMAGE

45. DO YOU CLAIM THAT ANY OF YOUR PROPERTY WAS DAMAGED AS A RESULT OF THIS INCIDENT? YES ___ NO ___

46. DESCRIBE SPECIFICALLY THE PROPERTY WHICH WAS DAMAGED, AND ITS VALUE BEFORE AND AFTER THE INCIDENT, ATTACHING COPIES OF ALL REPAIR ESTIMATES AND OTHER DOCUMENTATION OF THE LOSS:

47. ARE YOU COVERED BY INSURANCE FOR ANY OF THIS LOSS? YES ___ NO ___

48. NAME OF CARRIER _____ POLICY NO. _____

49. ATTACH A COPY OF THE INSURANCE POLICY PAGE STATING COVERAGES AND POLICY LIMITS.

EXPERTS

50. HAVE YOU RETAINED ANY EXPERTS (OTHER THAN DOCTORS NAMED ABOVE) TO ADVISE OR RENDER ANY REPORTS TO YOU OR YOUR ATTORNEY WITH RESPECT TO ANY MATTER RELEVANT TO THIS CLAIM? YES ___ NO ___

NAME

ADDRESS

AREA OF EXPERTISE

51. IS THE EXPERT'S REPORT, OR A SUMMARY OF VERBAL FINDINGS,

ATTACHED?

YES ___ NO ___ IF NOT, WHEN WILL IT BE
SUPPLIED? _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

REQUIRED ADDITIONAL INFORMATION

52. IN ADDITION TO THE INFORMATION REQUIRED ABOVE, YOU ARE
REQUIRED TO PROVIDE THE FOLLOWING WITH RESPECT TO YOUR CLAIM:

A. A WRITTEN REPORT FROM YOUR TREATING PHYSICIAN, STATING
THE NATURE AND EXTENT OF YOUR INJURIES, DETAILING ALL TREATMENT
GIVEN TO DATE, STATING SPECIFICALLY THE TYPE AND CAUSE OF ALL
DISABILITY, EITHER TEMPORARY OR PERMANENT, RESULTING FROM THE
INCIDENT, AND STATING IN DETAIL ALL LIMITATIONS ON ACTIVITY,
TEMPORARY OR PERMANENT, RESULTING FROM THE INCIDENT. THE REPORT
MUST ALSO STATE THE NATURE, EXPECTED DURATION, AND THE
ANTICIPATED RESULTS OF ANY FURTHER TREATMENT.

B. YOU ARE REQUIRED TO SIGN THE THREE AUTHORIZATIONS
ATTACHED TO THIS CLAIM FORM. THE AUTHORIZATION TO OBTAIN MEDICAL
RECORDS PERMITS THE COUNTY, OR ITS REPRESENTATIVES, TO OBTAIN
COPIES OF ALL MEDICAL RECORDS WITH RESPECT TO YOUR PRESENT
MEDICAL CONDITION AND TREATMENT GIVEN FOR YOUR CLAIMED INJURIES.
THE AUTHORIZATION TO OBTAIN WAGE AND INCOME INFORMATION
PERMITS THE COUNTY OR ITS REPRESENTATIVES TO OBTAIN INFORMATION
REGARDING YOUR CLAIMED LOSS OF INCOME FROM YOU EMPLOYER OR
OTHER SOURCES. THE CONSENT TO EXAMINATION PERMITS THE COUNTY TO
SCHEDULE AN APPOINTMENT FOR YOU, AT THE COUNTY'S EXPENSE, TO BE
EXAMINED BY A PHYSICIAN OR PHYSICIANS CHOSEN BY THE COUNTY IN
ORDER TO VERIFY ALL MEDICAL INFORMATION PROVIDED AND TO
DETERMINE YOUR PRESENT CONDITION. EVERY EFFORT WILL BE MADE TO
SCHEDULE THIS APPOINTMENT AT A CONVENIENT TIME AND PLACE.

C. THE INFORMATION YOU PROVIDE WILL BE USED BY THE COUNTY
TO EVALUATE YOUR CLAIM. ALL INFORMATION SET FORTH ON THIS FORM IS
BINDING AND WILL BE RELIED UPON BY THE COUNTY, BOTH NOW AND IN
THE FUTURE SHOULD THIS MATTER GO TO COURT, UNLESS IT IS
SPECIFICALLY DISCLAIMED IN WRITING. IF THERE IS ANY FURTHER

INFORMATION WHICH YOU BELIEVE WOULD BE HELPFUL IN REACHING A FAIR RESOLUTION OF THIS MATTER, PLEASE PROVIDE SAME EITHER BY ATTACHING IT TO THIS FORM OR WHEN IT BECOMES AVAILABLE.

