CUMBERLAND COUNTY INSURANCE COMMISSION AGENDA AND REPORTS APRIL 2, 2015 – 11 AM

COUNTY ADMINISTRATION BUILDING 790 E. COMMERCE STREET BRIDGETON, NJ 08302

To attend the meeting via teleconference please dial 1-866-921-5493 and enter passcode 7269691#

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 Daily Journal and 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 APRIL 2, 2015 – 11:00 AM 790 E. COMMERCE STREET BRIDGETON, NJ 08302

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ FLAG SALUTE
ROLL CALL OF COMMISSIONERS
APPROVAL OF MINUTES: February 5, 2015 Open MinutesAppendix I February 5, 2015 Closed MinutesTo be Distributed
CORRESPONDENCE - None
EXECUTIVE DIRECTOR/ADMINISTRATOR – PERMAPage 1
COMMITTEE REPORTS Safety Committee Report
TREASURER – Anthony Bontempo Resolution 17-15 April Bill List
CEL SAFETY DIRECTOR – J.A. Montgomery Risk Control Monthly Report
RISK MANAGER REPORT – Hardenbergh Insurance Group Monthly ReportVerbal
CLAIMS SERVICE – Inservco Insurance Services
Monthly Savings Report
Liability Claim Payments – 1/1/15 to 2/28/15
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 as discussed in Closed Session.
T T

OLD BUSINESS
NEW BUSINESS
PUBLIC COMMENT
MEETING ADJOURNMENT
NEXT SCHEDULED MEETING: JUNE 4, 2015, 11 AM

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

Date:		April 2, 2015		
Me	emo to:	Commissioners of the Cumberland County Insurance Commission		
From:		PERMA Risk Management Services		
Sul	bject:	Executive Director's Report		
	overview of the	2015 Plan of Risk Management - The Risk Management Plan is an Commission's coverage, risks retained by the Commission, reserving and of assessing member contributions, claim payment authority, etc.		
	☐ Motion	n to Adopt Resolution 16-15 Approving the Risk Management Plan		
	NJ Excess Counties Insurance Fund (CELJIF) – The CEL held their Reorganiza meeting and adopted the respective resolutions to conduct business on February 25, 20 Commissioner Smith was re-elected as the Chairman of the CEL. A summary report of meeting is included in the agenda on pages 2-4. The next NJCE Fund meeting is scheduled April 23, 2015 at 1:00 PM.			
	Financial Fast Track – Included on Page 5 & 6 of the agenda are the Financial Fast Track Reports for the Cumberland County Insurance Commission for December and January. As January 31, 2015 the Commission has a statutory surplus of \$1,212,810.			
	NJ CEL Property and Casualty Financial Fast Track (Page 7) – Included in the agenda the NJ CEL Financial Fast Track Report for December. As of December 31, 2015 the CEL a surplus of \$5,322,956.			
☐ Certificate of Insurance Issuance Report: Attached on Pages 8-13 is the C Insurance Issuance Report from the CEL listing those certificates issued for t January 30, 2015 to March 25, 2015. There were 28 certificates of insurance i this period.		ee Report from the CEL listing those certificates issued for the period of		
	☐ Motion	n to approve the certificate of insurance report.		

NEW JERSEY COUNTIES EXCESS JOINT INSURANCE FUND

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

Date: February 26, 2015

To: Executive Committee

Cumberland County Insurance Commission

From: PERMA Risk Management Services

Subject: New Jersey Counties Excess Meeting Report

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

2015 Officers & Executive Committee

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

2015 Meeting Schedule

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		CUMBERLAND COU			
		FINANCIAL	. FAST TRACK REPORT	•	
		AS OF	December 31, 2014		
			EARS COMBINED		
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
	RWRITING INCOME	231,436	2,777,231	3,073,337	5,850,568
. CLAIN	1 EXPENSES				
	Paid Claims	189,231	817,824	228,862	1,046,68
	Case Reserves	48,693	208,352	167,712	376,064
	IBNR	(12,115)	152,692	483,427	636,11
	Discounted Claim Value	2,672	(18,426)	(47,159)	(65,58
TOTAL	CLAIMS	228,481	1,160,442	832,842	1,993,28
. EXPEN	ISES				
	Excess Premiums	88,076	1,056,912	1,089,690	2,146,60
	Administrative	38,350	332,261	336,534	668,79
TOTAL	EXPENSES	126,427	1,389,174	1,426,224	2,815,39
. UNDE	RWRITING PROFIT (1-2-3)	(123,472)	227,615	814,271	1,041,88
. INVES	TMENT INCOME	559	1,935	2,688	4,62
	T (4 + 5)	(122,913)	229,549	816,959	1,046,50
. CEL A	PPROPRIATION CANCELLATION	0	0	2,109	2,10
. INVES	TMENT IN JOINT VENTURE	(323)	47,900	106,982	154,88
. SURPL	.US (6 + 7 + 8)	(123,236)	277,449	926,049	1,203,49
URPLUS (DEFICITS) BY FUND YEAR				
2012	·	(7,689)	3,695	262,565	266,26
2013		(98,706)	12,936	663,484	676,42
2014		(16,840)	260,818	005,404	260,81
_	PLUS (DEFICITS)	(123,236)	277,449	926,049	1,203,49
OTAL CAS	, ,	(123,230)	2//,449	920,049	
					2,035,43
LAIM AN	ALYSIS BY FUND YEAR				
FUND	YEAR 2012				
P	aid Claims	0	2,402	31,540	33,94
			2,102		33,34
C	ase Reserves	1,000	2,599	5,201	
	ase Reserves BNR		-		7,80
18		1,000	2,599	5,201	7,80 13,75
D D	BNR	1,000 6,179	2,599 (11,501)	5,201 25,259	7,80 13,75 (1,27
D TOTAL	BNR iscounted Claim Value LFY 2012 CLAIMS	1,000 6,179 (452)	2,599 (11,501) 749	5,201 25,259 (2,026)	7,80 13,75 (1,27
TOTAL	INR iscounted Claim Value	1,000 6,179 (452) 6,727	2,599 (11,501) 749 (5,751)	5,201 25,259 (2,026) 59,974	7,80 13,75 (1,27 54,22
TOTAL FUND	BNR iscounted Claim Value FY 2012 CLAIMS YEAR 2013	1,000 6,179 (452)	2,599 (11,501) 749 (5,751)	5,201 25,259 (2,026) 59,974	7,80 13,75 (1,27 54,22 407,11
TOTAL FUND	iscounted Claim Value FY 2012 CLAIMS YEAR 2013 aid Claims ase Reserves	1,000 6,179 (452) 6,727 1,060 89,525	2,599 (11,501) 749 (5,751) 209,794 (6,382)	5,201 25,259 (2,026) 59,974 197,322 162,511	7,80 13,75 (1,27 54,22 407,11 156,12
TOTAL FUND P	iscounted Claim Value FY 2012 CLAIMS YEAR 2013 aid Claims ase Reserves	1,000 6,179 (452) 6,727 1,060 89,525 8,323	2,599 (11,501) 749 (5,751) 209,794 (6,382) (257,194)	5,201 25,259 (2,026) 59,974 197,322 162,511 458,168	7,80 13,75 (1,27 54,22 407,11 156,12 200,97
TOTAL FUND P CC	BNR iscounted Claim Value FY 2012 CLAIMS YEAR 2013 aid Claims ase Reserves BNR iscounted Claim Value	1,000 6,179 (452) 6,727 1,060 89,525 8,323 (5,210)	2,599 (11,501) 749 (5,751) 209,794 (6,382) (257,194) 22,492	5,201 25,259 (2,026) 59,974 197,322 162,511 458,168 (45,133)	7,80 13,75 (1,27 54,22 407,11 156,12 200,97 (22,64
FUND P CC HE	BNR iscounted Claim Value FY 2012 CLAIMS YEAR 2013 aid Claims ase Reserves BNR iscounted Claim Value FY 2013 CLAIMS	1,000 6,179 (452) 6,727 1,060 89,525 8,323	2,599 (11,501) 749 (5,751) 209,794 (6,382) (257,194)	5,201 25,259 (2,026) 59,974 197,322 162,511 458,168	7,80 13,75 (1,27 54,22 407,11 156,12 200,97 (22,64
TOTAL FUND P C III D TOTAL FUND FUND	BNR iscounted Claim Value FY 2012 CLAIMS YEAR 2013 aid Claims ase Reserves BNR iscounted Claim Value FY 2013 CLAIMS	1,000 6,179 (452) 6,727 1,060 89,525 8,323 (5,210) 93,698	2,599 (11,501) 749 (5,751) 209,794 (6,382) (257,194) 22,492 (31,290)	5,201 25,259 (2,026) 59,974 197,322 162,511 458,168 (45,133)	7,80 13,75 (1,27 54,22 407,11 156,12 200,97 (22,64 741,57
TOTAL FUND P C III D TOTAL FUND P FUND P	BNR iscounted Claim Value FY 2012 CLAIMS YEAR 2013 aid Claims ase Reserves BNR iscounted Claim Value FY 2013 CLAIMS YEAR 2014 aid Claims	1,000 6,179 (452) 6,727 1,060 89,525 8,323 (5,210) 93,698	2,599 (11,501) 749 (5,751) 209,794 (6,382) (257,194) 22,492 (31,290)	5,201 25,259 (2,026) 59,974 197,322 162,511 458,168 (45,133)	7,80 13,75 (1,27 54,22 407,11 156,12 200,97 (22,64 741,57
TOTAL FUND P C III D TOTAL FUND P C TOTAL	BNR iscounted Claim Value FY 2012 CLAIMS YEAR 2013 aid Claims ase Reserves BNR iscounted Claim Value FY 2013 CLAIMS YEAR 2014 aid Claims ase Reserves	1,000 6,179 (452) 6,727 1,060 89,525 8,323 (5,210) 93,698	2,599 (11,501) 749 (5,751) 209,794 (6,382) (257,194) 22,492 (31,290) 605,628 212,135	5,201 25,259 (2,026) 59,974 197,322 162,511 458,168 (45,133)	7,80 13,75 (1,27 54,22 407,11 156,12 200,97 (22,64 741,57
FUND TOTAL FUND D TOTAL FUND C III FUND C III FUND	BNR iscounted Claim Value FY 2012 CLAIMS YEAR 2013 aid Claims ase Reserves BNR iscounted Claim Value FY 2013 CLAIMS YEAR 2014 aid Claims ase Reserves	1,000 6,179 (452) 6,727 1,060 89,525 8,323 (5,210) 93,698 188,171 (41,832) (26,616)	2,599 (11,501) 749 (5,751) 209,794 (6,382) (257,194) 22,492 (31,290) 605,628 212,135 421,387	5,201 25,259 (2,026) 59,974 197,322 162,511 458,168 (45,133)	7,80 13,75 (1,27 54,22 407,11 156,12 200,97 (22,64 741,57 605,62 212,13 421,38
FUND P C TOTAL FUND P C III D TOTAL FUND P C III D TOTAL FUND P C III D	BNR iscounted Claim Value FY 2012 CLAIMS YEAR 2013 aid Claims ase Reserves BNR iscounted Claim Value FY 2013 CLAIMS YEAR 2014 aid Claims ase Reserves	1,000 6,179 (452) 6,727 1,060 89,525 8,323 (5,210) 93,698	2,599 (11,501) 749 (5,751) 209,794 (6,382) (257,194) 22,492 (31,290) 605,628 212,135	5,201 25,259 (2,026) 59,974 197,322 162,511 458,168 (45,133)	7,80 13,75 (1,27 54,22 407,11 156,12 200,97 (22,64 741,57 605,62 212,13 421,38 (41,66 1,197,48

