

Resolution 2024-15
Burlington County Municipal Joint Insurance Fund
2024 Plan of Risk Management

Burlington County Municipal Joint Insurance Fund
(hereinafter the "Fund" or the "BURLCO JIF")

ESTABLISHING THE 2024 PLAN OF RISK MANAGEMENT

BE IT RESOLVED by the Fund's Commissioners that the 2024 Plan of Risk Management shall be:

Definitions:

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

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

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

Section I – Coverage

Insurance Coverages

The following coverages are provided to the Fund's members, effective January 1, 2024:

- Workers' Compensation
- Liability (including optional excess)
- Public Officials Liability / Employment Practices Liability (including optional excess)
- Optional Volunteer Directors & Officers Liability
- Crime
- Non-Owned Aircraft Liability
- Environmental Impairment Liability
- Cyber
- Property & Equipment Breakdown (effective December 31, 2023)
- Terrorism

Limits of Coverage

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

1. Workers' Compensation

- Workers' Compensation: \$300,000
- Employer's Liability: \$300,000
- USL&H, Harbor Marine/Jones Act, Incidental Foreign Workers' Compensation, Communicable Disease: Per Person
- MEL Excess Limit: Statutory
- Employer's Liability Excess Limit: \$6,700,000

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

- Fund Limit: \$300,000
- MEL Excess Limit: \$4,700,000
 - The \$3,000,000 layer excess of \$2,000,000 is subject to a \$3,000,000 per local member unit annual aggregate (Automobile Liability is not aggregated)
- Sublimits: The following sublimits are part of, and not in addition to, the limits above:
 - Good Samaritan Liability: Included
 - Fungus or Spores: \$1,000,000
 - Disinfectants Release Hazard Coverage: \$1,000,000
 - Dam and Reservoir: \$5,000,000
 - a. \$5,000,000 per occurrence for any member entity owned dams defined as Class III or IV in New Jersey Administrative Code, Title 7, Department of Environmental Protection, Chapter 20, 7:20-1.8;
 - b. Included for premises owned, occupied or controlled by the member entity on which a dam or reservoir is located, or from the operations conducted on such premises;
 - c. \$2,000,000 per occurrence for any member entity owned dam defined as Class I or II in New Jersey Administrative Code, Title 7, Department of Environmental Protection, Chapter 20, 7:20-1.8; and
 - d. \$2,000,000 per occurrence for any Class III or IV member entity owned dam involved with a Class I or II member entity owned dam.
 - Sanitary/Storm Water System Sewerage Backup and/or Sanitary System Sewerage Backup, Escape or Release: \$3,000,000 Per Occurrence and \$4,000,000 Annual Aggregate for all member entities
 - Subsidence: \$3,000,000 Per Occurrence and \$4,000,000 Annual Aggregate for all member entities
 - Skateboard Facilities: \$5,000,000 Per Occurrence (where approved)

- Riot, Civil Commotion or Mob Action: \$5,000,000 Per Occurrence
- Failure to Supply Utility: \$5,000,000 Per Occurrence
- Garagekeepers Liability: \$2,000,000 Per Occurrence
- New Jersey Personal Injury Protection (NJ PIP): Statutory Minimum
- New Jersey Uninsured/Underinsured Motorist (NJ UM/UIM): Statutory Minimum

3. Optional Excess Liability Limit

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

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

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

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

4. Public Officials Liability / Employment Practices Liability

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

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

The Executive Committee may, at its discretion, vote to authorize payment from JIF Funds of a Class Action Settlement Agreement that requires a per member flat fee payment. This per member

payment figure shall be below the per occurrence deductible and shall be made on behalf of all members.

5. Optional Excess Public Officials Liability / Employment Practices Liability

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

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

6. Optional Volunteer Directors & Officers Liability

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

7. Crime

- The Fund provides Crime coverage with a limit of \$50,000 for: Loss of Assets, Credit Card Forgery, Loss of Employee Benefit Plan Assets and Public Employee Dishonesty
- The member deductible is \$1,000
- MEL Crime
 - MEL Crime Excess: \$950,000 excess of the Fund Crime limit
 - MEL Crime Statutory Position:
 - a. The MEL provides primary employee dishonesty and faithful performance coverage for those employed positions which are required by law to be individually bonded and where they have applied and have been approved for coverage at a limit of \$1,000,000 per occurrence per position. The MEL can provide MEL Crime Statutory Position limits, based on underwriting and via endorsement, above \$1,000,000, matching the member's auditor's recommendation, but no more than \$2,000,000. Such additional limit is available upon request and approval by the MEL.
 - b. The deductible is \$1,000
 - MEL Crime Excess Public Officials:

- a. The MEL provides excess employee dishonesty and faithful performance coverage for those employed positions which are required by law to be individually bonded and where they have not applied or have not been approved for coverage under the MELJIF Statutory Position Program at a limit of \$1,000,000
- b. The deductible is the greater of the underlying bond/policy in place or the statutory limit required

8. Non-Owned Aircraft Liability

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

9. Environmental Impairment Liability

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

10. Cyber

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

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

11. Property & Equipment Breakdown

- The Fund provides a \$100,000 limit per occurrence (Property & Time Element combined)
- The MEL provides a \$2,400,000 limit excess of the Fund's limit
- The MEL purchases additional excess property limits, as follows: \$125,000,000, including certain sublimits, including, but not limited, to:
 - Aggregate, Earth Movement: \$75,000,000
 - Aggregate, Flood (includes Storm Surge): \$75,000,000
 - a. Per Location, High Hazard Flood Zone: \$50,000,000
 - a. Aggregate : \$50,000,000
 - Named Storm: Included
 - Vehicles: \$10,000,000
- Unmanned Aircraft Systems: \$25,000
- Member deductibles:
 - All Other: \$1,000

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- Automobile Physical Damage: \$1,000
 - Equipment Breakdown: \$5,000
 - SFHA Flood Maximum available NFIP limit, per location, regardless if member purchases it or not, but no less than \$500,000 building / \$500,000 contents (\$250,000 / \$100,000 for housing authorities and related non-profit buildings), but no more than the value of the building and contents.
 - Named Storm : \$1,000

12. Terrorism

Aggregate: \$125,000,000

Individual Self-Insured Retentions

Optional Individual Self-Insured Retentions:

Amount of Risk to be Retained by the Fund

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

1. **Workers' Compensation:** \$300,000
2. **Liability:** \$300,000
 - NJ Uninsured/Underinsured Motorist: Statutory minimum
 - NJ Personal Injury Protection: \$250,000
3. **Optional Excess Liability Limit:** \$0
4. **Public Officials Liability / Employment Practices Liability:** \$0
5. **Optional Excess Public Officials Liability / Employment Practices Liability:** \$0
6. **Optional Volunteer Directors & Officers Liability:** \$0
7. **Crime:** \$50,000
 - MEL Crime Excess: None
 - MEL Crime Statutory Position: None
 - MEL Crime Excess Public Officials: None
8. **Non-Owned Aircraft Liability:** \$0
9. **Environmental Impairment Liability :** \$0
10. **Cyber:** \$0
11. **Property:** \$100,000

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- Equipment Breakdown: \$0
 - SFHA Flood: \$0
 - Named Storm: \$100,000
12. Unmanned Aircraft Systems (UAS):\$25,000
13. Terrorism: \$0

Commercial Insurance / Reinsurance Purchased

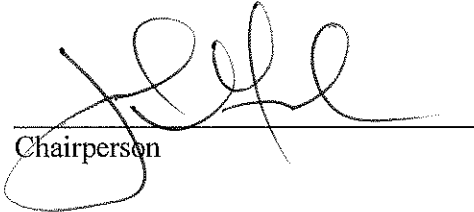
The insurance/reinsurance listed below may contain sublimits, retentions and deductibles in addition to such already stated.

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

Burlington County Municipal Joint Insurance Fund
2024 Plan of Risk Management

ADOPTED: this 23 day of Jan, 2024 by the Commissioners:

Burlington County Municipal JOINT INSURANCE FUND


Chairperson


Secretary

1.) **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 Fund expects the claims servicing company to set reserves at 85% accuracy. The Fund also establishes reserves recommended by the Fund's actuary for claims that have been incurred but not yet reported so that the Fund has adequate reserves to pay all claims and allocated loss adjusted expense liability.
- b.) Claims reserves are subject to regular review by the Fund's Executive Director/Administrator, Attorney, Executive Committee and claims servicing company. Reserves on large or unusual claims are also subject to review by the claims departments of the commercial insurance companies or reinsurance companies providing primary or excess coverages to the Fund.

2.) **The method of assessing contributions to be paid by each member of the Fund.**

- a.) By November 15th of each year, the actuary computes the probable net cost for the upcoming Fund year by line of coverage and for each prior Fund year. The actuary includes all budget items in these computations. The annual assessment of each participating municipality is its pro rata share of the probable net cost of the upcoming Fund year for each line of coverage as computed by the actuary.
- b.) The calculation of pro rata shares is based on each municipality's experience modified manual premium for that line of coverage. The Fund's governing body also adopts a capping formula which limits the increase of any member's assessment from the preceding year to the Fund wide average increase plus a percentage selected by the governing body. The total amount of each member's annual assessment is certified by majority vote of the Fund'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 fund account by Fund year for each type of coverage in which the member participates.
- d.) If a local unit becomes a member of the Fund or elects to participate in a line of coverage after the start of the Fund year, such participant's

assessments and supplement assessments are reduced in proportion to that part of the year which had elapsed.

- e.) The Fund's governing body may by majority vote levy upon the participating municipalities additional assessments wherever needed or so ordered by the Commissioner of Insurance to supplement the Fund's claim, loss retention or administrative accounts to assure the payment of the Fund's obligations. All supplemental assessments are charged to the participating municipalities by applicable Fund 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 Fund fail to assess funds required to meet its obligations, the chairman or in the event by his or her failure to do so, the custodian of the Fund's assets, shall notify the Commissioner of Insurance and the Director of Community Affairs. Past due assessments shall bear interest at the rate established annually by the Fund's governing body.
 - g.) The Fund has adopted a loss sensitive retrospective rating plan and has filed the endorsement with the Department of Banking and Insurance and the Department of Community Affairs.
- 3.) **Procedures governing loss adjustment and legal expenses.**
- a.) The Fund engages a claims service company to handle all claims, except for the JIF's POL/EPL and Volunteer D&O insurance which is handled by Summit Risk Services representing QBE North America for both coverages. The performance of the claims adjusters is monitored and periodically audited by the Executive Director's office, the Fund attorney, the MEL's attorney's office, as well as the claims department of the MEL's three major liability insurers/re-insurers [i.e. General Re and Munich Re for excess liability, and Safety National for workers' compensation]. Every three years, the MEL's internal auditors also conduct an audit.
 - b.) Each member local unit is provided with a claims reporting procedure and appropriate forms.
 - c.) In order to control workers' compensation medical costs, the Fund has the Fund has established an approved medical list and all injured employees are required to utilize this panel.

- d.) To provide for quality defense and control costs, the Fund 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 Fund attorney, as well as the various firms which audit the claims adjusters.
- e.) The pursuit of subrogation is important to the member and the JIF because successful recoveries replenish the loss funds thereby benefitting a members' loss history and the ultimate JIF results.
- f.) As a result, when the Claims Administrator receives notification from an attorney who is representing a workers compensation claimant in a third party action against a potentially liable party for the claimant's injury, the Claims Administrator will immediately forward a copy of the claimant's file to the Fund Solicitor for his review and action.
- g.) In addition, when the Claims Administrator has identified potential subrogation in a workers compensation claim and provided the claimant with the "1 year" letter and receives no response from the claimant after 10 days, the Claims Administrator will immediately forward a copy of the claimant's file to the Fund Solicitor for his review and action.
- h.) In situations where it is determined that opportunities for subrogation originally identified by the Claims Administrator are unable to be pursued, the following guidelines will be followed to abandon subrogation attempts:
 1. All requests for abandonment of subrogation, reduction of subrogation claims, and for execution of releases shall be reviewed by the Burlington County Municipal Joint Insurance Fund Claims Review Committee at its next regularly scheduled meeting, except for subrogation claims that are valued at less than **ONE THOUSAND (\$1,000.00) DOLLARS**; and
 2. As to all subrogation claims less than **FIVE HUNDRED (\$500.00) DOLLARS**, after the Claims Administrator has exhausted all avenues for collection of the subrogation claim, the claim shall be referred to Claims Supervisor who shall review the claim and provide a list of those claims and dollar amounts being waived to the Fund Administrator of the Burlington County Municipal Joint Insurance Fund; and
 3. As to all subrogation claims greater than **FIVE HUNDRED (\$500.00) DOLLARS** but less than **ONE THOUSAND (\$1,000.00) DOLLARS**, after the Claims Administrator has exhausted all avenues for collection of the subrogation claim, the claim shall be referred to the Fund Solicitor who shall review the

claim and provide a list of those claims and dollar amounts being waived to the Fund Administrator of the Burlington County Municipal Joint Insurance Fund; and