D. ALL REQUESTS MADE ARE CONTINUING IN NATURE. IF ANY INFORMATION COMES INTO YOUR POSSESSION OR THAT OF YOUR ATTORNEY WHICH MAKES ANY INFORMATION ON THIS FORM INCOMPLETE OR INACCURATE, YOU OR YOUR ATTORNEY ARE OBLIGATED TO PROVIDE THAT INFORMATION TO US UNTIL SUCH TIME AS THE COUNTY HAS ADVISED YOU OR YOUR REPRESENTATIVE OF ITS DECISION WITH RESPECT TO YOUR CLAIM.

CERTIFICATION

I HAVE READ THIS FORM IN ITS ENTIRETY AND ACKNOWLEDGE THAT THE PURPOSE OF SUBMITTING THIS CLAIM IS TO MAKE WRITTEN APPLICATION FOR PECUNIARY BENEFIT (THE PAYMENT OF MONEY) AND IS TO AID OFFICIALS OF THE COUNTY OF CUMBERLAND IN PERFORMING THEIR LAWFUL FUNCTION. I RECOGNIZE THAT THE NEW JERSEY CODE OF CRIMINAL JUSTICE, N.J.S.A. 2C: 38-3(B) MAKES IT A DISORDERLY PERSONS OFFENSE TO MAKE ANY WRITTEN FALSE STATEMENT WHICH I DO NOT BELIEVE TO BE TRUE, OR TO OMIT INFORMATION WITH THE PURPOSE EITHER TO CREATE A FALSE IMPRESSION OR TO MISLEAD PUBLIC OFFICIALS IN THE PERFORMANCE OF THEIR FUNCTIONS. I RECOGNIZE THAT THE INFORMATION I HAVE SUPPLIED WILL BE USED BY PUBLIC OFFICIALS TO EVALUATE THE MONETARY VALUE OF THIS CLAIM, AND THAT A SIX MONTH PERIOD IS PROVIDED BY LAW (N.J.S.A. 59:8-8) FOR REVIEW OF THIS CLAIM BY THE COUNTY BEFORE I MAY FILE SUIT. IF I SHOULD, EITHER PERSONALLY OR THROUGH MY ATTORNEY, RECEIVE INFORMATION OR OBTAIN DOCUMENTS THAT WOULD RENDER ANY STATEMENT MADE HERIN FALSE, MISLEADING, OR INCOMPLETE I WILL CAUSE THIS MATERIAL TO BE FORWARDED TO THE COUNTY AS SOON AS POSSIBLE. I CERTIFY THAT I HAVE READ THIS COMPLETED CLAIM FOR DAMAGES AND THAT ALL INFORMATION CONTAINED HERIN IS TRUE AND COMPLETE EXCEPT AS NOTED OTHERWISE IN MY ANSWERS. I RECOGNIZE AND ACKNOWLEDGE THAT IF THIS CLAIM IS SIGNED BY A PERSON ACTING ON MY BEHALF RATHER THAN BY ME, ALL STATEMENTS MADE ARE BINDING ON ME AS THOUGH I HAD SIGNED THIS CLAIM MYSELF.

DATED: _____

SIGNATURE OF CLAIMANT OR
PERSON ACTING ON BEHALF OF
CLAIMANT

AUTHORIZATION TO OBTAIN MEDICAL RECORDS

TO WHOM IT MAY CONCERN:

I HEREBY CONSENT AND REQUEST THAT THE BEARER OF THIS AUTHORIZATION BE PERMITTED TO EXAMINE AND OBTAIN COPIES OF ALL HOSPITAL AND MEDICAL RECORDS OF EVERY SORT AND KIND, AND INTERVIEW DOCTORS, ATTENDANTS, AND OTHER PERSONNEL REGARDING ALL MATTERS RELATING TO MY MEDICAL HISTORY, EXAMINATIONS, DIAGNOSIS, CARE, CONSULTATION AND TREATMENT.

I AM WILLING THAT A PHOTOCOPY OF THIS AUTHORIZATION BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL.