			NTY INSURANCE CON L FAST TRACK REPORT		
		AS OF			
_			January 31, 2015 EARS COMBINED		
		THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
_	UNDERWRITING INCOME	237,940	237,940	5,850,568	6,088,50
	CLAIM EXPENSES	237,540	237,540	3,630,306	0,080,50
	Paid Claims	36,702	36,702	1,046,687	1,083,38
	Case Reserves	(29,443)	(29,443)	376,064	346,62
	IBNR		106,973		743,09
	Discounted Claim Value	106,973	-	636,119	
		(4,232)	(4,232)	(65,585)	(69,8
	TOTAL CLAIMS	110,000	110,000	1,993,285	2,103,2
	EXPENSES				
	Excess Premiums	92,008	92,008	2,146,602	2,238,6
	Administrative	27,123	27,123	668,795	695,9
	TOTAL EXPENSES	119,131	119,131	2,815,397	2,934,5
	UNDERWRITING PROFIT (1-2-3)	8,809	8,809	1,041,886	1,050,6
	INVESTMENT INCOME	502	502	4,622	5,1
	PROFIT (4 + 5)	9,311	9,311	1,046,508	1,055,8
	CEL APPROPRIATION CANCELLATION	0	0	2,109	2,1
	INVESTMENT IN JOINT VENTURE	0	0	154,882	154,8
	SURPLUS (6+7+8)	9,311	9,311	1,203,499	1,212,8
JI	RPLUS (DEFICITS) BY FUND YEAR				
	2012	(116)	(116)	266,261	266,1
	2013	(1,663)	(1,663)	676,420	674,7
	2014	(1,256)	(1,256)	260,818	259,5
	2015	12,346	12,346	200,010	12,3
_	TAL SURPLUS (DEFICITS)	9,311	9,311	1,203,499	1,212,8
_	FUND YEAR 2012				
		2,217	2,217	33,943	36,1
_	FUND YEAR 2012	2,217 208	2,217 208	33,943 7,800	· · · · · · · · · · · · · · · · · · ·
_	FUND YEAR 2012 Paid Claims		-		8,0
_	Paid Claims Case Reserves	208	208	7,800	8,0 11,3
_	Paid Claims Case Reserves IBNR	208 (2,426)	208 (2,426)	7,800 13,758	8,0 11,5 (1,1
	Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS	208 (2,426) 170	208 (2,426) 170	7,800 13,758 (1,277)	8,0 11,5 (1,1
_	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013	208 (2,426) 170 169	208 (2,426) 170 169	7,800 13,758 (1,277) 54,224	8,0 11,3 (1,1 54,3
_	Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims	208 (2,426) 170 169	208 (2,426) 170 169	7,800 13,758 (1,277) 54,224	8,0 11,5 (1,1 54,3
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves	208 (2,426) 170 169 29,132 (27,384)	208 (2,426) 170 169 29,132 (27,384)	7,800 13,758 (1,277) 54,224 407,116 156,129	8,0 11,5 (1,1 54,3 436,2 128,7
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves IBNR	208 (2,426) 170 169 29,132 (27,384) (1,748)	208 (2,426) 170 169 29,132 (27,384) (1,748)	7,800 13,758 (1,277) 54,224 407,116 156,129 200,974	8,0 11,5 (1,1 54,3 436,2 128,7
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves IBNR Discounted Claim Value	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870	7,800 13,758 (1,277) 54,224 407,116 156,129 200,974 (22,641)	8,0 11,5 (1,1 54,3 436,2 128,7 199,2 (20,7
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2013 CLAIMS	208 (2,426) 170 169 29,132 (27,384) (1,748)	208 (2,426) 170 169 29,132 (27,384) (1,748)	7,800 13,758 (1,277) 54,224 407,116 156,129 200,974	8,0 11,5 (1,1 54,3 436,2 128,7 199,2 (20,7
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2013 CLAIMS	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870	7,800 13,758 (1,277) 54,224 407,116 156,129 200,974 (22,641) 741,578	8,0 11,5 (1,1 54,3 436,2 128,7 199,2 (20,7 743,4
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2013 CLAIMS FUND YEAR 2014 Paid Claims	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870	7,800 13,758 (1,277) 54,224 407,116 156,129 200,974 (22,641) 741,578	8,0 11,5 (1,1 54,3 436,2 128,7 199,2 (20,7 743,4
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2013 CLAIMS FUND YEAR 2014 Paid Claims Case Reserves	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266)	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266)	7,800 13,758 (1,277) 54,224 407,116 156,129 200,974 (22,641) 741,578 605,628 212,135	8,0 11,3 (1,1 54,3 436,2 128,7 199,2 (20,7 743,4 610,7 191,8
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2013 CLAIMS FUND YEAR 2014 Paid Claims Case Reserves IBNR DISCOUNTED CLAIMS	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266) 16,107	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266) 16,107	7,800 13,758 (1,277) 54,224 407,116 156,129 200,974 (22,641) 741,578 605,628 212,135 421,387	36,1 8,0 11,3 (1,1 54,3 436,2 128,7 199,2 (20,7 743,4 610,7 191,8 437,4
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2013 CLAIMS FUND YEAR 2014 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2013 CLAIMS	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 25,082 (20,266) 16,107 574	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266) 16,107 574	7,800 13,758 (1,277) 54,224 407,116 156,129 200,974 (22,641) 741,578 605,628 212,135 421,387 (41,667)	8,0 11,3 (1,1 54,3 436,2 128,7 199,2 (20,7 743,4 610,7 191,8 437,4 (41,0
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2013 CLAIMS FUND YEAR 2014 Paid Claims Case Reserves IBNR DISCOUNTED CLAIMS	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266) 16,107	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266) 16,107	7,800 13,758 (1,277) 54,224 407,116 156,129 200,974 (22,641) 741,578 605,628 212,135 421,387	8,0 11,3 (1,1 54,3 436,2 128,7 199,2 (20,7 743,4 610,7 191,8 437,4
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2013 CLAIMS FUND YEAR 2014 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2013 CLAIMS	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 25,082 (20,266) 16,107 574	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266) 16,107 574	7,800 13,758 (1,277) 54,224 407,116 156,129 200,974 (22,641) 741,578 605,628 212,135 421,387 (41,667)	8,0 11,3 (1,1 54,3 436,2 128,7 199,2 (20,7 743,4 610,7 191,8 437,4 (41,0
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2013 CLAIMS FUND YEAR 2014 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2014 CLAIMS	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 25,082 (20,266) 16,107 574	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266) 16,107 574	7,800 13,758 (1,277) 54,224 407,116 156,129 200,974 (22,641) 741,578 605,628 212,135 421,387 (41,667)	8,0 11,3 (1,1 54,3 436,2 128,7 199,2 (20,7 743,4 610,7 191,8 437,4 (41,0
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2013 CLAIMS FUND YEAR 2014 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2014 CLAIMS FUND YEAR 2014 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2014 CLAIMS	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266) 16,107 574 1,497	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266) 16,107 574 1,497	7,800 13,758 (1,277) 54,224 407,116 156,129 200,974 (22,641) 741,578 605,628 212,135 421,387 (41,667)	8,0 11,3 (1,1 54,3 436,2 128,7 199,2 (20,7 743,4 610,7 191,8 437,4 (41,0
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2013 CLAIMS FUND YEAR 2014 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2014 CLAIMS FUND YEAR 2014 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2014 CLAIMS FUND YEAR 2015 Paid Claims	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266) 16,107 574 1,497	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266) 16,107 574 1,497	7,800 13,758 (1,277) 54,224 407,116 156,129 200,974 (22,641) 741,578 605,628 212,135 421,387 (41,667)	8,0 11,5 (1,1 54,3 436,2 128,7 199,2 (20,7 743,4 610,7 191,8 437,4 (41,0 1,198,9
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2013 CLAIMS FUND YEAR 2014 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2014 CLAIMS FUND YEAR 2015 Paid Claims Case Reserves Case Reserves Case Reserves Case Reserves Case Reserves Case Reserves	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266) 16,107 574 1,497	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266) 16,107 574 1,497 270 17,999	7,800 13,758 (1,277) 54,224 407,116 156,129 200,974 (22,641) 741,578 605,628 212,135 421,387 (41,667)	8,0 11,5 (1,1 54,3 436,2 128,7 199,2 (20,7 743,4 610,7 191,8 437,4 (41,0 1,198,9
	FUND YEAR 2012 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2012 CLAIMS FUND YEAR 2013 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2013 CLAIMS FUND YEAR 2014 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2014 CLAIMS FUND YEAR 2015 Paid Claims Case Reserves IBNR Discounted Claim Value TOTAL FY 2014 CLAIMS	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266) 16,107 574 1,497 270 17,999 95,040	208 (2,426) 170 169 29,132 (27,384) (1,748) 1,870 1,870 5,082 (20,266) 16,107 574 1,497 270 17,999 95,040	7,800 13,758 (1,277) 54,224 407,116 156,129 200,974 (22,641) 741,578 605,628 212,135 421,387 (41,667)	8,6 11,5 (1,1) 54,6 436,7 128,1 199,1 (20,1) 743,4 610,1 191,8 437,1 (41,0 1,198,5

This report is based upon information which has not been audited nor certified by an actuary and as such may not truly represent the condition of the fund.

			OUNTIES EXCESS JIF		
			AST TRACK REPORT		
		AS OF			
			RS COMBINED		
		THIS MONTH	YTD CHANGE	PRIOR	FUND BALANCE
_		MINOMIA	CHANGE	YEAR END	BALANCE
1.	UNDERWRITING INCOME	1,560,185	18,722,320	36,221,905	54,944,225
2.	CLAIM EXPENSES				
	Paid Claims	107,150	175,433	236,073	411,506
	Case Reserves	(152,578)	(76,460)	759,995	683,535
	IBNR	179,314	2,516,027	5,913,932	8,429,959
	Discounted Claim Value	313,855	(74,514)	(1,115,267)	(1,189,781
3.	TOTAL CLAIMS	447,741	2,540,486	5,794,733	8,335,219
5.	EXPENSES Freedes Promitums	1 070 764	12 207 210	22 442 950	26.750.160
	Excess Premiums Administrative	1,070,764	13,307,318	23,442,850	36,750,168
	TOTAL EXPENSES	104,042 1,174,806	1,365,683 14,673,001	2,715,194 26,158,044	4,080,877
1.	UNDERWRITING PROFIT (1-2-3)	(62,363)	1,508,834	4,269,128	5,777,962
5.	INVESTMENT INCOME	2,628	27,743	124,802	152,545
). 5.	STATUTORY PROFIT (4+5)	(59,735)	1,536,577	4,393,930	5,930,506
7.		(59,753)	1,330,377	607,551	607,551
8.	STATUTORY SURPLUS (6-7)	(59,735)	1,536,577	3,786,379	5,322,959
	, ,	(33,733)	2,550,511	3,700,373	J, JEE, JJ.
٥U	RPLUS (DEFICITS) BY FUND YEAR				
	2010	(7,446)	(61,480)	741,645	680,166
	2011	(18,923)	25,942	968,813	994,750
	2012	(76,709)	106,970	715,685	822,655
	2013	(89,730)	(49,529)	1,360,235	1,310,70
	2014	133,073	1,514,673	2/300/233	1,514,67
ГС	TAL SURPLUS (DEFICITS)	(59,735)	1,536,577	3,786,379	5,322,950
	TAL CASH	(22), 22)	2,000,011	2,7.22,2.2	13,038,229
۲ı	AIM ANALYSIS BY FUND YEAR				
	FUND YEAR 2010 Paid Claims	106,500	142 105	0	142,195
	Case Reserves	(159,838)	142,195 24,079	6	24,085
	IBNR	18,337	(136,275)	599,994	463,719
	Discounted Claim Value	42,721	34,716	(76,200)	(41,484
	TOTAL FY 2010 CLAIMS	7.720	64,715	523,800	588,519
		7,720	04,713	323,000	300,31
	FUND YEAR 2011 Paid Claims	0	4,344	120.752	144,097
	Case Reserves	0	(107,592)	139,753 110,263	2,67
	IBNR	(30,000)	13,248	1,099,984	1,113,232
	Discounted Claim Value	49,367	69,253	(190,876)	(121,62
	TOTAL FY 2011 CLAIMS	19,367	(20,747)	1,159,124	1,138,377
		15,507	(20,747)	1,133,124	1,130,377
	FUND YEAR 2012	650	28,893	06 220	125 21
	Paid Claims Case Reserves	4,351	3,991	96,320 649,704	125,213
	IBNR	(5,001)	(282,885)		653,695 1,521,093
	Discounted Claim Value	77,323	150,253	1,803,976 (390,771)	(240,518
	TOTAL FY 2012 CLAIMS	77,323	(99,748)	2,159,229	2,059,483
	FUND YEAR 2013	77,323	(55,745)	2,133,223	£,000,40.
	Paid Claims	0	0	0	
	Case Reserves	2,001	2,003	22	2,025
	IBNR	(2,002)	(87,003)	2,409,978	2,322,97
	Discounted Claim Value	97,451	145,795	(457,420)	(311,62
	TOTAL FY 2013 CLAIMS	97,451	60,795	1,952,580	2,013,37
		37,430	30,793	1,552,560	2,013,37
	FUND YEAR 2014	0	0		
	Paid Claims Case Reserves	908	1,058		
	IBNR	197,980	3,008,942		1,058 3,008,942
	Discounted Claim Value	46,993	(474,530)		(474,530
	TOTAL FY 2014 CLAIMS	245,881	2,535,470	0	2,535,470
_				-	
CC	IMBINED TOTAL CLAIMS	447,741	2,540,486	5,794,733	8,335,219

Cumberland County Insurance Commission Certificate Of Insurance Monthly Report

From 1/30/2015 To 3/25/2015

Holder (H) / Insured Name (I)	-	Holder Code	Description of Operations	Issue Date	Coverag
CUIC H- Evidence of Insurance I- Cumberland County	790 East Commerce St Bridgeton, NJ 08302	377	Evidence of insurance. All operations usual to County Governmental Entity. (see page 2)	2/9/2015	5 GL EX AU WC
			Company E: XS Worker Compensation Statutory x \$ XS Employers Liability \$5,000,000 a Policy Term 1/1/15 to 1/1/16 Policy # SP40523	x \$1,000,000	
H- Evidence of Insurance I- Cumberland County	790 East Commerce St Bridgeton, NJ 08302	377	Evidence of insurance. All operations usual to County Governmental Entity. (see page 2)	2/9/2015	GL EX AU WC
			Company E: XS Worker Compensation Statutory x \$ XS Employers Liability \$5,000,000 a Policy Term 1/1/15 to 1/1/16 Policy # SP40523	x \$1,000,000	
H- State of New Jersey	Department of Environmental Protection P.O. Box 400 Trenton, NJ 08625	521	Evidence of Insurance. All operations usual to County Gove Entity as respects to the following equipment: 2002 Low Gro	und	015 PR
I- Cumberland County	790 East Commerce St Bridgeton, NJ 08302		Pressure Hydraulic Excavator, 1995 Turbine Sprayer (Buffal Polaris Ranger ATV, 2004 Load Rite Trailer, 2004 Low Temperature Freezer.	o), 2003	
H- Miller Auto Leasing dba	Miller Truck Leasing Co PO Box 619 Lumberton, NJ 08048	J 566	Certificate holder is additional insured and loss payee when obligated by virtue of a written contract or written mutual aid	e 2/2/2015	5 AU EX PHYS
I- Cumberland County	790 East Commerce St Bridgeton, NJ 08302		agreement or other written agreement with the Named Assu only in respect to acts or operations by or on behalf of the N Assured, and subject to the limitations on coverage containe such written contract or written mutual aid agreement or othe written agreement (see page 2) with respects to all leased	amed ed in any er	stituted vehicles.
H- County of Gloucester WC	Board of Chosen Freeholders It's Department &	726	Evidence of insurance. All operations usual to County Gover	nmental 1/30/2	2015 GL EX AU
WC	Agencies et al PO Box 337 Woodbury, NJ 08096		Entity as respects to the shared services agreement. (SEE	PAGE 2)	
I- Cumberland County	790 East Commerce St Bridgeton, NJ 08302				
			Company E: XS Worker Compensation Statutory x \$ XS Employers Liability \$5,000,000 \$ Policy Term 1/1/15 to 1/1/16 Policy # SP40523	¢ \$1,000,000	
H- Cumberland County College I- Cumberland County	PO Box 1500 Vineland, NJ 08360 790 East Commerce St Bridgeton, NJ 08302	738	Certificate holder is additional insured where obligated by virus written contract or written mutual aid agreement or other writen agreement with the Named Assured, but only in respect to a operations by or on behalf of the Named Assured, and subjections.	itten cts or	015 GL EX AU WC

limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement as respects the use of facilities through 2015.

Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392

H- Bridgeton Board of Education I- Cumberland County	PO Box 657 Bridgeton, NJ 08302 790 East Commerce St Bridgeton, NJ 08302	744	Evidence of insurance. All operations usual to County 3/3/2015 GL EX AU WC Governmental Entity as respects to use of facilities for training. CLD
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- City of Bridgeton Fire and Rescue I- Cumberland County	181 E. Commerce Street Bridgeton, NJ 08302 790 East Commerce St Bridgeton, NJ 08302	745	Evidence of insurance. All operations usual to County 3/3/2015 GL EX AU WC Governmental Entity as respects to use of facilities for training. CLD
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- Cumberland County College	Conference & Events Center PO Box 1500	815	Certificate holder is additional insured where obligated by virtue of a1/30/2015 GL EX AU WC
I- Cumberland County	Vineland, NJ 08360 790 East Commerce St Bridgeton, NJ 08302		written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement as respects for all meetings and events held under the Human Services Department throughout 2015.
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- Cumberland County Health Department I- Cumberland County	309 Buck Street Milville, NJ 08332 790 East Commerce St Bridgeton, NJ 08302	817	Evidence of insurance. All operations usual to County 1/30/2015 GL EX AU WC Governmental Entity. (SEE PAGE 2)
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- County of Gloucester, Board of Chosen Freeholders, I- Cumberland County	It's Department & Agencies, etal P.O. Box 337 Woodbury, NJ 08096 790 East Commerce St Bridgeton, NJ 08302	821	Certificate holder is additional insured where obligated by virtue of a1/30/2015 GL EX AU WC written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement with respects to the Provision of Adult Inmate Facilities Contract.
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000

Policy Term 1/1/15 to 1/1/16 Policy # SP4052392

H- Cumberland County Intoxicated Driver Resource MM	The Southwest Council Inc. 1405 N. Delsea Drive	865	Evidence of insurance. All operations usual to County Governmental 1/30/2015 GL AU EX
Center I- Cumberland County	Vineland, NJ 08360 790 East Commerce St Bridgeton, NJ 08302		Entity. Locations: The Southwest Council Inc., 1405 N. Delsea Drive, Vineland, NJ 08360 (SEE PAGE 2)
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- Cumberland County Intoxicated Driver Resource WC	The Southwest Council Inc. 1405 N. Delsea Drive	865	Evidence of insurance. All operations usual to County Governmental 1/30/2015 GL EX AU
Center I- Cumberland County	Vineland, NJ 08360 790 East Commerce St Bridgeton, NJ 08302		Entity. Locations: The Southwest Council Inc., 1405 N. Delsea Drive, Vineland, NJ 08360 (SEE PAGE 2)
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- Cumberland County Intoxicated Driver Resource WC	The Southwest Council Inc. 1405 N. Delsea Drive	865	Evidence of insurance. All operations usual to County Governmental 1/30/2015 GL EX AU
Center I- Cumberland County	Vineland, NJ 08360 790 East Commerce St Bridgeton, NJ 08302		Entity. Locations: 72 N. Pearl Street, Bridgeton NJ & 629 Wood Street, Vineland, NJ 08360 (SEE PAGE 2)
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- Cumberland County Intoxicated Driver Resource Center I- Cumberland County	The Southwest Council Inc. 1405 N. Delsea Drive Vineland, NJ 08360 790 East Commerce St Bridgeton, NJ 08302	865	Evidence of insurance. All operations usual to County Governmental 2/2/2015 OTH Entity. Locations: 72 N. Pearl Street, Bridgeton, NJ & 629 Wood Street, Vineland, NJ 08360. (SEE PAGE 2)
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
 H- Cumberland County Intoxicated Driver Resource Center I- Cumberland County 	The Southwest Council Inc. 1405 N. Delsea Drive Vineland, NJ 08360 790 East Commerce St Bridgeton, NJ 08302	865	Evidence of insurance as respects the Cumberland County Department of Human Services' operations at 72 N. Pearl Street, Bridgeton, NJ 08360. Cumberland County has a \$50,000 SIR on GL/Professional Limits: Professional - \$20,000,000 each medical incident, GL - \$20,000,000 each occurrence, General Aggregate - \$20,000,000
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- Cumberland County Intoxicated Driver Resource EPL	The Southwest Council Inc. 1405 N. Delsea Drive	865	Evidence of insurance. All operations usual to County Governmental 2/2/2015 POL
Center I- Cumberland County	Vineland, NJ 08360 790 East Commerce St Bridgeton, NJ 08302		Entity. Locations: 72 N. Pearl Street, Bridgeton, NJ & 629 Wood Street, Vineland, NJ 08360. (SEE PAGE 2)
10 I D o g o			

H- Cumberland County Intoxicated Driver Resource Center I- Cumberland County	e The Southwest Council Inc. 1405 N. Delsea Drive 868 Vineland, NJ 08360 790 East Commerce St Bridgeton, NJ 08302	Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392 Evidence of insurance as respects the Cumberland County 2/2/2015 OTH Department of Human Services' operations at 72 N. Pearl Street, Bridgeton, NJ 08360. Cumberland County has a \$50,000 SIR on GL/Professional Limits: Professional - \$20,000,000 each medical incident, GL - \$20,000,000 each occurrence, General Aggregate - \$20,000,000 Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- NJ Department of Human Services AU WC	Division of Human Services Attn: Joseph Amoroso PO 922	2 Certificate holder is additional insured where obligated by virtue of a1/30/2015 GL EX
I- Cumberland County	Box 705 Trenton, NJ 08625 790 East Commerce St Bridgeton, NJ 08302	written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement (SEE PAGE 2)
		with regard to Personal Assistance Services Program, Contract #15DOFS.
		Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- Vineland Police Department I- Cumberland County	Attn: Lt. Adam Austino / Training Academy 111 N. 6th Street Vineland, NJ 08360 790 East Commerce St Bridgeton, NJ 08302	Certificate holder is additional insured where obligated by virtue of a1/30/2015 GL EX AU WC written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement regarding use of holder's fire range throughout the year.
		Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- Evidence of Insurance I- Cumberland County	106 790 East Commerce St Bridgeton, NJ 08302	0 Evidence of Insurance. 2/9/2015 GL EX
	•	Company D: XS Liability \$10,000,000 XS of \$10,000,000, (\$10,000,000 Annual Aggregate) Policy Term: 1/1/15
		to 1/1/16 Policy # XCO0000261
		Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- State of New Jersey	PO Box 362 Trenton, NJ 08625 106	3 Evidence of Insurance. All operations usual to County Governmental 1/30/2015 GL EX AU

WC I- Cumberland County	790 East Commerce St Bridgeton, NJ 08302		Entity. (See page 2)
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- County of Gloucester I- Cumberland County	2 South Broad Street Woodbury, NJ 08096 790 East Commerce St Bridgeton, NJ 08302	1093	Certificate holder is additional insured where obligated by virtue of a1/30/2015 GL EX AU WC written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement with respects to the shared services agreement for housing juveniles from Gloucester County in the Cumberland County Juvenile Detention Center.
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- Miller Auto Lease I- Cumberland County Board of Social Services	PO Box 4826 Timonium, MD 21094-4826 275 North Delsea Dr Vineland, NJ 08360	1109	Certificate holder is additional insured and loss payee where obligated by virtue of a written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement with respects to 2014 Ford E150, 1FTNE1EW8ED59064/Lease # 9084
H- Landis Sewage Authority I- Cumberland County Improvement Authority	1776 South Mill Road Vineland, NJ 08360 2 North High St Millville, NJ 08332	1309	Certificate holder is additional insured where obligated by virtue of a2/5/2015GL EX AU WC written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement. As respects picking up recycling and trash.
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- Cumberland County Improvement Authority I- Cumberland County	2 North High Street Millville, NJ 08332 790 East Commerce St Bridgeton, NJ 08302	1472	Certificate holder is additional insured where obligated by virtue of a2/5/2015GL EX AU WC written contract or written mutual aid agreement or other written agreement with the Named Assured, but only in respect to acts or operations by or on behalf of the Named Assured, and subject to the limitations on coverage contained in any such written contract or written mutual aid agreement or other written agreement As respects the lease agreement for location: 275 North Delsea Drive, Vineland, NJ 08360.
			Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392
H- True & Associates I- Cumberland County	325 North Ave East Westfield, NJ 07090 790 East Commerce St Bridgeton, NJ 08302	1473	Evidence of insurance. All operations usual to County 2/9/2015 OTH Governmental Entity.

Company D: XS Liability \$10,000,000 XS of \$10,000,000, (\$10,000,000 Annual Aggregate)
Policy Term: 1/1/15 to 1/1/16 Policy # XCO0000261

Company E: XS Worker Compensation Statutory x \$1,000,000 XS Employers Liability \$5,000,000 x \$1,000,000 Policy Term 1/1/15 to 1/1/16 Policy # SP4052392

H- United Healthcare Community Plan I- Cumberland County

333 Thornall Street 9th Floor Edison, NJ 08837 790 East Commerce St Bridgeton, NJ 08302

1482

Evidence of insurance. All operations usual to County 3/3/2015 GL EX Governmental Entity as respects the Office of Aging delivering food to people in their homes.

Total # of Holders = 28

RESOLUTION NO. 17 – 15

CUMBERLAND COUNTY INSURANCE COMMISSION BILLS LIST – APRIL 2015

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 2015

<u>CheckNumber</u>	<u>VendorName</u>	Comment	<u>InvoiceAmount</u>
000017			
000017	INSERVCO INSURANCE SERVICES	CLAIMS ADMIN - 03/2015	4,666.66
000017	INSERVCO INSURANCE SERVICES	CLAIMS ADMIN - 01/2015	4,666.66
000017	INSERVCO INSURANCE SERVICES	CLAIMS ADMIN - 02/2015	4,666.66
			13,999.98
000018			
000018	SAFETYFIRST SYSTEMS	RENEWAL MONITORING SERVICE - 3/2015	2,744.00
			2,744.00

TOTAL PAYMENTS FY 2015 16,743.98

TOTAL PAYMENTS ALL FUND YEARS \$ 16,743.98

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



CUMBERLAND COUNTY INSURANCE COMMISSION SAFETY DIRECTOR'S REPORT

TO: Fund Commissioners

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

DATE: March 26, 2015

December – February 2015 RISK CONTROL ACTIVITIES

MEETINGS ATTENDED / LOSS CONTROL VISITS CONDUCTED

• **February 5:** Attended the CUIC meeting in Bridgeton.

• **February 10:** Attended the CUIC Safety Committee meeting in Bridgeton.

• February 17: Attended the CUIC Claims Committee meeting in Bridgeton.

UPCOMING MEETINGS / LOSS CONTROL VISITS PLANNED

April 2: Plan to attend the CUIC meeting in Bridgeton.

April 14: Plan to attend the CUIC Safety Committee meeting in Bridgeton/

April 21: Plan to attend the CUIC Claims Committee meeting in Bridgeton.

TRAINING CONDUCTED AND SCHEDULED (FEBRUARY-APRIL)

DATE	LOCATION	TOPIC	TIME
2/2/15	CUIC -CUIA	CDL-Drivers Safety Regulations	8:00 - 10:00 am
2/2/15	CUIC -CUIA	Hearing Conservation	10:15 - 11:15 am
2/2/15	CUIC -CUIA	Back Safety / Material Handling	11:15 - 12:15 pm
2/5/15	CUIC -CUIA	HazMat Awareness w/HazCom GHS	8:30 - 11:30 am
2/20/15	CUIC -CUIA	Sanitation / Recycling Safety	8:00 - 10:00 am
2/20/15	CUIC -CUIA	Fire Safety	10:15 - 11:15 am
2/20/15	CUIC -CUIA	Fire Extinguisher	11:15 - 12:15 pm
2/27/15	CUIC - CUIA	Sanitation / Recycling Safety	8:00 - 10:00 am
2/27/15	CUIC - CUIA	Fire Safety	10:15 - 11:15 am
2/27/15	CUIC - CUIA	Fire Extinguisher	11:15 - 12:15 pm

3/2/15	CUIC - CUIA	CMVO	8:00 - 12:00 pm
3/9/15	CUIC - CUIA	Hazard ID: Making Your Observation Count	8:00 - 10:00 am
3/9/15	CUIC - CUIA	LOTO	10:15 - 12:15 pm
3/9/15	CUIC - CUIA	HazCom w-GHS	1:15 - 2:45 pm
3/11/15	CUIC - CUIA	Office Safety	8:00 - 10:00 am
3/11/15	CUIC - CUIA	Fire Safety	10:15 - 11:15 am
3/11/15	CUIC - CUIA	Fire Extinguisher	11:15 - 12:15 pm
3/13/15	CUIC - CUIA	Shop & Tool Safety	10:15 - 11:15 am
3/13/15	CUIC - CUIA	BBP	11:15 - 12:15 pm
3/17/15	CUIC - CUIA	CDL-Drivers Safety Regulations	8:00 - 10:00 am
3/17/15	CUIC - CUIA	Hearing Conservation	10:15 - 11:15 am
3/17/15	CUIC - CUIA	Back Safety / Material Handling	11:15 - 12:15 pm
3/26/15	CUIC - CUIA	PPE	8:00 - 10:00 am
3/26/15	CUIC - CUIA	Confined Space Awareness	10:15 - 11:15 am
3/26/15	CUIC - CUIA	BBP	11:15 - 12:15 pm
3/30/15	CUIC - CUIA	HazMat Awareness w/HazCom GHS	8:30 - 11:30 am
4/6/15	CUIC - CUIA	Excavation/Trenching/Shoring	8:00 - 12:00 pm
4/7/15	CUIC - CUIA	CMVO	8:00 - 12:00 pm
4/8/15	CUIC - CUIA	Excavation/Trenching/Shoring	8:00 - 12:00 pm

SAFETY DIRECTOR'S BULLETINS & SAFETY ANNOUNCEMENTS

Police Safety In and Around Patrol Vehicle – March 12

CEL VIDEO LIBRARY

CUIC - CEL Media Library usage:

<u>2014</u>

MONTH	# of Videos
January	6
February	14
March	5
April	3
May	6
June	3
July	1
August	2
September	2
November	4
December	0

<u>2015</u>

MONTH	# of Videos
January	1
February	5
March	1

TAKE CHARGE OF YOUR SAFETY IN AND AROUND YOUR PATROL VEHICLE

Motor vehicle events, including crashes and being struck by vehicles while outside your patrol car, are the leading cause of death among law enforcement officers. There are five simple things you can do to take control of your safety inside and outside of the patrol car. Encourage your fellow officers to do the same so that everyone goes home at the end of the shift.



1 Wear Your Seat Belt

Seat belts save 13,000 lives every year. Buckle up on every drive, every time. Encourage other officers to do the same.



2 Avoid Distracted Driving

While you can't eliminate all distractions in your patrol car, consider eliminating cell phone and mobile data terminal use during lights and siren responses.



3 Wear Your Reflective Gear

Wear a reflective vest or jacket when working around traffic while outside your patrol car. This makes you more visible to motorists. Keep your vest in your gear bag for easy access.



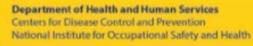
4 Attend Motor Vehicle Training

Update your motor vehicle training regularly. If not provided by your agency, request training funds to attend outside training or look for free training through various organizations.



5 Know Your Agency's Policy

Review your agency's motor-vehicle G.O. or S.O.P. Talk to your leadership about updating these policies to include speed caps, cell phone and mobile data terminal restrictions, as well as seat belt requirements.









DHHS (NIOSH) Publication No. 2015-109

Safety and Accident Review Committee Meeting Minutes December 9, 2014 10:00 AM In-Person and via Teleconference

 Call to Order – Craig Atkinson, Chairman Mr. Atkinson called the meeting to order at 10:05 am.