4. For all subrogation claims of **ONE THOUSAND (\$1,000.00) DOLLARS** or more, the Claims Review Committee shall review such claims and provide a recommendation to the Executive Committee of the Burlington County Municipal Joint Insurance Fund at their next regularly scheduled meeting; and
5. The Executive Committee shall review the recommendations of the Claims Review Committee, the Claims Administrator, and the Fund Solicitor and determine whether to ratify the recommendations and said action will be noted in the meeting minutes via the claim number of the appropriate claim; and
6. If the recommendation is for the execution of a Release and the Executive Committee ratifies that recommendation, the Burlington County Municipal Joint Insurance Fund's Chairperson and Secretary shall be authorized to execute the Release by Resolution.

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

The Fund does purchases commercial insurance for the POL/EPL and Volunteer D&O coverage which is purchased from **AIG**.

5.) **Reinsurance to be purchased.**

The Fund does not purchase reinsurance.

6.) **Procedures for the closure of Fund years, including the maintenance of all relevant accounting records.**

- a.) The Fund utilizes the Municipal Excess Liability Residual Claims Fund (RCF) to facilitate the closure of Fund years.
- b.) Upon the transfer of outstanding liabilities of a Fund year to the RCF, the Fund adopts a resolution closing that year and transfers all remaining assets to the closed Fund year account. This amount is allocated by member local units using the same procedure as is used to calculate a dividend. Each month, interest is credited to the closed Fund year account by member.

- c.) Each year, the Fund's governing body will determine if a dividend is appropriate from the closed Fund year account, and will make application to the Department of Insurance as appropriate. Further, in the event an open Fund year incurs a deficit, the Fund's governing body will consider an inter-year transfer from the closed Fund year account to offset the deficit. In either case, the dividend or inter-Fund year transfer will be calculated on a member by member basis.
- d.) A former member may apply to the Fund's governing body for a return of that member's remaining share of the closed Fund year account when five (5) years have passed since the last Fund year in which the member participated has been closed. Prior to release of any former member's balance in the closed years account, the Fund Administrator shall complete an analysis of the request to determine that the following criteria has been met.
1. All claims for the Fund Year from which surplus is being released are closed; and;
 2. All outstanding payments due and owing from the prior member of the Fund have been paid in full, including any payments due pursuant to a Retrospective Agreement, as certified by the Fund Treasurer; and;
 3. An analysis has been completed to determine the likelihood of an additional assessment from the Municipal Excess Liability Joint Insurance Fund (MEL JIF) and/or the Residual Claims Fund Joint Insurance Fund (RCF JIF) due to statutory, regulatory, and/or other external factors that could trigger an additional assessment for a Fund Year where the prior member was a member of the Fund.
- e.) Upon completion of the analysis of the request by the Fund Administrator, it shall be reviewed by the Fund's Finance Committee who shall make a recommendation to the Executive Committee as to the request to release the former member's balance in the closed years account.
- f.) All dividends from the RCF will be deposited in the closed Fund year account on a member-by-member basis.
- g.) The Fund will retain all records in accordance with the Fund's record retention program.

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

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

8.) **The maximum amount a certifying and approving officer may approve pursuant to N.J.A.C. 11:15-2.22.**

- a) Property Claims - \$10,000 of Authority
- b) Workers Compensation Claims - \$10,000 of Authority
- c) Liability Claims - \$10,000 of Settlement Authority; \$10,000 of legal and file expense Authority
- d) The Executive Committee reviews all Payment Authorization Requests, (PARs) where the total cost of a claim will exceed the Authority noted above, and review litigation strategies with the Fund's Attorney.

- e) Prior to each Executive Committee Meeting, the certifying and approving officer shall prepare a report that lists the payments on claims where the total expense to date is less than the Authority levels noted above that were approved by the certifying and approving officer since their last report. At a minimum, the report shall include the name of the payee, claim number, affected member, amount paid, reason for payment, and other pertinent information required to substantiate payment. The report shall be provided to the Executive Committee at their regular meeting for their review and approval.
- f) In situations where the payment of an allocated file expense on a workers compensation file that has been approved for closure will cause the total cost of the claim to exceed the Authority previously granted, the certifying and approving officer may pay that cost without seeking further approval from the Executive Committee.
- g) In urgent situations where the Executive Committee has not had an opportunity to meet, and where time is of the essence such that an expeditious response to a settlement offer would be in the Fund's best economic interest, the Fund Attorney, in consultation with the Executive Director and the Executive Committee Chair, shall have the authority to authorize the settlement of claims within the JIF's SIR. All such authorizations shall be reported to the Executive Committee as soon as possible and shall be approved at their next meeting.
- h) In urgent situations where the Executive Committee has not had an opportunity to meet, and temporary total disability benefits are due to a claimant and delaying payment of these benefits would have a detrimental impact on the claimant, the Executive Director, in consultation with the Fund Attorney, and the Executive Committee Chair, shall have the authority to authorize the payment of temporary total disability benefits to the claimant at an amount not to exceed \$5,000 over what had been previously authorized. All such authorizations shall be reported to the Executive Committee as soon as possible and no later than the Committee's next meeting and shall be approved at their next meeting.
- i) Upon submission of satisfactory documentation, and with the advance approval of the Executive Director, the Certifying and Approving Officer may also pay hospital bills if waiting until after the next regularly scheduled FUND meeting would result in the loss of a discount on such bills. When the Certifying and Approving Officer utilizes this authority, a report shall be made to the Executive Committee at their next meeting for their approval.