DATED: _____

SIGNATURE

ADDRESS:

CONSENT TO EXAMINATION

TO THE COUNTY OF CUMBERLAND:

I HEREBY CONSENT TO EXAMINATION BY A PHYSICIAN OR PHYSICIANS CHOSEN BY THE COUNTY OF CUMBERLAND OR ITS REPRESENTATIVES FOR THE PURPOSE OF DETERMINING MY PRESENT MEDICAL CONDITION AND EVALUATING THE CLAIM I HAVE MADE AGAINST CUMBERLAND COUNTY. I AGREE TO COOPERATE IN THE SCHEDULING OF THIS EXAMINATION AND BY APPEARING AT THE TIME AND PLACE SET F OR THE EXAMINATION ON REASONABLE NOTICE THEREOF.

DATED _____

SIGNATURE

Authorization for Release of Medical Records

HIPAA Compliant / Pursuant to 45 CFR 164.508

THIS AUTHORIZATION MUST BE FULLY COMPLETED, SIGNED AND DATED

TO: _____ RE: _____
Name of Healthcare Provider/Physician/Facility Patient Name

Date of Birth

Social Security Number

I authorize the disclosure of all protected health information and I expressly request that the designated records custodian of all covered entities under HIPAA identified above disclose full and complete protected health information including the following:

Complete patient chart/file including but not limited to office notes, treatment notes radiographic/diagnostic testing results etc.

Complete patient chart/file including but not limited to office notes, treatment notes, radiographic/diagnostic testing results etc. from date of accident ___ / ___ thru present.

[Provide description of information to be used or disclosed that identifies the information in a specific and meaningful fashion.]

Note: Release of “psychotherapy notes” as defined in 45 CFR 164.501 requires completion of separate authorization form.

Information about diagnosis or treatment for alcohol/substance abuse and HIV/AIDS may be disclosed as follows:

(check all that apply)

Yes, disclose HIV/AIDS information OR No, do NOT disclose HIV/AIDS information

Yes, disclose alcohol/drug abuse information OR No, do NOT disclose alcohol/drug abuse information

This protected health information is disclosed for the following purposes:

This disclosure is made at my request in compliance with 45 CFR 164.508(c)(1)(iv).

Description of legal proceeding Tort claim against Cumberland County or its entities

 Other (describe)

You are authorized to release the foregoing records to the following representatives of Cumberland County and its entities in the above-entitled matter who have agreed to pay reasonable charges made by you to supply copies of such records:

Inservco Insurance Services,
Inc.

Name of Representative

Third-party claims administrator (duly appointed via CCIC
resolution)

Representative Capacity (e.g., Attorney, Records Requestor, Agent, etc.)

3150 Brunswick Pike

Street Address

Lawrenceville, NJ 08648

State and Zip Code

This authorization does not apply to psychotherapy notes.

I acknowledge that I have the right to revoke this authorization, in writing, by sending written notification to you at the above-referenced address. However, I understand that any actions already taken in reliance on this authorization cannot be reversed, and my revocation will not affect those actions.

I acknowledge the potential for information disclosed pursuant to this authorization to be subject to redisclosure by the recipient and no longer to be protected under HIPAA privacy rules.

I understand that the covered entity to whom this authorization is directed may not condition treatment, payment, enrollment or eligibility benefits on whether or not I sign the authorization, unless a condition set forth at 45 CFR 164.508(b)(4) applies.

Any facsimile, copy or photocopy of the authorization shall authorize you to release the records herein. This authorization shall be in force and effect until:

Date: _____

Event (describe): dismissal or settlement of claim: _____

Signature of Patient or Personal Representative

Name of Patient or Personal Representative

Description of Personal Representative's Authority to Sign for Patient (attach documents that show authority)

Witness Signature

Date _____

CONSENT TO RELEASE FORM

_____, HEREBY AUTHORIZE THE CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS), ITS AGENTS AND/OR CONTRACTORS, TO DISCLOSE, DISCUSS AND/OR RELEASE, ORALLY OR IN WRITING, INFORMATION RELATED TO MY INJURY CLAIM DATED ___ / ___ / ___ AND/OR SETTLEMENT, MEDICARE SET ASIDE, OR CONDITIONAL PAYMENTS TO INSERVCO INS. SERVICES, INC. THIS CONSENT IS FOR MY INJURY CLAIM DATED ___ / ___ / ___ AND IS ON AN ONGOING BASIS. AN ADDITIONAL CONSENT TO RELEASE WILL NOT BE NECESSARY UNLESS OR UNTIL I REVOKE THIS AUTHORIZATION (WHICH MUST BE IN WRITING).

CLAIMANT'S SIGNATURE

PLEASE PRINT NAME HERE

SOCIAL SECURITY NUMBER

DATE SIGNED