II. Roll Call

Committee Members:	Member	Present / Absent
Craig Atkinson	Cumberland County Insurance Commission (Chair)	Present
Barbara Fowler	Cumberland County - County Clerk's Office	Absent
Barbara Nedohon	Cumberland County - Aging/Administration	Present
Barbara Young	Cumberland County - Human Services/Alcohol	Absent
Richard Necelis	Cumberland County - Prosecutor/Administration	Present
Elizabeth Hoffman	Cumberland County - Sheriff's Office	Absent
Megan Sheppard	Cumberland County – Health Department	Absent
Ginger Supernavage	Cumberland County - Office of Employment/Training	Present
Henrietta Barreras	Cumberland County - Human Resources	Present
James Matlock	Cumberland County - Emergency Services & Public Protection	Present
Rich Lupson	Cumberland County – Buildings & Grounds	Absent
Warden Robert Balicki	Cumberland County – Corrections Facility	Present
Theresa VanSant	Cumberland County – CATS	Present
Veronica Surrency (A:10:15ar	n)Cumberland County - Juvenile Detention Center	Present
Kevin McGahey	Cumberland County – Purchasing	Absent
Tammy Commander	Cumberland County – 4 –H Extension	Present
John Knoop	Cumberland County - County Engineer/Public Works	Present
James Neher	Cumberland County – Public Works	Absent
Craig Truitt	Cumberland County Improvement Authority	Present
Betty Rodriquez	Cumberland County Board of Social Services	Absent
Steven Errickson	Cumberland County Utilities Authority	Absent
A Manuscriptor .		
Alternates: Dawn Bowen	Cumbed and County Engage Services & Dublic Destration	Absent
Renee Whilden	Cumberland County – Emergency Services & Public Protection	
	Cumberland County – Corrections Facility	Present
Tara Butler	Cumberland County – Juvenile Detention Center	Absent
Gloria Noto	Cumberland County – County Clerk's Office	Absent
Noah Hetzell	Cumberland County - Department of Health	Present
Ryan Feaster	Cumberland County – Office of Employment/ Training	Present
Craig Johnson	Cumberland County – Sheriff's Office	Absent
Kim Wood (A:10:16am)	Cumberland County – Deputy Administrator	Present
Commission Professionals:		
Brad Stokes	Executive Director	Absent
Joseph Porch	Executive Director	Present
Glenn Prince	NJCEL Safety Director / JA Montgomery	Present
Karen Read	PERMA	Absent
Bonnie Ridolfino	RMC / Hardenbergh Insurance Group	Present
Christina Violetti	RMC / Hardenbergh Insurance Group	Present - Phone

Mr. Atkinson began by introducing Heather Lindstrom and Mark Worden. Ms. Lindstrom is the Director and Mr. Warden is the case manager from Occupational Health Services for Inspira Medical Center. Ms. Lindstrom and Mr. Worden spoke regarding their roles in the organization.

III. Approval of the 10/14/14 Safety and Accident Review Committee Meeting Minutes Motion to approve the 10/14/14 Safety and Accident Review Committee Meeting Minutes.

Moved: James Matlock Seconded: Barbara Nedohon

Vote: Aye: Unanimous Nay: 0 Abstentions: 0

IV. Chairman's Report - Craig Atkinson

The Chairman gave a review of the County's Accident Statistics for the period of January through November of 2014.

Mr. Atkinson gave an update on the work conditioning program for the jail. The new program is up and running and showing positive results. There are two fitness evaluations in place to ensure that the recruits can pass the tests. Additionally, two running clinics have been set up to improve the times on the distance run. The Academy starts January 12th with an expectation of improved percentage of graduates within the current class due to the program.

Next, he advised that Med Express can be utilized for Workers' Compensation injuries. He has met with the new director and all paperwork is submitted.

Lastly, the Chairman spoke of the conferences and seminars he had attended since the last meeting.

V. Risk Management Consultant's Report

Ms. Ridolfino began by proposing the approval of the new meeting schedule for 2015. The Committee approved the presented schedule.

She advised of a free seminar for Right to Know training which can be conducted if any departments were interested.

Ms. Ridolfino commented that the Commission introduced it's 2015 budget on 12/4/14. The budget had a 2% increase for claim expenses which is an indication that all members safety efforts are having a positive result on the Commission's claims experience.

Lastly, she requested any changes to the members on the Committee for 2015 be submitted directly to her.

VI. NJ CEL Safety Director's Report

Mr. Prince stated that the 2015 training catalog has been issued. He also advised that custom training programs can be created to meet a department's specific needs. Lastly, he encouraged the members to use the media library.

- VII. Presentation of Supervisor's Accident Investigation Forms for Review Chairman Atkinson The following accident investigation forms were reviewed:
 - A. Department: Roads & Bridges Date of Injury: 10/3/14 Type: Poison Ivy on arms, chest and face The Committee reviewed the Accident Investigation and determined the accident could have been prevented by being more aware of surroundings.
 - B. Department: Emergency Services Date of Injury: 10/7/14 Type: Extinguisher discharged The Committee reviewed the Accident Investigation and determined the accident could have been prevented by wearing the proper protective equipment.
 - C. Department: Roads & Bridges Date of Injury: 10/9/14 Type: Shutting down chainsaw, cut left leg The Committee reviewed the Accident Investigation and determined the accident could have been prevented by wearing the proper protective equipment.
 - D. Department: CATS Date of Injury: 10/14/14 Type: Tying down wheelchair, twisted knee The Committee reviewed the Accident Investigation and determined no recommendations were to be made.
 - E. Department: CATS Date of Injury: 10/17/14 Type: Exiting bus, felt pain in right foot The Committee reviewed the Accident Investigation and determined no recommendations were to be made.

- F. Department: Corrections Date of Injury: 10/22/14 Type: Tripped and hit right shoulder on wall The Committee reviewed the Accident Investigation and determined no recommendations were to be made.
- G. Department: Sheriff's Dept. Date of Injury: 10/24/14 Type: Struggling with inmate, pain in shoulder The Committee reviewed the Accident Investigation and determined no recommendations were to be made.
- H. Department: Sheriff's Dept. Date of Injury: 10/24/14 Type: Fingers caught in inmate's shackles. The Committee reviewed the Accident Investigation and determined no recommendations were to be made.
- Department: Sheriff's Dept. Date of Injury: 10/28/14 Type: Cut & bruised arm on suspects window.
 The Committee reviewed the Accident Investigation and determined no recommendations were to be made.
- J. Department: Corrections Date of Injury: 11/10/14 Type: Slammed right thumb in door The Committee reviewed the Accident Investigation and determined the accident could have been prevented by being careful when closing doors.
- K. Department: CATS Date of Injury: 11/14/14 Type: Hit head on latch when entering bus The Committee reviewed the Accident Investigation and determined no recommendations were to be made.
- L. Department: Roads & Bridges Date of Injury: 11/24/14 Type: Pry bar hit top of head The Committee reviewed the Accident Investigation and determined the accident could have been prevented by advising employees not to put body near the pry bar.
- M. Department: CCIA Date of Injury: 11/24/14 Type: Motor vehicle collision
 The Committee reviewed the Accident Investigation and determined no recommendations were to be made.
- N. Department: Corrections Date of Injury: 11/25/14 Type: Cell door shut on right hand The Committee reviewed the Accident Investigation and determined no recommendations were to be made. It was acknowledged that the Sheriff will look into installing cameras.
- IX. Old Business

There was no old business.

X. New Business

Warden Balicki stated the elevators were not working in the jail for two months. He indicated this created a hazard for staff carrying meals up and down the stairs. He hopes that in the future if the elevators are inoperable they will be repaired sooner.

He also spoke of a special cel extraction team. They were trained and certified by current and retired State trainers to learn techniques to improve performance.

Lastly he advised that training was being conducted with the local law enforcement at the jail on emergency action procedures in the event an emergency arises at the facility. He advised the Committee that several officers recently participated in Hostage Training.

XI. Adjournment

Motion to adjourn the meeting.

Moved: Ryan Feaster

Seconded: Barbara Nedohon

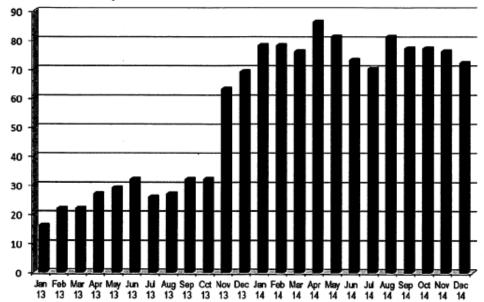
Vote: Aye: Unanimous Nay: 0 Abstentions: 0

The meeting was adjourned at 10:46 am.

BOARD PACKET SUMMARY April 2, 2015

As of December 31st, 2014 there were 72 open claims. The prior month of November 2014 had 76 open claims. As of December 31st, 2013 there were 69 open claims. April of 2014 had the highest open claim count by month over the last two year period with 86 open claims. See the chart below for the two year rolling detail of open claims.

CCIC Open Claims as of Month End





The next charts display the open claims by member for Workers Comp and Multi Line claims. Cumberland County carries the highest incurred and claim counts for both Workers Comp and Multi Line claims.

CCIC WC Open Claim Counts by Member as of December 31, 2014

As of Date	Account Number	Member Name	Incurred Amount	Claim Count
12/31/2014	377	Cumberland County	\$482,835.42	31
12/31/2014	377	CCIA	\$29,161.25	3
12/31/2014	377	CC Utilities Authority	\$14,420.35	1
12/31/2014	377	CCBOSS	\$5,982.81	2

CCIC Multi Line Open Claim Counts by Member as of December 31, 2014

As of Date	Account Number	Member Name	Incurred Amount	Claim Count
12/31/2014	377	Cumberland County	\$187,400.76	31
12/31/2014	377	CCIA	\$19,121.70	3
12/31/2014	377	CCBOSS	\$2,500.00	1



The number of new claims reported for the three months of this reporting period was 19 in October, 8 in November, and 18 in December. The six month rolling average is 16 new claims per month. New claims reported are typically higher in the summer months.

We have listed in the chart below the 24 month average paid figures to compare to the months of October, November and December.

CCIC Paid Amounts b	y Month
----------------------------	---------

	Oct 14			Nov 14 Dec		4	24 Month Total	24 Month Average
	D entries	paid	2 entries	paid	# entries	pald	Peld	Pald
Auto Liability	0	\$0.00	0	\$0.00	Ď	\$0.00	\$18,134.29	\$755.60
Auto Physical Damage	6	\$44,271.06	2	\$5,095.00	4	\$7,051.20	\$81,999.81	\$3,416.66
General Liability		\$2,529.68	0	\$0.00	0	\$0.00	\$8,127.80	\$338.66
Property	1	\$5,882.70	0	\$0,00	4	\$98,434.42	\$329,683.90	\$13,745.16
Workers Comp	56	\$21,848.40	104	\$29,213,99	101	\$65,732.84	\$804,188.21	\$25,174.43
Yotal Month	95	\$74,631,24	106	\$34,308,99	109	\$171,218,45	\$1,042,332.01	\$43,430,50

Closed as of end of month Total O/S Reserves	267 344	276 362	296 370
Open as of end of month Closed as of end of month	77 267	76 276	72 298
New in month	19	8	18



The Outstanding Reserves by Policy Period report included below displays a three month detail of the outstanding reserves by policy period for Workers Comp and Multi Line claims. A key shows increases or decreases of greater than \$20,000.00 from month to month.

CCIC WC Outstanding Reserves by Policy Period

Policy Year	As of 10/31/14	As of 11/30/14	As of 12/31/14
1/1/14-12/31/14	\$150,498.12 △	\$155,391.91 \(\triangle \)	\$147,705.80 △
1/1/13-12/31/13	\$32,274.51 △	\$33,003.96 \(\triangle \)	\$122,629.07 ❖
1/1/12-12/31/12	\$6,800.00 △	\$6,800.00 \(\triangle \)	\$6,800.00 △
TOTAL	\$189,572,63 △	\$195,195,87 \(\triangle \)	\$277,134.87 ❖
Increase/(Decrease)	(\$17,233,10)	\$5,623.24	\$81 939 00

Legend

- Decrease > \$20,000

△ - Increase and Decrease < \$20,000</p>

CCIC Multi Line Outstanding Reserves by Policy Period

Policy Year	As of 10/31/14	As of 11/30/14	As of 12/31/14
1/1/14-12/31/14	\$100,574.98 @	\$98,574.98 \(\triangle \)	\$64,429.06 @
1/1/13-12/31/13	\$36,600.00 \(\triangle \)	\$33,600.00 \(\triangle \)	\$33,500.00 \(\triangle\$
1/1/12-12/31/12	\$0.00 \(\triangle \)	\$0.00 \(\triangle \)	\$1,000.00 \(\triangle\$
TOTAL	\$137,174.98 \(\triangle \)	\$132,174.98 \(\triangle \)	\$98,929.06 @
Increase/(Decrease)	(\$51,203.64)	(\$5,000,00)	(\$33,245,92)

Legend

- Decrease > \$20,000

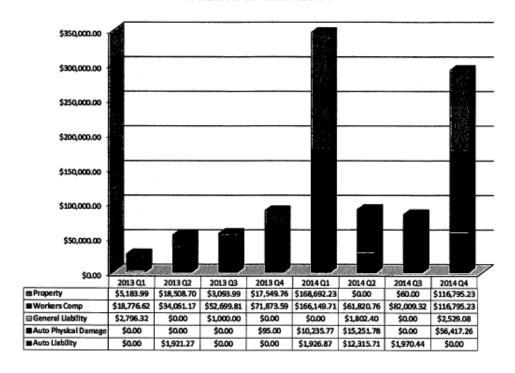
△ - Increase and Decrease < \$20,000

→ - Increase > \$20,000



CCIC Payments by Type by Year are shown on the graph below. Payments in the fourth quarter were higher than previous months, especially in Auto Physical Damage.