9.) **Operational Philosophy**

- 1) General - As is the case with any organization, an established operating philosophy, formalized in a document such as this, is a necessary precursor to success. This section of the Risk Management Plan is developed to provide general instruction for key areas and providers of service to the Fund. Also included here are sections which restate (and amplify) the roles and responsibilities of important parties and stress the importance of activities upon which the long term success of the Fund will hinge in whole or in part.
- 2) Fund Commissioners - Fund Commissioners, each an elected official or municipal employee, are the backbone of the Fund. These individuals will in large measure control the success of the Fund by actively participating in the safety and loss control programs developed by the Fund for all members, and by implementing these programs in their respective municipalities. Fund Commissioners are encouraged to attend all meetings of the Fund, to serve on committees studying current issues, to enhance their knowledge of risk management, and to encourage consistent safe practices.
- 3) Fund Professionals and Risk Management Consultants - Providers of professional services (Fund Professionals and Risk Management Consultants) to the Fund and individual member municipalities are strongly encouraged to participate in and promote Fund activities. The success of the Fund will, in part, be a reflection of the professionalism of those providers whose services are integral components of the Fund. Support of the concept of self-insurance, the Fund in general, and the risk management activities of member municipalities in particular are necessary elements of success.
- 4) The Fund Bylaws allow each member municipality to provide for the services of an individual or firm to serve as the member's Risk Management Consultant and who shall serve as an Insurance Producer as defined under N.J.S.A. 17:22, and shall have demonstrated experience in the management of public sector insurances and risk management. The Risk Management Consultant shall not be an employee of the member. The Risk Management Consultant shall not be a Fund Commissioner.
- 5) The Risk Management Consultant shall advise the member on matters relating to the Fund's operation and coverages. The Risk Management Consultant shall, in addition to such items as may be included in such individual's or firm's contract or agreement with the member, be governed by the following:

1. The Risk Management Consultant shall be retained by each member in conformance with applicable State Law or regulation;
 2. Risk Management Consultants, who can not be local unit employees, shall be paid a fee not exceeding six (6%) percent of the member's assessment in accordance with the terms of the Risk Management Consultant's Agreement executed by the member; and
 3. Specific responsibilities shall include, but not be limited to:
 - i. Evaluation of the member's exposure;
 - ii. Explanation of the various coverages available from the Fund;
 - iii. Preparation of applications, statements of values, timely reporting of changes in exposures, and any other exposure based questionnaires and/or applications requested by the Fund;
 - iv. Review of the local unit's assessment and assistance in preparing the member's insurance budget;
 - v. Review and analysis of the member's safety engineering reports and periodic loss runs in order to help the member identify areas requiring greater attention;
 - vi. Assist the member in establishing, monitoring and evaluating a safety committee and claims handling procedure;
 - vii. Attend the majority of meetings of the Fund's Executive Committee; and
 - viii. Analyze and recommend insurance coverages not offered through the Fund.
- 6) Claims Response And Reserving - Were the philosophy of the Fund in these areas to be encapsulated into two sentences, they would read as follows:
1. "The Fund will thoroughly review and respond to each claim presented so as to pay only that amount

- (if any) which it is legally bound and obligated to pay.”; and
2. “Reserves shall be established on each claim presented in a manner which accurately reflects the full, known liability of the Fund at any given point in time”.

In reviewing each claim presented, the Fund (operating through its claims administrator and legal counsel) shall review such claims for coverage, deny those not falling within the purview of coverages offered, aggressively defend those in dispute, pursue to the fullest extent of the law those presented in bad faith, and settle as expeditiously as possible those for which the Fund is legally liable.

- 7) Case reserves, including all types of applicable allocated loss adjusting expenses, will be established with an eye toward identifying the full exposure of the Fund and its excess insurance carriers at the earliest possible date. Reserves shall be periodically reviewed for accuracy and adjusted as needed. For claims aged eighteen (18) months or more, it is expected that reserves will be not less than 85% accurate. For claims aged thirty (30) months or more 95% accuracy is expected.
- 8) Financial Management - Consistent with the objective of serving as a long term vehicle through which to stabilize the costs associated with insurance coverages, the underlying premise of the Fund’s financial base shall be one of conservative up-front funding, prudent investment of idle funds, and maintenance of stringent paper and audit trails. As is the case with all other aspects of the Fund, the financial assets of the Fund can well be considered as moneys held in public trust. Treatment and handling of these Funds must be accomplished in a manner which reflects the stewardship obligation of those whose hands through which they pass. All actuarial, investment, treasury and banking functions of the Fund are to be accomplished in a manner consistent with the same legal and administrative standards applicable to municipalities in the State of New Jersey.

Specific steps taken by the Fund during past years to enhance return on equity include:

1. implementing more favorable payment terms with various service providers so as to increase investment income;
2. Development and adoption of a Cash Management and Investment Policy which seeks the following objectives:
 - i. Preservation of capital,

- ii. Adequate safekeeping of assets,
- iii. Maintenance of liquidity to meet operating needs, claims settlements, and dividends,
- iv. Diversification of the JIF's portfolio to minimize risks associated with individual investments,
- v. Maximization of total return, consistent with acceptable risk levels,
- vi. Investment of assets in accordance with State and Federal laws and regulations,
- vii. Accurate and timely reporting of interest earnings, gains and losses by line of coverage in each fund year,
- viii. Cooperation with other local JIFs and the MEL in the planning and execution of investments in order to achieve economies of scale,
- ix. Stability in the value of the JIF's economic surplus.

9) Safety And Loss Prevention - Every dollar spent to compensate for an avoidable loss, whether it be for property, workers' compensation or any other coverage afforded through the JIF, is a dollar which might better have been used to provide municipal services and conserve tax dollars. In an effort to avoid preventable loss and the financial and human hardships which result therefrom, the JIF (operating through the Fund's Safety Committee) will implement safety and loss control programs and procedures, directed at reducing or eliminating conditions or practices which lead to loss. These programs, implemented in progressive steps, will include items such as:

- 1. Member facility self-inspections supplemented by those conducted by the Fund's Safety Director;
- 2. Seminars or other training programs directed at specific areas of municipal operations from which losses are likely to occur;
- 3. Promotional safety incentive programs stressing safety in all areas of municipal operations and offering incentives for active participation by all Fund members.

10) Aggregate Excess Loss Contingency Fund

In November of 1996, the Department of Banking and Insurance adopted administrative codes for municipal joint insurance funds like the BURLCOJIF, reference N.J.A.C. 11:15-2.1 et. seq. One aspect of these new regulations is the requirement that joint insurance funds either buy

aggregate excess insurance or budget additional money to be collected from the members in an aggregate excess loss contingency fund. The spirit of this portion of the administrative code is to provide even greater fiscal security to joint insurance funds than the security provided through the funding of loss retention accounts based upon an independent actuarial loss funding model.