CCIC Payments by Coverage by Quarter 1/1/2013 to 12/31/2014







First MCO Bill Review Services Cumberland County Insurance Commission Medical Savings by Month

NJ

Month of Reprice Service	Provider Billed Amount	Eirst MCO Repriced	U & C / Fee Schebule	Savings	% of Savings	# of Bills	In Network	Out Of Network	% PPO Penetration	# of Appeals	FM CO Fee	
Total 2013	\$166,601	\$90,462	\$142,711	\$76,138	46%	256	223	33	87%	1	\$15,228	
Total 2014	\$479,750	\$272,115	\$406,717	\$207,635	43%	467	393	74	84%	0	\$41,527	
Jan-15	\$33,700	\$27,534	\$40,962	\$6,166	18%	51	31	20	61%	0	\$1,221	
Total 2015	\$33,700	\$27,534	\$40,962	\$6,166	18%	51	31	20	61%	0	\$1,221	
Total to Date	\$680,050	\$390,111	\$590,390	\$289,939	43%	774	647	127	84%	1	\$57,976	







First MCO Bill Review Services Cumberland County Insurance Commission Medical Savings by Month

NJ

Month of Reprice Service	Provider Billed Amount	First MC 0 Repriced	U & C / Fee Schebule	Savings	% of Savings	# of Bills	In Network	Out Of Network	% PPO Penetration	# of Appeals	FM CO Fee	
Total 2013	\$166,601	\$90,462	\$142,711	\$76,138	46%	256	223	33	87%	1	\$15,228	
Total 2014	\$479,750	\$272,115	\$406,717	\$207,635	43%	467	393	74	84%	0	\$41,527	
Jan-15	\$33,700	\$27,534	\$40,962	\$6,166	18%	51	31	20	61%	0	\$1,221	
Feb-15	\$34,427	\$24,265	\$36,595	\$10,162	30%	40	26	14	65%	0	\$2,032	
Total 2015	\$68,126	\$51,799	\$77,557	\$16,327	24%	91	57	34	63%	0	\$3,253	
Total to Date	\$714,477	\$414,377	\$626,985	\$300,100	42%	814	673	141	83%	1	\$60,009	

P. L. R. S. T. **NACO**First Manageri Con Option



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

Type Check#	Claim #	Claimant Name	From Date	To Date	Payee Name	Trans. Date Payment Description	Amt. Requested Amt. Paid	
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Inservco Report Terminology

Reporting Name	Business Name	Business Description
Amount/Amt Paid	Amount Paid	Amount actually paid or received
Amount/Amt Requested	Amount Requested	Amount requested to be paid
As Of Date/To Date	Report End Date	Ending date of transactions on report, usually month end
Payment Type	Туре	Types of transactionsComputer, Manual, Refund, Recovery, Stop Pay, Void
Report Begin Date	Report Begin Date	Beginning date of transactions on report; usually beginning of month or inception
Trans Date	Transaction Date	Issue date for computer issued payments and add date for all other type entries



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

Туре	Check#	Claim#		Claimant Name	From Date	To Date	Payee Name	Trans. Date	Payment Description	Amt. Requested	Amt. Paid
Cove	rage: Auto Pl	hysical Damage									
M	377	3770000313	001	COUNTY OF CUMBERLAND	9/22/2014	9/22/2014	COUNTY OF CUMBERLAND	1/28/2015	Reimbursement of deductible	5,000.00	5,000.00
R	43742733	3770000313	001	COUNTY OF CUMBERLAND	9/22/2014	9/22/2014	FARMERS INSURANCE CO	1/28/2015	Subro recovery	-5,982.50	-5,982.50
Total	for Coverage	e: Auto Physica	l Dam	nage				Number of	entries: 2	-982.50	-982.50
Cove	rage: Propert	ty									
M	377	3770000309	001	COUNTY OF CUMBERLAND	8/5/2014	8/5/2014	COUNTY OF CUMBERLAND	1/14/2015	Reimbursement of deductible	5,000.00	5,000.00
M	377	3770000309	001	COUNTY OF CUMBERLAND	8/5/2014	8/5/2014	COUNTY OF CUMBERLAND	1/15/2015	Reimbursement of deductible	5,000.00	5,000.00
R	430677	3770000309	001	COUNTY OF CUMBERLAND	8/5/2014	8/5/2014	PRIME INC	1/15/2015	Subro recovery	-10,822.70	-10,822.70
٧	377	3770000309	001	COUNTY OF CUMBERLAND	8/5/2014	8/5/2014	COUNTY OF CUMBERLAND	1/15/2015	Reimbursement of deductible	-5,000.00	-5,000.00
Total	for Coverage	e: Property						Number of	entries: 4	-5,822.70	-5,822.70
Total	Total for CCIC - 377						Number of	entries: 6	-6,805.20	-6,805.20	



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

1	Type Check#	Claim#	Claimant Name	From Date	To Date	Payee Name	Trans. Date Payment Desc	ziption Amt. Requested	Amt. Paid

Inservco Report Terminology

Reporting Name	Business Name	Business Description
Amount/Amt Paid	Amount Paid	Amount actually paid or received
Amount/Amt Requested	Amount Requested	Amount requested to be paid
As Of Date/To Date	Report End Date	Ending date of transactions on report, usually month end
Payment Type	Туре	Types of transactionsComputer, Manual, Refund, Recovery, Stop Pay, Void
Report Begin Date	Report Begin Date	Beginning date of transactions on report; usually beginning of month or inception
Trans Date	Transaction Date	Issue data to computer issued navments and add data to all other time entries.



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

Туре	Check#	Claim#		Claimant Name	From Date	To Date	Payee Name	Trans. Date	Payment Description	Amt. Requested	Amt. Paid
Cove	rage: Auto Li	ability									
C	3368312	3770000357	001	KUBIS, SHARON	09/22/2014	09/22/2014	SHARON E KUBIS	02/04/2015	FULL/FINAL SETTLEMENT OF ALL CLAIMS	741.04	741.04
С	3370171	3770000358	001	BAKER, KRISTINA			KRISTINA BAKER	02/11/2015	FULL & FINAL SETTLEMENT	1,566.60	1,566.60
Total	tal for Coverage: Auto Liability								Number of entries: 2		2,307.64
Cove	rage: Propert	у									
С	3370146	3770000372	001	COUNTY OF CUMBERLAND			COUNTY OF CUMBERLAND	02/11/2015	BUCKSHUTEM RD & MAURICE RIVER PKWY	4,732.43	4,732.43
Total	for Coverage	: Property						Number of e	entries: 1	4,732.43	4,732.43
Total	for CCIC - 37	7						Number of e	entries: 3	7,040.07	7,040.07

RESOLUTION NO. 18-15

CUMBERLAND COUNTY INSURANCE COMMISSION AUTHORIZING DISCLOSURE OF LIABILITY CLAIMS CHECK REGISTER

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

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

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

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

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

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

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

The attached financial transaction logs generated by third party administrator Inservco Insurances Inc. for the periods 1/1/15 to 2/28/15, and related to all non-workers compensation payments are hereby approved for distribution to the listed claimants and for disclosure to the general public

ADOPTED by THE CUMBERLAND COUNTY properly noticed meeting held on April 2, 2015.	INSURANCE	COMMISSION	at	a
THOMAS SHEPPARD, CHAIRMAN	_			
ATTEST:				
GERALD SENESKI, VICE CHAIRMAN				

APPENDIX I – MEETING MINUTES

CUMBERLAND COUNTY INSURANCE COMMISSION OPEN MINUTES MEETING – FEBRUARY 5, 2015 709 E. COMMERCE STREET BRIDGETON, NJ 11:00 AM

Meeting called to order by Commissioner Mecouch. Open Public Meetings notice read into record.

ROLL CALL OF COMMISSIONERS:

Thomas Sheppard Present Gerald Seneski Present Ken Mecouch Present

FUND PROFESSIONALS PRESENT:

Executive Director PERMA Risk Management Services

Joseph Porch, Bradford Stokes,

Karen A. Read

ALSO PRESENT:

Anthony Bontempo, Cumberland County

Craig Atkinson, Cumberland County

Steve Errickson, Cumberland County Utilities Authority - telephonically

Janet Heck, Cumberland County Improvement Authority - telephonically

Christopher Matkowski, Cumberland County Board of Social Serv. - telephonically

Bonnie Ridolfino, Hardenbergh Insurance Group

Christina Violetti, Hardenbergh Insurance Group - telephonically

Terry Sheerin, Inservco

Stephen Daniels, Inservco

Stacy Ulp, Inservco - telephonically

Glenn Prince, JA Montgomery

Robyn Walcoff, Conner Strong & Buckelew

James Kickham, PERMA - telephonically

PUBLIC PRESENT:

Nancy Ridgway

APPROVAL OF MINUTES: OPEN AND CLOSED SESSION OF DECEMBER 4, 2014 AND DECEMBER 17, 2014

MOTION TO APPROVE THE OPEN AND CLOSED MINUTES OF DECEMBER 4, 2014 AND DECEMBER 17, 2014

Moved: Commissioner Seneski

Second: Commissioner Mecouch

Vote: 2 Ayes, 0 Nays 1 – Abstain Thomas Sheppard

CORRESPONDENCE: None

EXECUTIVE DIRECTOR REPORT:

Welcome Freeholder Thomas Sheppard and Commissioner Gerald Seneski: Executive Director welcomed Commissioner Sheppard and Commissioner Seneski to the Insurance Commission and look forward to working with them.

Reorganization Resolutions (Pages 3-16): Listed below are the necessary reorganizational Resolutions for the Cumberland County Insurance Commission.

Resolution 1-15 Certifying the Election of Chairperson and Vice Chairperson

MOTION TO APPOINT THOMAS SHEPPARD AS CHAIRMAN

Moved: Commissioner Mecouch Second: Commissioner Seneski

Roll Call Vote: 3 Ayes, 0 Nays

MOTION TO APPOINT GERALD SENESKI AS VICE CHAIRMAN

Moved: Commissioner Sheppard Second: Commissioner Mecouch

Roll Call Vote: 3 Ayes, 0 Nays

Resolution 2-15 Appointing Commissioner to the New Jersey Counties Excess Joint Insurance Fund for Fund Year 2015

MOTION TO APPOINT KEN MECOUCH AS COMMISSIONER TO THE NEW JERSEY COUNTIES EXCESS JOINT INSURANCE FUND FOR FUND YEAR 2015

Moved: Commissioner Seneski Second: Commissioner Sheppard

Vote: Unanimous

Resolution 3-15 Appointing a Commission Treasurer

MOTION TO APPOINT ANTHONY BONTEMPO AS TREASURER FOR THE CUMBERLAND COUNTY INSURANCE COMMISSION

Moved: Commissioner Mecouch Second: Commissioner Seneski

Resolution 4-15 Appointing a Commission Attorney

MOTION TO APPOINT THEODORE BAKER AS ATTORNEY FOR THE CUMBERLAND COUNTY INSURANCE COMMISSION

Moved: Commissioner Mecouch Second: Commissioner Seneski

Resolution 5-15 Appointing a Commission Secretary

MOTION TO APPOINT BETH KOSTOK AS SECRETARY FOR THE CUMBERLAND COUNTY INSURANCE COMMISSION

Moved: Commissioner Mecouch Second: Commissioner Seneski

Resolution 6-15 Designating Authorized Depositories for Commission Assets and Establishing a Cash Management Plan for Fund Year 2015

MOTION TO APPOINT CAPE BANK AS THE DESIGNATED DEPOSITORY FOR FUND ASSETS

Moved: Commissioner Mecouch Second: Commissioner Seneski

MOTION TO APPROVE THE 2015 CASH MANAGEMENT AND INVESTMENT POLICY

Moved: Commissioner Mecouch Second: Commissioner Seneski

MOTION TO APPOINT THOMAS SHEPPARD, GERALD SENESKI, KEN MECOUCH, AND ANTHONY BONTEMPO AS AUTHORIZED SIGNATURES FOR COMMISSION BANK ACCOUNTS

Moved: Commissioner Mecouch Second: Commissioner Seneski

Resolution 8-15 Appointing Agent for Service of Process and Designating Custodian of Commission Records

MOTION TO APPOINT PERMA RISK MANAGEMENT SERVCIES AS AGENT OF SERVICE OF PROCESS AND CUSTODIAN OF RECORDS FOR THE COMMISSION FOR THE FUND YEAR 2015 PERFORMED AT NO COST TO THE COMMISSION

Moved: Commissioner Mecouch Second: Commissioner Seneski

Resolution 9-15 Designating Official Newspapers

MOTION TO APPOINT THE DAILY JOURNAL AND THE SOUTH JERSEY TIMES AS THE OFFICIAL NEWSPAPERS FOR THE COMMISSION

Moved: Commissioner Mecouch Second: Commissioner Seneski

Resolution 10-15 Establish Public Meeting Procedures

MOTION TO APPROVE RESOLUTIONS 3-15 THOURGH 10-15

Moved: Commissioner Mecouch Second: Commissioner Seneski

Roll Call Vote: 3 Ayes, O Nays

2015 Property & Casualty Budget – Executive Director reported the 2015 Property & Casualty Budget was introduced at the December 4, 2014 meeting. In accordance with state regulations the budget has been advertised in the Commission's official newspaper and posted at the Clerk's office. The public hearing for the budget will be at today's meeting. A copy of the proposed 2015 budget

appeared on page 17 of the agenda. Assessments by member entity were included on page 18 of the agenda.

MOTION TO OPEN THE PUBLIC HEARING ON THE 2015 BUDGET

Moved: Commissioner Mecouch Second: Commissioner Sheppard

Roll Call Vote: 3 Ayes, 0 Nays

Executive Director reviewed the 2015 Budget as said the Claims Fund which are your major lines of coverage that are set by the actuary is at \$1,359,716. The New Jersey Excess premiums are \$723,569 with a total Loss Fund at \$2,083,285. Executive Director said the Total fund Disbursements are at \$2,855,280.

Discussion – There was no discussion. Chairman Sheppard asked if their was any public comment with none being heard. Chairman Sheppard asked if any of the various entities of the Commission that phoned into the meeting had any questions or comments on the 2015 Budget with none being heard.

MOTION TO CLOSE THE PUBLIC HEARING

Moved: Commissioner Mecouch Second: Commissioner Seneski

Vote: Unanimous

MOTION TO ADOPT RESOLUTION 11-15 ADOPTING THE BUDGET FOR THE CUMBERLAND COUNTY INSURANCE COMMISSION IN THE AMOUNT OF \$2,855,280 AS PRESENTED FOR THE COMMISSION YEAR 2015 AND CERTIFY THE ASSESSMENTS

Moved: Commissioner Mecouch Second: Commissioner Seneski

Roll Call Vote: 3 Ayes, 0 Nays

2015 Property & Casualty Assessment – Executive Director reported in accordance with the Commission's By Laws, the assessment bills for 2015 property and casualty will be mailed to member entities now that the budget has been adopted. Assessments will be due as follows: The first payment of 40% will be due on March 15, 2015. The second assessment of 30% is due on June 15, 2015 and the third assessment of 30% is due on September 15, 2015.

NJ Excess Counties Insurance Fund (CELJIF) – Executive Director reported CEL did not meet in December and January. The next meeting is on February 26, 2015.

Financial Fast Track– Executive Director reported included on page 20 and 21 of the agenda were the Financial Fast Tracks for the Cumberland County Insurance Commission for October and November. As of November 30, 2014 the Commission has a statutory surplus of \$1,326,734. Executive Director said this is a great result and if anyone has any questions on the Fast Track they can always reach out to the Fund office. In response to Commissioner Sheppard, Executive Director said the figures in year to date are surplus figures.

NJ CEL Property and Casualty Financial Fast Track (Page 22) – Executive Director reported included in the agenda is the NJ CEL Financial Fast Track Reports for November. As of November 30, 2014 the CEL has a surplus of \$5,382,691.