The members view this requirement as supporting their primary objective to stabilize costs. The history of the Fund is to purchase aggregate excess insurance whenever possible to protect against a series of losses. However, the Fund has also observed that this is not always possible and has instead budgeted an additional amount of money as loss fund contingency in those years when aggregate excess insurance was either not available or too costly to consider. For the members, the Aggregate Excess Loss Contingency Fund is simply a new name for an established practice and the BURLCOJIF will continue its practice of budgeting extra money in the absence of commercially available aggregate excess insurance but will now refer to these monies as the Aggregate Excess Loss Contingency Fund.

The administrative code defines the Aggregate Excess Loss Contingency Fund as a separate fund which is always accounted for in the current fund fiscal year. The monies are set aside for a period of at least two years to pay for claim activity that exhausts loss funds in a claim retention account in the original fund year in which the monies were set aside. The code also defines the minimum statutory funding for this aggregate loss fund account and specifically states that nothing in the law shall prevent a joint insurance fund from funding this account at a higher level. Both the statute and administrative code governing the BURLCOJIF also require that any surplus and/or deficit in every retention account for each year is owned by the members who were a part of that year according to the percentage that their individual total contribution bears to the budget in that year. Contributions made to the Aggregate Excess Loss Contingency Fund are no different in this regard.

However, the Aggregate Excess Loss Contingency Fund is different than other loss retention accounts in two fundamental ways; the manner in which the BURLCOJIF must account for the funds and its use across all years by individual members. Because the Aggregate Excess Loss Contingency Fund moves from the current fiscal year forward to the succeeding fiscal year in its entirety and the statutory minimum funding associated with a specific fund fiscal year must be retained for a minimum of two years, this fund must always be accounted for on an individual member basis showing both a member's statutory encumbered portion and their statutory unencumbered portion.

As discussed above, the Aggregate Excess Loss Contingency Funds are intended to provide an immediate response to the need to replenish money

in a loss fund account where the original loss funding has been consumed. It is also true that over time if the value of the projected ultimate cost of claims within a loss retention account as defined by the claims administrator added to the Incurred But Not Reported (IBNR) values developed by the actuary do not exceed the original loss funding within a loss retention account after two years, the administrative code permits but does not mandate a full return of those aggregate excess loss contingency funds to their member owners. Thus, the aggregate excess loss contingency funds that are surplus and not yet returned can be used by members to pay for additional money needs in any fund year when and if needed. This provides members with the opportunity to accrue surplus aggregate excess loss contingency funds and use them across all fund years in much the same way they have used the Loss Fund Contingency money in earlier budgets as a safeguard across multi-line retention accounts in a given fund fiscal year.

In this regard, the Aggregate Excess Loss Contingency Fund is in part a protection against adverse development for both specific retention accounts as well as providing protection on a multi-year and multi-line loss basis.

The administrative code specifically permits a member to use released surplus funds in loss retention accounts to either take them in the form of a return of surplus or to be applied toward the payment of a future premium. As the unencumbered portion of the Aggregate Excess Loss Contingency Fund is an individual member owned surplus account, members with accrued surplus in this account can likewise use these funds in the same way.

Finally, the BURLCOJIF views the Aggregate Excess Loss Contingency Fund as a better version of the old Loss Fund Contingency. We believe it provides a stronger vehicle through which members can build a financial bank against adverse development on a multi-year and multi-line basis. It is the hope of the BURLCOJIF that members will use this fund to provide themselves with a financial vehicle through which they can manage an additional assessment with no cost to their municipality or pay future insurance premiums to stabilize costs, or both.

11) **Committee Charters**

Appendix I of the Plan of Risk Management contains Committee Charters for the Claims Review, Coverage, Finance, Nominating, Strategic Planning & Technology Liability, and Safety Committees.



Claims Review Committee Charter

The Burlington County Municipal Joint Insurance Fund (BURLCO JIF) Executive Committee hereby constitutes and establishes a Claims Review Committee:

Composition

1. Members of the Committee shall be appointed by the Chair and shall serve at the pleasure of the Chair.
2. A member of the Executive Committee shall serve on the Claims Review Committee.
3. Serving on the Committee shall be the Fund Attorney, the Fund Claims Administrator and a representative from the Administrator's office.
4. Risk Management Consultants may serve as deemed appropriate by the Executive Committee Chair.
5. Members of the Committee may elect a Vice-Chair to serve in the absence of the Committee Chair.

Authority and Responsibility

The Claims Review Committee is to serve as the focal point for communication between the Claims Administrator and the Fund Commissioners. The Committee will also review all Payment Authorization Requests (PARs) and review litigation strategies with the Fund's Attorney. The Claims Review Committee shall advise the Executive Committee regarding claims administration and payments. In addition, the Committee shall review the status of POL, EPL and other claims as presented by the Fund Attorney.

Claims Review Committee Bylaws

The Claims Review Committee of the BURLCO JIF was established by charter approved by motion of the JIF's Executive Committee on January 18, 2022. The Committee's operational guidelines are set down herein and may be amended by majority vote of the Executive Committee.

Meetings

The Committee is to meet on a monthly basis or as many times per year as the Committee Chair deems necessary.

Attendance

Members of the Committee are to be present at all meetings. As necessary or desirable, the Chair may request that other Fund Commissioners, Fund Professionals or consultants attend to participate in discussions of particular issues.

A representative of the Administrator's office shall attend all meetings and shall serve as staff to the Claims Review Committee.

Minutes

Minutes of each meeting are to be prepared and approved by the Committee members and provided to the Executive Committee.