Establishing a Policy on Recovery Reimbursements – Executive Director said he Committee discussed a policy to establish that member entities shall be reimbursed their full deductible in certain recovery claims. Resolution 12-15 was included on Page 23 of the agenda. Executive Director said this resolution deals with a proposed policy for distribution of subrogation recovery. We had a few claims that generated the discussion of what would be the most fair way to distribute potential subrogation recoveries after property or automobile claims between the NJCEL and the Commission. Executive Director said Risk Manager Bonnie Ridolfino has taken the lead on this with Attorney Baker and turned the discussion over to the Risk Manager to explain the details.

Risk Manager Ridolfino said the reason for this Resolution is that we are deviating from the property policy. The subrogation provision in the policy states that if we are unable to get 100% recovery of the third party damages that recovery is split pro-rata between the Commission and the member. The consensus of the Committee was to make the member whole first so we will need a policy statement that will allow Inservco to deviate from the policy. In response to Chairman Sheppard, Ms. Ridolfino said this would only pertain to the local county commission to make sure that the TPA has the proper authority. Commissioner Mecouch said for the public the Resolution sites the case of Culver vs. INA Insurance - the authority exists that the County in this case, and that is our Commission be reimbursed first. Ms. Ridolfino said this will apply to all members of the Commission.

MOTION TO APPROVE RESOLUTION 12-15 ESTABLISHING RECOVERY REIMBURSEMENTS

Moved: Commissioner Seneski Second: Commissioner Mecouch

Roll Call Vote: 3 Ayes, 0 Nays

Certificate of Insurance Issuance Report: Executive Director reported on pages 26 – 27 of the agenda were the Certificates of Insurance Issuance Report from the CEL listing those certificates issued for the period of November 21, 2014 to January 29, 2015. There were 17 certificates of insurance issued during this period.

MOTION TO APPROVE THE CERTIFICATE OF INSURANCE REPORT

Moved: Commissioner Mecouch Second: Commissioner Seneski

Roll Call Vote: 3 Ayes, 0 Nays

SAFETY COMMITTEE: Craig Atkinson reported on the accident and injury statistics and said for 2014 the County had at total of 42 property damage accidents - thirteen were at fault, for a percentage of 31%.

Mr. Atkinson said in 2014 the County suffered twelve lost time personal injury accidents and we have suffered an excess of 263 total lost days. Mr. Atkinson discussed details of the lost time accident cases. There were also 21 total modified duty personal injury accidents for a total of 321 modified duty days. Mr. Atkinson reviewed the top three causes of personal injury accidents in 2014.

Mr. Atkinson said there was a Safety and Accident Review Committee held on December 9, 2014 and the next Safety and Accident Review Committee meeting will be held on Tuesday, February 10, 2014.

Mr. Atkinson reported there will be a safety training session today for the Cumberland County Health Department at the college. This is an all day training session and part of the training will be on safety. Mr. Atkinson reported in mid 2015 the Aging Department will be having a training day which will include some health and safety training. Training was completed in December with the Aging Department on Progressive Discipline. In spring of 2015 there will be training on accident investigation with the Public Works Department.

Mr. Atkinson reported an update on the Jail Recruiting Program and said they are about 3-4 weeks in the program and still have 19 of the 20 recruits still enrolled. One of the recruits was arrested for a DWI which was no fault of the Academy and are very happy with the number of recruits that are still with the Academy.

Mr. Atkinson would like to request the Safety Director Glenn Prince look into training of forklift operations. OSHA does require we train on this equipment. Mr. Prince said they will come out to take a look at the equipment and discuss a training program.

Chairman Sheppard said this was part of the reason they liked the idea of the Commission so that they would be able to receive more training opportunities. Commissioner Mecouch said previous to the Commission they had limited training but no where near what they are currently receiving.

CLAIMS COMMITTEE: Robyn Walcoff reported included in the agenda is the 2015 Claims Committee Schedule which generally meets on the third Tuesday of the month. Ms. Walcoff said we have a claims Committee Charter which states the committee can review five claims or less

telephonically. Thankfully the experience is that there has not been more than five claims per month. Ms. Walcoff reported there were no claims that hit the threshold in January so there was no need for a Claims Committee meeting.

Ms. Walcoff reviewed the Claims Committee Charter which was included in the agenda, given some changes in members of the Claims Committee and with the review of the Charter with Bonnie Ridolfino. Ms. Walcoff said they have amended the members to include Craig Atkinson and they will add Henrietta Barreras back on as a member since she was mistakenly removed and a revised edition will be sent to members. Ms. Walcoff requested approval of the Claims Committee Charter with the amendment.

MOTION TO APPROVE RESOLUTION 15-15 APPROVING CLAIMS COMMITTEE CHARTER AS REVISED

Moved: Commissioner Mecouch Second: Commissioner Seneski

Vote: Unanimous

Commissioner Mecouch said he would like to note for the record that both the Claims Committee Schedule and Meeting Schedule list 790 East Commerce Street, Bridgeton NJ as the meeting location. Commission Mecouch said sometime during the year they will be moving from this location and at that time everyone will be notified and the new meeting location will be advertised.

TREASURER:

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

MOTION TO APPROVE RESOLUTION 13-15 FEBRUARY BILLS LIST IN THE AMOUTN OF \$723,399.24

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

CEL SAFETY DIRECTOR: Safety Director reviewed the Safety Director's report included in the agenda as well as future training opportunities that are being offered by JA Montgomery Risk Control. Two Safety Director's Bulletins were distributed this month one on MVR checks. Mr. Prince reminded all members to check the drivers' licenses of all employees that are operating county vehicles to insure the status of their drivers' license. Safety Director's other report was the OSHA Summary Log reminder to remind all our members of the new OSHA reporting requirements for injuries to employees. Mr. Prince said a matrix was distributed with that report to make it a little easier to understand.

In response to Chairman Sheppard, Safety Director said in the Safety Committee we try to encourage all of the members in the departments to participate in training and notices are sent to the members so they have proper notice of training sessions.

RISK MANAGER: Risk Managers Bonnie Ridolfino reviewed the Risk Manager Report included in the agenda.

Ms. Ridolfino said in addition to County training we like make sure we keep the Improvement Authority and Utilities Authority in the loop, as well as if they have training we would let the County know as well if they would like to join in on the training.

Ms. Ridolfino said she attended the County's Transformation Training Team Committee meeting on 1/29/15. They are in the process of developing the Cumberland County Workplace Excellence Institute which would be a virtual institute. Ms. Ridolfino said since the Commission already has a website established could this website could be included as an option. Ms. Ridolfino said this would also provide additional training opportunities for the County. Chairman Sheppard said it would make sense anything we could do to lower their risk would be good for everyone. Deputy Executive Director Stokes said this is something we could do and possibly have a secure portion that members could log into. Mr. Atkinson said we are looking at a situation where we could reduce cost of training with reciprocal ability with the various entities. In response to Chairman Sheppard, Craig Atkinson said Human Recourses for the County has mandatory training for all new hires. Ms. Ridolfino said with the Commissions authority she will work with PERMA and see if there is a cost affiliated with it and report back to the Commission.

MOTION TO AUTHORIZE RISK MANAGER TO OBTAIN COST FOR USE OF COMMISSION WEBSITE IN CONJUNCTION WITH CUMBERLAND COUNTY WORKPLACE EXCELLENCE INSTITUTE

Motion: Commissioner Seneski Second: Chairman Mecouch

Vote: Unanimous

CLAIMS SERVICE: Terry Sheerin of Inservco reported they have one claim for closed session. Executive Director the Liability Claims Payments for November and December were included on pages 47 and 49 and Resolution 14-15 Authorizing the Disclosure of the Liability Claims Check Register.

MOTION TO APPROVE RESOLUTION 14-15 AUTHORIZING DISCLOSURE OF LIABILTY CLAIMS CHECK REGISGER

Motion: Commissioner Mecouch

Second: Chairman Seneski

Vote: Unanimous

MOTION TO GO INTO EXECUTIVE SESSION FOR PAYMENT AUTHORIZATION REQUESTS

Motion: Commissioner Mecouch Second: Commissioner Seneski

Vote: Unanimous

MOTION TO RETURN TO OPEN SESSION

Motion: Commissioner Mecouch Second: Commissioner Seneski

Vote: Unanimous

MOTION TO APPROVE PAYMENT AUTHORIZATION REQUEST FOR CLAIM #3770000359 SETTLEMENT UP TO AND NOT TO EXCEED THE AMOUNT OF \$500

Motion: Commissioner Mecouch Second: Commissioner Seneski

Vote: 3 Ayes, 0 Nays

OLD BUSINESS: None

NEW BUSINESS: Risk Manager Bonnie Ridolfino reviewed the Inservco Stewardship Report and said even though 2014 was a brutal winter the claims counts did not go up. We are going to continue to work with the jail because that is where the majority of claims are coming from and your employee count is on the rise. Ms. Ridolfino said the lost time claims were occurring on Tuesdays and Wednesdays; where it is typically on Friday. The Commission will receive this information on a yearly basis and we work with the Accident Review Committee with this information.

PUBLIC COMMENT: None

MOTION TO ADJOURN:

Motion: Commissioner Mecouch

Second: Chairman Seneski

Vote: Unanimous

MEETING ADJOURNED: 12:00AM

NEXT MEETING: WILL BE HELD ON APRIL 2, 2015 AT 11:00

Minutes prepared by: Karen A. Read, Assisting Secretary

APPENDIX II – RISK MANAGEMENT PLAN

RESOLUTION NO. 16-15

Cumberland County Insurance Commission 2015 Plan of Risk Management April 1, 2015

BE IT RESOLVED by the Insurance Commission's governing body that effective 1/1/15 the 2015 Plan of Risk Management shall be:

- 1.) The perils or liability to be insured against.
 - a.) The Insurance Commission insures the following perils or liability:
 - Workers' Compensation including Employer's Liability, USL&H and Harbor Marine/Jones Act.
 - General Liability including Law Enforcement Liability and Employee Benefits Liability.
 - Automobile Liability including PIP and Uninsured/Underinsured Motorists Coverage.
 - Property, Auto Physical Damage and Boiler & Machinery.
 - b.) The following coverage are provided to the Insurance Commission's member entities by their membership in the New Jersey Counties Excess Joint Insurance Fund (NJC).
 - Excess Workers' Compensation
 - Excess General Liability
 - Excess Auto Liability
 - Excess Property including Boiler and Machinery
 - Public Officials Liability/School Board Legal/Employment Practices Liability
 - Crime
 - Pollution Liability NOT PURCHASED
 - Medical Professional and General Liability
 - Employed Lawyers Liability NOT PURCHASED

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

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

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

- <u>Subsidence \$250,000 per occurrence</u>
- Owned Watercraft 35' in length or less \$250,000.
- Garagekeepers Legal Liability \$250,000
- The NJC covers excess liability claims as follows:
 - General Liability \$20,250,000 excess the Insurance Commission's \$250,000. The \$5,000,000 excess \$500,000 commercial excess layer is subject to a \$10,000,000 annual aggregate per member insurance commission for the policy period of 1/1/15-16. The \$15,000,000 excess \$5,500,000 commercial excess layer is subject to a \$15,000,000 annual aggregate limit (1/1/15-1/1/16).
 - Law Enforcement included in the NJC's excess General Liability limits.
 - Employee Benefits Liability included in the NJC's excess General Liability limits.
 - Subsidence \$750,000 per occurrence excess of the Insurance Commission's \$250,000. NJC retains 100% of the limit excess of the Member's retention.
 - Owned Watercraft 35' in length or less \$750,000 excess of the Insurance Commission's \$250,000. NJC retains 100% of the limit excess of the Member's retention.
 - Garagekeepers Legal Liability \$250,000 excess of the Insurance Commission's \$250,000. NJC retains 100% of the limit excess of the Member's retention.

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

- c.) Automobile Liability limits.
 - The Insurance Commission covers automobile liability claims as follows:

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

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

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

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

Practices Liability

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

- The NJC via the commercial market covers public officials liability, school board legal liability (where applicable) and employment practices liability as follows:
 - \$10,000,000 each claim and in the annual aggregate on a claims made basis per member Insurance Commission subject to the deductibles as outlined below:
 - Cumberland County \$100,000 POL/\$250,000 EPL
 - Cumberland BOSS \$10,000 SBL/\$25,000 EPL
 - Cumberland County IA \$15,000 SBL/\$25,000 EPL
 - Cumberland County UA \$15,000 SBL/\$25,000 EPL

- e.) Excess Public Officials Liability/Employment Practices Liability/School Board Legal Liability:
 - The NJC does not purchase an additional excess public officials liability'/school board legal liability/employment practices liability program.
 - f.) Property/Equipment Breakdown

Property Limits/Sub-limits

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

Property Per Occurrence Limits:

- A. \$110.000.000 Per Occurrence with Zurich
- B. \$150,000,000 Per Occurrence with Mitsui Sumitomo Insurance Company of America (33.33%); Scottsdale Insurance Company (33.33%); Starr Companies (33.33%)
- C. \$260,000,000 per Occurrence Total Program Limit

Property Sub-Limits:

- Named Storm Wind and Hail \$160,000,000 per occurrence for covered property east of GSP for Atlantic, Ocean, Monmouth and Burlington counties and all of cape May County
- Earthquake \$100,000,000 (Annual Aggregate) + Excess Earthquake \$100,000,000
- Flood \$50,000,000 (Annual Aggregate) Except;
 - Flood Inside Special Flood Hazard Area (SFHA) -\$25,000,000
 - Excess Flood Add \$15,000,000 (Annual Aggregate)

- Asbestos Cleanup \$50,000 per occurrence
- Valuable Paper And Records \$10,000,000
- Accounts Receivable \$10,000,000
- Demolition & Increased Cost of Construction -\$25,000,000
- Business Interruption -Included in \$110,000,000 blanket limit (Business Income On Revenue Producing Property Only)
- Extra Expense \$10,000,000
- Transit- \$1,000,000 Per Conveyance/\$1,000,000 Per Occurrence
- Fine Arts \$2,500,000 (Owned And Non Owned)
- Pollution And Contamination Cleanup (Limited) \$250,000 (Annual Aggregate)
- Miscellaneous Unnamed Locations \$10,000,000
- New Construction and Additions \$25,000,000 (the lesser of \$1,000,000 sublimit or 60 days for soft costs, subject to applicable deductible per cause of loss and 24 hour qualifying period)
- Newly Acquired Locations \$25,000,000 per location (90 day reporting period)
- Service Interruption \$10,000,000 Combined Time Element and Property Damage Including Overhead Transmission Lines within 1 mile of insured premises, 24 hour qualifying period)
- Ingress/Egress 30 Day Period for Property with a 5 mile radius not to exceed a \$5,000,000 limit
- Debris Removal -\$25,000,000
- Civil Government Authority Lesser of \$5,000,000 or 30 day period, within 5 mile radius
- Leasehold Interest \$15,000,000
- Loss Of Rents \$15.000,000
- Professional Fees \$1,250,000
- Extended Period of Liability 365 Days
- Auto Physical Damage \$15,000,000
- Underground Piping \$5,000,000 (only if within 5 MILES of a pump station, process plant, metering pit, wells or similar operational locations which are owned, leased, used occupied or intended for use by the member entity).
 There is no coverage for the perils of earthquake, Flood or named Storm
- EDP Equipment Subject to a 24 hour qualifying period. No sub-limit for equipment. \$1,000,000 sublimit for data and software

- Outdoor Property \$10,000,000
- Equipment Breakdown \$100,000,000
 - Ammonia Contamination \$5,000,000
 - Spoilage \$5,000,000
 - Extended Period Of Indemnity 365 Days
- Note: There is an Excess Property Policy with Mitsui Sumitomo Insurance Company of America (33.33%); Scottsdale Insurance Company (33.33%); Starr Companies (33.33%) on a quota share basis which extends the Per Occurrence Policy Limits by \$150,000,000 to a total of \$260,000,000. The excess policy provides a sub-limit of \$25,000,000 excess of the underlying \$110,000,000 per occurrence for Named Storm Wind and Hail for Atlantic, Cape May, Ocean, Monmouth and Cumberland counties. Coverage sub-limits on the Primary policy are excluded by the Excess Property policy, including Equipment Breakdown. The primary limit is \$110,000,000.
- There is an Excess Flood/Earthquake policy placed with AXIS Surplus (33.34%)/RSUI Indemnity (33.33%)/Westchester Surplus (33.33%) which provides:
 - \$15,000,000 aggregate policy limit for Flood coverage excess of the aggregate policy limits provided by Zurich (\$25,000,000 for locations inside the 100-Year Flood Zone, \$50,000,000 for all other locations, as noted above); and
 - \$100,000,000 aggregate policy limit for Earthquake coverage excess of the \$100,000,000 aggregate policy limit provided by Zurich (noted above).