Specific Duties

The Claims Review Committee is to:

- (1) Report to the Executive Committee on the progress of claims whose payments exceed the maximum amount the certifying and approving officer may approve pursuant to N.J.A.C. 11:15-2.22 as established in Section 11 of the BURLCOJIF Plan of Risk Management as presented in Payment Authorization Requests (PARs) and on the progress of claims in litigation.
- (2) Identify long range claims administration issues which need to be discussed, acted upon, and eventually implemented in order to ensure the viability, growth, and integrity of the JIF.
- (3) Recommend to the Executive Committee the retention or replacement of claims administration vendors and/or attorneys and provide a written summary of the basis of such recommendations.
- (4) Apprise the Executive Committee, through minutes and special presentations as necessary, of significant developments in the course of performing the above duties.
- (5) Monitor existing claims trends to determine the source, amount, and types of claims being incurred by BURLCO JIF members and MEL members statewide.
- (6) Develop policies to be adopted and actions to be taken to eliminate, reduce, or mitigate the financial impact of these claims on the membership
- (7) Determine whether existing measures are adequate and appropriate to prevent claims and evaluate whether changes in members' needs and/or loss patterns necessitate changes to existing policies.
- (8) Identify and evaluate emerging techniques for mitigation of risk which could be adopted by members in order to enhance the protection of JIF finances and, by extension, the financial interests of members of the JIF.
- (9) Oversee the creation of training programs designed to educate elected officials, managers and supervisors, and employees with respect to the role they play in the prevention and mitigation of employment related claims.
- (10) Review individual member claims records and recommend remedial actions to be taken by the member including training, adoption of policies, or utilizing resources available through the JIF/MEL or other professionals. Recommend members for probation in accordance with policies recommended by the MEL and/or adopted by the BURLCO JIF.
- (11) Review policies and directives issued by the MEL or excess carriers and communicate as necessary with the Executive Committee and the membership at large and oversee the implementation of coverage, underwriting, and retention guidelines.

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Adopted: 4/19/95

Amended 3/20/2019

Burlington County Municipal Joint Insurance Fund

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- (12) Apprise the Executive Committee, through minutes and special presentations as necessary, of significant developments in the course of performing the above duties.
- (13) Report at least annually to the Executive Committee on the discharge of the above responsibilities.
- (14) Perform additional duties as assigned by the Executive Committee related to this Charter and the discharge of duties as assigned above.



Coverage Committee Charter

The Burlington County Municipal Joint Insurance Fund (BURLCO JIF) Executive Committee hereby constitutes and establishes a Coverage Committee:

Composition

1. Members of the Committee shall be appointed by the Chair and shall serve at the pleasure of the Chair.
2. A member of the Executive Committee shall serve on the committee.
3. Serving on the Committee shall be the Fund Actuary, Fund Attorney and a representative from the Administrator's office.
4. Risk Management Consultants may serve as deemed appropriate by the Executive Committee Chair.
5. Members of the Committee may elect a Vice-Chair to serve in the absence of the Committee Chair.

Authority and Responsibility

The Coverage Committee is to serve as a focal point for discussion on issues pertaining to coverage, underwriting, and reinsurance. The Coverage Committee shall advise the Executive Committee on issues pertaining to coverage requirements of members of the JIF, coverage issues in the insurance industry which should be addressed by the JIF, the efficiency and clarity of communications between the JIF and the members regarding coverage issues, the proposed role of the JIF in addressing areas of insurance outside of its normal purview, retention and reinsurance issues, and underwriting guidelines.

Coverage Committee Bylaws

The Coverage Committee of the BURLCO was established by charter approved by motion of the JIF's Executive Committee on October 17, 2006. The Committee's operational guidelines are set down herein and may be amended by majority vote of the Executive Committee.

Meetings

The Committee is to meet as many times per year as the Committee Chair deems necessary, but no less than once per year, at the direction of the Chair.

Attendance

Members of the Committee shall be present at all meetings. As necessary or desirable, the Chair may request that other Fund Commissioners, Fund Professionals or consultants attend to participate in discussions of particular issues.

A representative of the Administrator's office shall attend all meetings and shall serve as staff to the Committee.

Minutes

Minutes of each meeting are to be prepared and approved by the Committee members and provided to the Executive Committee.

Specific Duties

The Coverage Committee is to:

- (1) Oversee the implementation of coverage, underwriting, and retention and reinsurance guidelines.
- (2) Monitor the existing coverages of the JIF to determine whether existing coverage is adequate and appropriate; and evaluate whether changes in members' needs and/or loss patterns necessitate changes to existing coverage.
- (3) Identify and evaluate emerging techniques for transfer of risk which could be adopted by the JIF in order to enhance the protection of the JIF's assets and, by extension, the financial interests of members of the JIF.
- (4) Review the retention structure of the JIF to determine whether changes in the structure is needed in order to improve coverage or to achieve economies.
- (5) Apprise the Executive Committee, through minutes and special presentations as necessary, of significant developments in the course of performing the above duties.
- (6) Report at least annually to the Executive Committee on the discharge of the above responsibilities.
- (7) Perform additional duties as assigned by the Executive Committee related to this Charter and the discharge of duties as assigned above.



Finance Committee Charter

The Burlington County Municipal Joint Insurance Fund (BURLCO JIF) Executive Committee hereby constitutes and establishes a Finance Committee:

Composition

1. Members of the Committee shall be appointed by the Chair and shall serve at the pleasure of the Chair.
2. A member of the Executive Committee shall serve on the Finance Committee.
3. Serving on the Committee, *but not voting members*, shall be the Fund Actuary, Fund Auditor, Fund Treasurer and a representative from the Administrator's office.
4. Members of the Committee may elect a Vice-Chair to serve in the absence of the Committee Chair.

Authority and Responsibility

The Finance Committee is to serve as the focal point for communication between the Fund's Commissioners and the Fund's professionals for the development of an annual budget. The Finance Committee shall work with the Fund's Actuary and with the Fund's Professionals and committees as necessary to develop claims funding, expense funding and funding for special programs.

The Finance Committee will also examine the financial audits of the Fund, as prepared by the Fund's Auditor in conjunction with the Fund's Treasurer, Actuary and Claims Administrator. The Finance Committee shall comment on the independence of the Executive Committee's independent auditors, the integrity of management and the adequacy of disclosures to the public. It will serve as a focal point for communication between the independent Auditor, the JIF Treasurer, and Fund Professionals as their duties relate to financial accounting, reporting, and internal controls and compliance. The Committee is to assist in fulfilling responsibility as to accounting policies and reporting practices of the Fund and sufficiency of the auditing function. The Committee shall oversee and advise the Fund Executive Committee regarding the selection of independent auditors.

The Executive Committee's access to the independent auditor shall in no way be limited or superceded by the activities of this Committee.

Finance Committee Bylaws

The Finance Committee of the BURLCO was established by charter approved by motion of the Executive Committee on October 17, 2006. The Committee's operational guidelines are set down herein and may be amended by majority vote of the Executive Committee.