Property Deductibles

- The standard member insurance commission retention is \$100,000 per occurrence less member entity per occurrence deductibles below. Also applies to time element, auto physical damage and flood (except as noted below).
 - Cumberland County \$5,000 Property and Auto Physical Damage Comprehensive
 - Cumberland County IA-\$5,000 Property and \$1,000
 Auto Physical Damage
 - Cumberland County BOSS \$500 Property and Auto Physical Damage

- Cumberland County UA \$1,000 Property and \$1,000 Auto Physical Damage
- The Equipment Breakdown deductible is \$25,000 member entity deductible per occurrence.
- The Earthquake Member Insurance Commission retention is \$100,000 per occurrence less member entity deductibles.
- The Flood Member Insurance Commission retention is \$100,000 per occurrence (combined property damage and time element) less member entity per occurrence deductibles.
- Flood loss for property within the Special Flood Hazard Area (SFHA) is subject to a deductible of \$500,000 each building for municipality buildings, and \$500,000 each building for building contents member entity deductible per occurrence; and \$100,000 for each building for loss of income or the National Flood Insurance Plan's (NFIP) maximum available limits for public entities, whichever is greater, regardless of whether National Flood Insurance program coverage is purchased or not. Losses shall also be adjusted subject to a \$100,000 per occurrence Insurance Commission deductible for pumping stations, pistol ranges, vehicles and mobile equipment less the applicable member entity deductible.
- "Named Storm as respects to covered property in Atlantic, Ocean, Monmouth and Burlington Counties located east of the Garden State Parkway and any covered property in Cape May County" For Property Damage: subject to a deductible of 1% of the value, per the Valuation clause of the General Conditions section, of the property insured as of the date of loss, for the Location where the direct physical loss or damage occurred, per occurrence; For Time Element: 1% of the full 12 months Gross Earnings or Gross Profit values that would have been earned following the occurrence by use of the facilities at the Location where the direct physical loss or damage occurred and all other Locations where Time Element loss ensues, per occurrence. Combined PD and TE deductible subject to a minimum deductible of \$250,000 per Location and a maximum deductible of \$1,000,000 per occurrence.
- Note: Where there is and underlying Insurance Commission such as exist in Cumberland The Cumberland County Insurance Commission provides coverage for the difference in deductible for "insured property" resulting from "insured perils" (per the terms and conditions of the Zurich policy through the NJC JIF), but only for what is not reimbursed by FEMA less the member

entity deductible. The Cumberland County Insurance Commission will not provide coverage for the difference in deductible for time element loss.

Named Storm is defined as any storm or weather disturbance that is named by the U.S. National Oceanic and Atmospheric Administration (NOAA) or the U.S. National Weather Service or the National Hurricane Center or any comparable worldwide equivalent.. Location is defined as a building(s) bounded on all sides by public streets, clear land space or open waterways, each not less than 50 feet wide, a site or tract of land occupied or available for occupancy with tangible property. If the Named Storm involves covered property within the 100-year flood zone, the 100-year flood zone deductible above applies.

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

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

g.) Crime

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

Limit per occurrence:

- Cumberland County \$1,000,000
- Cumberland County BOSS \$1,000,000
- Cumberland County UA \$1,000,000

Deductible per occurrence:

- Cumberland County \$25,000
- Cumberland County BOSS \$10,000
- Cumberland County UA \$25,000

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

h.) Pollution Liability

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

- Limit of Liability: \$1,000,000 per claim and \$1,000,000 annual aggregate-Cumberland County UA only.
- Member Entity Deductible: \$25,000
- New Member Entity Effective Dates: N/A

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

All policy aggregates limits are shared by the NJC member Commissions of Gloucester, Camden, Union and Burlington and their respective member entities.

i.) Medical Professional General Liability/Excess Medical Professional

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

- Limit per claim/annual aggregate: \$1,000,000/\$3,000,000
 - This primary aggregate limit is shared by each member entity of each NJC member Commission.
- Excess Limit annual aggregate: \$20,000,000/\$20,000,000
 - Excess Limit is a Shared limit with CCIC, BCIC, GCIC and SCIC.
- Member Entity Deductibles GL and PL:
 - Cumberland County Outpatient Clinic (Including Department of Corrections) \$50,000
 - Cumberland County Department of Human Services – Division of Mental Health & Addiction Services. - \$50,000

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

j.) Employed Lawyers Professional Liability effective 1/1/15-16

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

- Limit per claim and annual aggregate: \$5,000,000/\$10,000,000
- Member Entity Self Insured Retentions:

• Cumberland County \$25,000

• All Other Entities: Not applicable

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

All policy aggregates limits are shared by all NJC member Commissions and their respective member entities.

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

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

• Limits per claim and annual aggregate:

o Security & Privacy Liability: \$1,000,000

regulatory sub-limit: \$750,000*

o Network Interruption (12 hour period): \$250,000

o Event Management: \$250,000

o Cyber Extortion: \$1,000,000

o Minimum affected individuals: 100

o Maximum affected individuals: \$500,000

• Retention per member entity:

o Security & Privacy Liability: \$25,000

■ Regulatory: \$25,000

o Network Interruption (12 hour period): \$25,000

o Event Management: \$25,000

o Cyber Extortion: \$25,000

o Minimum affected individuals: 100

o Maximum affected individuals: \$500,000

• Participating member entities are:

o Cumberland County

Cumberland County Utilities Authority

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

3.) The amount of risk to be retained by the Insurance Commission (except as noted in section 2. Limits of coverage).

- a.) Workers' Compensation (all coverages) \$250,000 CSL
- b.) General Liability (all coverages) \$250,000 CSL
- c.) Law Enforcement Liability Included in General Liability
- d.) Automobile Liability
 - Property Damage & Bodily Injury \$250,000 CSL
 - Underinsured/Uninsured \$15,000/\$30,000/\$5,000 CSL
 - Personal Injury Protection \$250,000 CSL
- e.) Public Officials Liability/School Board Legal/Employment Practices Liability None
 - f) Property/APD \$100,000 per occurrence less member deductibles.
 - g) Crime None
 - h) Pollution Liability None
 - i) Medical Professional General Liability None
 - j) Employed Lawyers Liability None
 - k) Cyber Liability None
 - 4.) The amount of unpaid claims to be established.
- a.) The general reserving philosophy is to set reserves based upon the probable total cost of the claim at the time of conclusion. Historically, on claims aged eighteen (18) months, the Insurance Commission expects the claims servicing company to set reserves at 85% accuracy. The Insurance Commission also establishes reserves recommended by the Insurance Commission's Actuary for claims that have been incurred but not yet reported so that the Insurance Commission has adequate reserves to pay all claims and allocated loss adjusted expense liability.
- b.) Claims reserves are subject to regular review by the Insurance Commission's Executive Director/Administrator, Attorney, Board of Commissioners and claims servicing company. Reserves on large or unusual claims are also subject to review by the claims departments of the commercial insurance companies or reinsurance companies providing primary or excess coverages to the Insurance Commission either directly or through the NJC JIF.

- 5.) The method of assessing contributions to be paid by each member of the Insurance Commission.
- a.) By November 15th of each year, the actuary computes the probable net cost for the upcoming Insurance Commission year by line of coverage and for each prior Insurance Commission year. The Actuary includes all budget items in these computations. The annual assessment of each participating member entity is it's pro rata share of the probable net cost of the upcoming Insurance Commission year for each line of coverage as computed by the Actuary.
- b.) The calculation of pro rata shares is based on each member's experience modified manual premium for that line of coverage. The Insurance Commission's Governing Body also adopts a capping formula which limits the increase of any member's assessment from the preceding year to the Insurance Commission wide average increase plus a percentage selected by the Governing Body. The total amount of each member's annual assessment is certified by majority vote of the Insurance Commission's Governing Body at least one (1) month prior to the beginning of the next fiscal year.
- c.) The Treasurer deposits each member's assessment into the appropriate accounts, including the administrative account, and the claim or loss retention trust Insurance Commission account by Insurance Commission year for each type of coverage in which the member participates.
- d.) If a member entity becomes a member of the Insurance Commission or elects to participate in a line of coverage after the start of the Insurance Commission year, such participant's assessments and supplement assessments are reduced in proportion to that part of the year which had elapsed.
- e.) The Insurance Commission's Governing Body may by majority vote levy upon the participating member entities additional assessments wherever needed or so ordered by the Commissioner of Insurance to supplement the Insurance Commission's claim, loss retention or administrative accounts to assure the payment of the Insurance Commission's obligations. All supplemental assessments are charged to the participating member entities by applicable Insurance Commission year, and shall be apportioned by the year's assessments for that line of coverage.
- f.) Should any member fail or refuse to pay its assessments or supplemental assessments, or should the Insurance Commission fail to assess funds required to meet its obligations, the Chairman, or in the event by his or her failure to do so, the custodian of the Insurance Commission's assets, shall notify the Commissioner of Insurance and the Director of Community Affairs. Past due assessments shall bear interest at the rate established annually by the Insurance Commission's Governing Body.
 - 6.) Procedures governing loss adjustment and legal expenses.

- a.) The Insurance Commission engages a claims service company to handle all claims. The performance of the claims adjusters is monitored and periodically audited by the Executive Director's office, the Insurance Commission Attorney, the NJC's attorney's office, as well as the claims department of the NJC's five major excess insurers (i.e. Underwriters at Lloyds, National Casualty and Markel for excess liability; Wesco Insurance Company and Safety National Casualty Company for workers' compensation). Every three years, the NJC's internal auditors also conduct an audit.
- b.) Each member entity is provided with a claims reporting procedure and appropriate forms.
- c.) In order to control workers' compensation medical costs, the Insurance Commission has engaged a managed care organization (MCO) *through the claims service company* whose procedures are integrated into the Insurance Commission's claims process.
- d.) To provide for quality defense and control costs, the Insurance Commission has established an approved defense attorney panel with firms which specialize in Title 59 matters. The performance of the defense attorneys is overseen by the Insurance Commission Attorney, as well as, the various firms which audit the claims adjusters.
 - 7.) Coverage to be purchased from a commercial insurer, if any.

The Insurance Commission does not purchase commercial insurance.

8.) Reinsurance to be purchased.

The Insurance Commission does not purchase reinsurance.

- 9.) <u>Procedures for the closure of Insurance Commission years, including the maintenance of all relevant accounting records.</u>
 - a.) Not applicable at this time.
- 10.) <u>Assumptions and Methodology used for the calculation of appropriate reserves requirements to be established and administered in accordance with sound actuarial principles.</u>
- a.) The general approach in estimating the loss reserves of the Insurance Commission is to project ultimate losses for each Insurance Commission year using paid and incurred loss data. Two traditional actuarial methodologies are used: the paid loss development method and the incurred loss development method. From the two different indications resulting from these methods the Insurance Commission Actuary chooses a "select" estimate of ultimate losses. Subtraction of the paid losses from the select

ultimate losses yields the loss reserve liability or Insurance Commission funding requirement.

- b.) The following is an overview of the two actuarial methods used to project the ultimate losses.
 - Paid Loss Development Method This method uses historical accident year paid loss patterns to project ultimate losses for each accident year. Because this method does not use case reserve data, estimates from it are not affected by changes in case reserving practices. However, the results of this method are sensitive to changes in the rate of which claims are settled and losses are paid, and may underestimate ultimate losses if provisions are not included for very large open claims.
 - Case Incurred Loss Development Method This method is similar to the paid loss development method except it uses historical case incurred loss patterns (paid plus case outstanding reserves) to estimate ultimate losses. Because the data used includes case reserve estimates, the results from this method may be affected by changes in case reserve adequacy.
- 11.) <u>The maximum amount a certifying and approving officer may approve pursuant to N.J.A.C. 11:15-2.22.</u>
 - \$10,000 for workers compensation claims
 - \$7,500 for liability claims
 - With the advance approval of the Insurance Commission Attorney or Executive Director, the certifying and approving officer may also pay hospital bills if waiting until after the next regularly scheduled Insurance Commission meeting would result in the loss of a discount on such bills. When the certifying and approving officer utilizes this authority, a report shall be made to the Commissioners at their next meeting.

Adopted by the Governing Body this _____ day of ______, 2015.

CUMBERLAND COUNTY INSURANCE COMMISSION

THOMAS SHEPPARD, CHAIRMAN	
ATTEST:	
GERALD SENESKI, VICE CHARIMAN	

ADDENDUM I

2013 Risk Management Plan Addendum #1 NEW JERSEY PERSONAL INJURY PROTECTION

With respects to coverage provided by this Addendum, the provisions of Policy CP0513640 – Coverage forms CA 00 01 12 93, IL 00 17 11 98, IL 00 21 07 02, IL 02080702 apply unless modified by this Addendum for a covered **auto** licensed or principally garaged in, or **garage operations** conducted in, New Jersey

principally garaged in, or garage operations conducted in, New Jersey
This Addendum is effective2013.
MEDICAL EXPENSE BENEFITS DEDUCTIBLE
The medical expense benefits are subject to a deductible of \$250 per occurrence .
Medical expense benefits applicable to:
A. The named insured and, if the named insured is an individual, any family members will be subject to a deductible of \$250 per occurrence .
B. insured persons other than the named insured and, if the named insured is an individual, any family members shall be subject to a separate deductible of \$250 per occurrence .
MEDICAL EXPENSE BENEFITS CO-PAYMENT
Medical expense benefits are subject to a co-payment of 20% per occurrence for amounts payable between the applicable deductible and \$5,000.
DELETION OF BENEFITS OTHER THAN MEDICAL EXPENSES OPTION
All Personal Injury Protection benefits other than medical expense benefits are deleted with respect to the named insured and, if the named insured is an individual, any family members , when indicated to the left. Refer to the Deletion Of Benefits Other Than Medical Expenses Provision.
MEDICAL EXPENSE BENEFITS-AS-SECONDARY OPTION
If the named insured is an individual, medical expense benefits with respect to the named insured and family members , are secondary to the health benefits plans under which the named insured and family members are insured, when indicated to the left.