Meetings

The Committee shall meet at least four times per year at the discretion of the Committee Chair to review issues such as the annual audit, the semi-annual financial review, the fund's budget and assessment allocation strategies.

Attendance

Members of the Committee should be present at all meetings. As necessary or desirable, the Chair may request that other Fund Commissioners, Fund Professionals or consultants attend to participate in discussions of particular issues.

A representative of the Administrator's office shall attend all meetings and shall serve as staff to the Finance Committee.

Minutes

Minutes of each meeting are to be prepared and approved by the Committee members and provided to the Executive Committee.

Specific Duties

The Finance Committee is to:

- (1) Review all renewal fees and professional services review worksheets referred by the Fund's Executive Committee on all of the Fund's professional service providers including Actuary, Administrative Consultant, Administrator, Attorney, Auditor, Claims Administrator, Safety Director, Treasurer and any other professionals requiring a performance review.
- (2) Recommend to the Executive Committee the retention or replacement of Service Providers which may be retained to assist in developing or implementing strategic plans and provide a written summary of the basis for the recommendations.
- (3) Review all funding requirements as determined by the Fund's Actuary.
- (4) Review all funding levels for programs and miscellaneous and contingency items.
- (5) Review assessment strategies at various levels of capping for allocation of the annual assessments to JIF members.
- (6) Apprise the Executive Committee, through minutes and special presentations as necessary, of significant developments in the course of performing the above duties.
- (7) Report at least annually to the Executive Committee on the discharge of the above responsibilities.
- (8) Perform additional duties as assigned by the Executive Committee related to this Charter and the discharge of duties as assigned above.

With respect to the Fund's financial audits, the Committee is to:

- (1) Review with the Executive Committee and the Fund's Treasurer the JIF's policies and procedures to reasonably assure the adequacy of internal controls over accounting, administration, compliance with laws and regulations and financial reporting.
- (2) Have familiarity, through the individual efforts of its members, with the accounting and reporting principles and practices applied by the JIF in preparing its financial statements. Further, the Committee is to make, or cause to be made, all necessary inquiries of Executive

Committee and the independent auditor concerning established standards of conduct and performance, and deviations therefrom.

- (3) Review, prior to the annual audit, the scope and general extent of the independent auditor's planned examination, including their engagement letter. The auditor's fees are to be arranged with Executive Committee and annually summarized for Committee review. The Committee's review should entail an understanding from the independent auditor of the factors considered by the auditor in determining the audit scope, including:
 - Risk characteristics of the JIF
 - External reporting requirements
 - Materiality of the various segments of the JIF's combined activities
 - Quality of internal accounting, administrative and compliance controls
 - Extent of internal auditor's involvement in audit examination
 - Other areas to be covered during the audit engagement
- (4) Review with Executive Committee the extent of non-audit services planned to be provided by the independent auditor in relation to the objectivity and independence needed in the audit.
- (5) Review with Executive Committee and the independent auditor instances where the Executive Committee has obtained "second opinions" on accounting and financial reporting policies from other accountants.
- (6) Review with the Executive Committee and the independent auditor, upon completion of their audit, financial results for the year prior to their release to the public. This review is to encompass:
 - The JIF's comprehensive annual financial report, including the financial statements and financial statement and supplemental disclosures required by GAAP and/or the State of New Jersey.
 - Significant transactions not a normal part of the JIF's operations.
 - Selection of and changes, if any, during the year in the JIF's accounting principles or their application.
 - Significant adjustments proposed by the independent auditor.
 - The process used by the Executive Committee in formulating particularly sensitive accounting estimates and the independent auditor's conclusions regarding the reasonableness of those estimates.
 - Any disagreements between the independent auditor and Executive Committee about matters that could be significant to the JIF's financial statements or the auditor's report.
 - Difficulties encountered in performance of the audit.
- (7) Evaluate the cooperation received by the independent auditor during their audit, including their access to all requested records, data and information. Also, elicit the comments of Executive Committee regarding the responsiveness of the independent auditor to the JIF's

needs. Inquire of the independent auditor whether there have been any disagreements with the Executive Committee that, if not satisfactorily resolved, would have caused them to issue a nonstandard report on the JIF's financial statements.

- (8) Discuss with the independent auditor the quality of the JIF's financial and accounting personnel and any recommendations that the independent auditor may have. Topics to be considered during this discussion include improving internal financial controls, controls over compliance, the selection of accounting principles and the Executive Committee reporting systems.
- (9) Review written responses of the Executive Committee to "Letter of Comments and Recommendations" from the independent auditor and discuss with the Executive Committee the status of implementation of prior period recommendations and corrective action plans.
- (10) Discuss with the Executive Committee the scope and quality of internal accounting, administrative, compliance, and financial reporting controls in effect.
- (11) Perform all of the above duties wherever appropriate relative to the JIF's component units. The Executive Committee may satisfy this duty by relying on the work of a component unit's Finance Committee.
- (12) Perform additional duties as assigned by the Executive Committee related to this Charter and the discharge of duties as assigned above.



Nominating Committee Charter

The Burlington County Municipal Joint Insurance Fund (BURLCO JIF) Executive Committee hereby constitutes and establishes a Nominating Committee:

Composition

The Nominating Committee will be comprised of one member from each Standing Committee to be selected by the members of that Standing Committee. No individual may represent more than one committee on the Nominating Committee. In addition, the immediate past chair of the Executive Committee shall also be a member of the Committee. If the immediate past Executive Committee Chair is no longer a Fund Commissioner, then the Fund Chair shall appoint one representative to the Committee. The Nominating Committee members will select the Nominating Committee Chair.

Authority and Responsibility

The Nominating Committee shall be charged with reviewing and nominating candidates for presentation in the event of a need to elect officers to the Executive Committee.

Nominating Committee Bylaws

The Nominating Committee of the BURLCOJIF was established by charter approved by motion of the Executive Committee on April 15, 2008.

Meetings

The committee is to meet as many times per year as the Committee Chair deems necessary in accordance with the Committee's operational guidelines.

Attendance

Members of the committee shall be present at all meetings. The Chair may also request that individuals interested in being nominated to the Executive Committee express their interest to a member of the Committee. A representative of the Administrator's office shall attend all meetings and shall serve as staff to the Nominating Committee.

Minutes

Minutes of each meeting are to be prepared and approved by the Committee Chair and provided to the Executive Committee.