A. Coverage

1. Personal Injury Protection

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

These Personal Injury Protection Benefits consist of:

a. Medical Expense Benefits

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

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

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

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

b. Income Continuation Benefits

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

c. Essential Services Benefits

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

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

d. Death Benefits

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

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

e. Funeral Expense Benefits

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

2. Pedestrian Personal Injury Protection

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

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

a. Medical Expense Benefits

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

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

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

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

b. Income Continuation Benefits

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

c. Essential Services Benefits

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

d. **Death Benefits**

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

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

e. Funeral Expense Benefits

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

B. Exclusions

1. Personal Injury Protection

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

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

the Policy insuring that auto.

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

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

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

2. Pedestrian Personal Injury Protection

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

C. Limit Of Insurance

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

- c. Benefits actually collected that are provided under federal law to active and/or retired military personnel.
- 2. Any amount payable by **us** as medical expense benefits will be limited by medical fee schedules, as promulgated by the New Jersey Department of Banking and Insurance for specific injuries or services.
- 3. Any amount payable for medical expense benefits as the result of any one **occurrence** shall be:
 - a. Reduced by the applicable deductible of \$500; and
 - b. Subject to the co-payment of 20% for the amount between the applicable deductible and \$5,000.
- 4. The applicable limit of income continuation benefits applies separately to each full, regular and customary work week of an **eligible injured person**. If this disability from work or employment consists of or includes only a part of such a week, **we** shall be liable for only that proportion of such weekly limit that the number of days lost from work or employment during the partial week bears to the number of days in his or her full work week.
- 5. If the Addendum indicates that the **named insured** has elected the Medical Expense Benefits As Secondary option, the following provisions apply to medical expense benefits:

a. **Priority Of Benefits**

- (1) The health benefits plans under which the **named insured** and any **family member** are insured shall provide primary coverage for **allowable expenses** incurred by the **named insured** and any **family member** before any medical expense benefits are paid by **us**.
- (2) This insurance shall provide secondary coverage for the medical expense benefits for allowable expenses, which remained uncovered.
- (3) The total benefits paid by the health benefits plans and this insurance shall not exceed the total amount of allowable expenses.

b. **Determination Of Medical Expense Benefits Payable**

(1) To calculate the amount of **actual benefits** to be paid by **us**, **we** will first determine the amount of **eligible**

expenses which would have been paid by **us**, after application of the deductible and co-payment indicated in this Addendum had the **named insured** not elected the Medical Expense Benefits As Secondary Coverage option.

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

c. Health Benefits Plan Ineligibility

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

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

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

- Medical Expense Benefits As Secondary option; and
- (b) The premium which would have been paid under this Policy had the **named insured** not elected such option.

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

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

D. Changes in Conditions

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

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

Subject to any applicable limitations set forth in the New Jersey Automobile Reparation

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

b. Payment Of Personal Injury Protection Benefits

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

c. Deletion Of Benefits Other Than Medical Expenses Option

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

d. Employee Benefits Reimbursement

If the **eligible injured person** or **insured person** fails to apply for workers'

compensation benefits or employees' temporary disability benefits for which that person is eligible, **we** may immediately apply to the provider of these benefits for reimbursement of any personal injury protection benefits that **we** have paid.

e. Proof of Health Benefits Plan Coverage

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

f. Special Requirements For Medical Expenses

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

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

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

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

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

(2) Coverage For Diagnostic Tests

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

- (iii) Computer assisted tomographic studies (CT, CAT Scan);
- (iv) Dynatron/cyber station/cybex;
- (v) Electroencephalogram (EEG);
- (vi) H-reflex Study;
- (vii) Magnetic resonance imaging (MRI);
- (viii) Needle electromyography (needle EMG);
- (ix) Nerve conduction velocity (NCV);
- (x) Somasensory evoked potential (SSEP);
- (xi) Sonogram/ultrasound;
- (xii) Videofluorosocpy;
- (xiii) Visual evoked potential (VEP); or
- (xiv) Any other diagnostic test that is subject to the requirements of our Decision Point Review Plan by New Jersey law or regulation.
- (b) The diagnostic tests listed under Paragraph (2)(a) must be administered in accordance with New Jersey Department of Banking and Insurance regulations which set forth the requirements for the use of diagnostic tests in evaluating injuries sustained in **auto accidents**.

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

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

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

(3) Decision Point Review Plan

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

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

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

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

g. **Dispute Resolution**

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

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

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

COORDINATION AND NON-DUPLICATION

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

MEDICAL PAYMENTS DELETION

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

E. Definitions

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

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

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

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

d. Eligible expense means:

(1) In the care of health benefits plans, that portion of the medical expenses incurred for the treatment of **bodily**

- **injury** which is covered under the terms and CONDITIONS of the plan, without application of the deductible(s) and copayment(s), if any.
- (2) In the case of personal injury protection benefits, that portion of the medical expenses incurred for the treatment of **bodily injury** which, without considering any deductible and co-payment, shall not exceed:
 - (a) The percent or dollar amounts specified on the medical fee schedules, or the actual billed expense, whichever is less; or
 - (b) The reasonable amount, as determined by us, considering the medical fee schedules for similar services or equipment in the region where the service or equipment was provided, when an incurred medical expense is not included on the medical fee schedules.
- e. Emergency care means all treatment of a bodily injury which manifests itself by acute symptoms of sufficient severity such that absence of immediately attention could reasonably be expected to result in death, serious impairment to bodily functions or serious dysfunction to a bodily organ or part. Such emergency care shall include all medical necessary care immediately following an occurrence, including but not limited to, immediate pre-hospitalization care, transportation to a hospital or trauma center, emergency room care, surgery, critical and acute care. Emergency care extends during the period of initial hospitalization until the patient is discharged from acute care by the attending physician. Emergency care shall be presumed when medical care is initiated at a hospital within 120 hours of the occurrence.
- f. **Family member** means a person related to the **named insured** by blood, marriage or adoption (including a ward or foster child) who is a resident of the same household as the **named insured**.
- g. **Health care provider** means those persons licensed or certified to perform health care treatment or services compensable as medical expenses and shall include, but not be limited to:
 - (1) Hospital or healthcare facilities that are maintained by a State or any of its political subdivisions or licensed by the

- Department of Health and Senior Services.
- (2) Other hospitals or health care facilities designated by the Department of Health and Senior Services to provide health care services, or other facilities, including facilities for radiology and diagnostic testing, free-standing emergency clinics or offices, and private treatment centers;
- (3) A non-profit voluntary visiting nurse organization providing health care services other than in a hospital;
- (4) Hospitals or other health care facilities or treatment centers located in other states or nations;
- (5) Physicians licensed to practice medicine and surgery;
- (6) Licensed chiropractors, dentists, optometrists, pharmacists, chiropodists (Podiatrists), psychologists, physical therapists, health maintenance organizations, orthotists and prosthetists, professional nurses occupational therapists, speech language pathologists, audiologists, physician assistants, physical therapists assistants and occupational therapy assistants;
- (7) Registered bio-analytical laboratories;
- (8) Certified nurse-midwives and nurse practitioners/clinical nurse-specialists; or
- (9) Providers of other health care services or supplies including durable medical goods.
- h. **Identify injury** means the following **bodily injuries** for which the New Jersey Department of Banking and Insurance has established standard courses of medically necessary diagnosis and treatment:
 - (1) Cervical Spine: Soft Tissue Injury;
 - (2) Cervical Spine: Herniated Disc/Radiculopathy;
 - (3) Thoracic Spine: Soft Tissue Injury;
 - (4) Thoracic Spine: Herniated Disc/Radiculopathy;
 - (5) Lumbar-Sacral Spine: Soft Tissue Injury;
 - (6) Lumbar-Sacral Spine: Herniated disc/Radiculopathy; and
 - (7) Any other **bodily injury** for which the New Jersey Department of Banking and Insurance has established standard courses of appropriate diagnosis and treatment.
- i. **Income** means salary, wages, tips commissions, fees and other earnings derived from work or employment.

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

A private passenger auto does not include:

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

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

Eligible injured person means:

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

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

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

ADDENDUM II

2013 Risk Management Plan Addendum #2 New Jersey Uninsured Motorists Coverage

With respects to coverage provided by this Addendum, the provisions of Policy #CP0513640 – Coverage forms CA 00 01 12 93, IL 00 17 11 98, IL 00 21 07 02, IL 02080702 apply unless modified by this Addendum.

This Addendum is effective	, 2013.
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Limit of Insurance:

Bodily Injury: \$15,000 per person

\$30,000 per accident

Property Damage: \$ 5,000 per accident

A. Coverage

- 1. We will pay all sums the insured is legally entitled to recover as compensatory damages from the owner or driver of an uninsured motor vehicle. The damages must result from bodily injury sustained by the insured, or property damage caused by an accident. The owner's or driver's liability for these damages must result from the ownership, maintenance or use of an uninsured motor vehicle.
- 2. Any judgment for damages arising out of a suit brought without **our** written consent is not binding on **us**.

B. Who is An Insured

If the Named Insured is designated in the General Endorsements (SNS Gen **01-01** (04/10) and SNS GEN **01-06** (04-10) of Policy #CP0513640 as:

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

C. Exclusions

This insurance does not apply to any of the following:

- 1. With respect to an **uninsured motor vehicle**, any claim settled without our consent.
- 2. Damages for pain, suffering and inconvenience resulting from bodily injury caused by an accident involving an **uninsured motor vehicle** unless

the injured person has a legal right to recover damages for such pain, suffering and inconvenience under the New Jersey Automobile Reparation Reform Act. The injured person's legal right to recover damages for pain, suffering and inconvenience under the New Jersey Automobile Reparation Reform Act will be determined by the liability tort limitation, if any, applicable to that person.

- 3. The direct or indirect benefit of any insurer or self-insurer under any workers' compensation, disability benefits or similar law.
- 4. The direct or indirect benefit of any insurer of property.
- 5. Anyone using a vehicle without a reasonable belief that the person is entitled to do so.
- 6. **Property damage** for which the Insured had been or is entitled to be compensated by other property or physical damage insurance.
- 7. The first \$500 of the amount of **property damage** to the property of each insured as the result of any one accident.
- 8. **Property damage** caused by a hit-and-run vehicle.
- 9. Punitive or exemplary damages.
- 10. Bodily injury or **property damage** sustained by an Insured who Is an owner of a motor vehicle:
 - i. Insured under a basic automobile insurance policy issued in accordance with New Jersey law or regulation; or
 - ii. Required to be insured in accordance with New Jersey law or regulation, but not insured for this coverage or any similar coverage.

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

D. Limit of Insurance

- Regardless of the number of covered autos, insureds, premiums paid, claims made or vehicles involved in the accident, the Limit of Insurance shown in this Addendum for Uninsured Motorists Coverage is the most we will pay for all damages resulting from any one accident with an uninsured motor vehicle.
 - i. However, subject to our maximum limit of Insurance for this coverage,
 if:
 - 1. An insured is not the individual named insured under this Coverage:
 - 2. That Insured is an individual named insured under one or more other policies providing similar coverage; and
 - 3. All such other policies have a limit of insurance for similar coverage which is less than the Limit of Insurance for this coverage; then the most we will pay for all damages resulting from any one accident with an uninsured motor vehicle shall not exceed the highest applicable limit of insurance under any coverage from or policy providing coverage to that insured as an individual named insured.
 - ii. However, subject to our maximum Limit of Insurance for this coverage, if;

- 1. An insured is not the individual named insured under this Addendum or any other policy;
- 2. That insured is insured as a **family member** under one or more other policies providing similar coverage; and
- 3. All such other policies have a limit of insurance for similar coverage which is less than the Limit of Insurance for this coverage;

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

- 2. With respect to damages resulting from an accident involving an uninsured motor vehicle, we will not make a duplicate payment under this Coverage for any element of loss for which payment has been made by or for anyone who is legally responsible.
- 3. No one will be entitled to receive duplicate payments for the same elements of loss under this Addendum and any Liability Coverage Form or Endorsement within Policy #CP0513640.

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

E. Conditions

All "Other Insurance" Conditions stated in Policy #CP0513640 are deleted in their entirely and replaced with the following:

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

 The maximum recovery under all coverage forms or policies combined may equal but not exceed the highest applicable limit for any one vehicle under any coverage form or policy provided coverage on either a primary or excess basis.

However, if an Insured is:

- i. An individual named insured under one or more policies providing similar coverage; and
- ii. Not **occupying** a vehicle owned by that individual named insured;

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

However, if an insured is:

and

- Insured as a family member under one or more policies providing similar coverage;
- ii. Not an individual named insured under this or any other Policy;

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

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

F. Duties In The Event of Accident

All provisions as stated in Policy #CP0513640 and the following:

- 1. Promptly notify the policy if a hit-and-run driver is involved; and
- 2. Promptly send **us** copies of the legal papers if a suit is brought.
- G. Transfer of Rights of Recovery Against Others To Us
 If **we** make any payment and the insured recovers from another party, the insured shall hold the proceeds in trust for us and pay us back the amount we have paid.

H. Arbitration

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

G. Additional Definitions

- 1. **Family member** means a person related to an individual Named Insured by blood, marriage, or adoption who is a resident of such Named Insured's household, including a ward or foster child.
- 2. **Insured/we/us/our** means Gloucester County Insurance Commission **Occupying** means in, upon, getting in, on, or out off.

- 3. **Property damage** means damage to a covered auto, or to any property of an insured while contained in a covered auto.
- 4. **Uninsured motor vehicle** means a land motor vehicles or trailer:
 - i. For which no liability bond or policy applies as the time of an accident;
 - ii. For which an insuring or bonding company denies coverage or is or becomes insolvent; or
 - iii. That, with respect to damages for bodily injury only, is as hit-and-run vehicle whose operator or owner cannot be indentified and that hits, or causes an accident resulting in bodily injury without hitting:
 - 1. An individual Named Insured or any family member:
 - 2. A vehicle that the Named Insured or any family member, if the Named Insured is an individual, and occupying; or
 - 3. a covered auto.

However, uninsured motor vehicle does not include any vehicle:

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