Specific Duties

The Nominating Committee is to:

- (1) Compile and submit to general membership a slate of candidates to serve as Chair, Secretary, Executive Committee and Alternate Executive Committee members.
- (2) Conduct an election in accordance with any operational guidelines established by the membership.
- (3) Apprise the Executive Committee, through minutes and special presentations as necessary, of significant developments in the course of performing the above duties.
- (4) Report at least annually to the Executive Committee on the discharge of the above responsibilities.
- (5) Perform additional duties as assigned by the Executive Committee related to the above Charter and discharge of duties as assigned above.



Safety Committee Charter

The Burlington County Municipal Joint Insurance Fund (BURLCO JIF) Executive Committee hereby constitutes and establishes a Safety Committee:

Composition

1. Members of the Committee shall be appointed by the Fund Chair and shall serve at the pleasure of the Fund Chair.
2. A member of the Executive Committee shall serve on the Safety Committee.
3. Serving on the Committee shall be the Fund Safety Director, Wellness Director, and a representative from the Administrator's office.
4. Risk Management Consultants may serve as deemed appropriate by the Executive Committee Chair.
5. Members of the Committee may elect a Vice-Chair to serve in the absence of the Committee Chair.

Authority and Responsibility

The Safety Committee is to serve as a focal point for communication between the BURLCO JIF, the Executive Director/Administrator, the Safety Director, and member municipalities. The Safety Committee shall also serve as a focal point for communication between the BURLCO JIF, the Executive Director/Administrator, the Wellness Director, and member municipalities. The Safety Committee shall advise the Executive Committee on safety and wellness related policies, performance of municipalities in terms of safety and wellness, and of the individual firms responsible for reporting on same. The Safety Committee shall also work with the Executive Director, Wellness Director, and the Safety Director in attempting to identify services that may be provided by the Joint Insurance Fund to member municipalities in order to reduce the risks of accidents to member employees and volunteers and improve the overall health and wellness of member employees and volunteers to reduce the risk of accidents and decrease the severity of injuries associated with those accidents.

Safety Committee Bylaws

The Safety Committee of the BURLCO JIF was established by charter approved by motion of the JIF's Executive Committee on October 17, 2006. The Committee's operational guidelines are set down herein and may be amended by majority vote of the Executive Committee.

Meetings

The Committee is to meet as many times per year as the Committee Chair deems necessary, but no less than quarterly, at the discretion of the Chair.

Attendance

Members of the Committee shall be present at all meetings. As necessary or desirable, the Safety Committee Chair may request that other Fund Commissioners, Fund Professionals or consultants attend to participate in discussions of particular issues.

A representative of the Administrator's, Wellness, and Safety Director's office shall attend all meetings and shall serve as staff to the Safety Committee.

Minutes

Minutes of each meeting are to be prepared and approved by the Safety Committee members and provided to the Executive Committee.

Specific Duties

The Safety Committee is to:

- (1) Develop with the Executive Director and the Safety Director on-going and annual safety programs, which shall provide for the planning, organization, control and leadership of the JIF's directed safety efforts.
- (2) Develop with the Executive Director and the Wellness Director on-going wellness programs that shall provide for the planning, organization, control, and leadership of the JIF's directed wellness efforts
- (3) Identify and analyze loss exposures and claims information for the JIF as a whole and for individual members to determine where resources should be directed to reduce claims.
- (4) Examine alternative risk techniques to determine the most efficient method for reducing the risk of loss.
- (5) Recommend to the Executive Committee any appropriate expenditures on programs or services which, in the opinion of the Committee, will likely result in long-term savings for the JIF.
- (6) Implement, monitor and evaluate all safety and wellness programs, services and vendors.
- (7) Recommend to the Executive Committee the retention or replacement of safety and/or wellness vendors and provide a written summary of the basis of such recommendations.
- (8) Apprise the Executive Committee, through minutes and special presentations as necessary, of significant developments in the course of performing the above duties.
- (9) Report at least annually to the Executive Committee on the discharge of the above responsibilities.
- (10) Perform additional duties as assigned by the Executive Committee related to this Charter and the discharge of duties as assigned above.



Strategic Planning and Technology Liability Committee Charter

The Burlington County Municipal Joint Insurance Fund (BURLCOJIF) Executive Committee hereby constitutes and establishes a Strategic Planning Committee:

Composition

1. Members of the Committee shall be appointed by the Chair and shall serve at the pleasure of the Chair.
2. A member of the Executive Committee shall serve on the Strategic Planning Committee.
3. Serving on the Committee shall be a representative from the Administrator's office as well as the Technology Risk Services Director.
4. Members of the Committee may elect a Vice-Chair to serve in the absence of the Committee Chair.

Authority and Responsibility

The Strategic Planning Committee is to serve as the focal point for communication between the Administrator, the Fund Commissioners, and any other professionals regarding long range strategies which should be pursued in order to ensure the integrity, growth, and viability of the Joint Insurance Fund. The Strategic Planning Committee shall advise the Executive Committee regarding long term strategies and planning considerations.

The Strategic Planning Committee shall also serve as the focal point for discussions on issues pertaining to Technology Liability. The Committee shall advise the Executive Committee on issues pertaining to the source, number, and types of claims impacting members. The Committee shall review observational, statistical, and historical information presented by the Fund Professionals and shall recommend policies to be adopted and actions to be taken to eliminate, reduce, or mitigate the financial impact of these claims on the membership.

Strategic Planning Committee Bylaws

The Strategic Planning Committee of the BURLCOJIF was established by charter approved by motion of the JIF's Executive Committee on October 17, 2006 and amended on May 20, 2014 and January 18, 2022. The Committee's operational guidelines are set down herein and may be amended by majority vote of the Executive Committee.

Meetings

The Committee is to meet as many times per year as the Committee Chair deems necessary, at the discretion of the Chair.

Attendance

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Originally Adopted October 17, 2006
Re-adopted as Amended – May 20, 2014

Members of the Committee are to be present at all meetings. As necessary or desirable, the Chair may request that other Fund Commissioners, Fund Professionals or consultants attend to participate in discussions of particular issues.

A representative of the Administrator's office shall attend all meetings and shall serve as staff to the Strategic Planning Committee.

Minutes

Minutes of each meeting are to be prepared and approved by the committee members and provided to the Executive Committee.

Specific Duties

The Strategic Planning Committee is to:

- (1) Develop a plan for implementation of long term strategies for the Fund.
- (2) Report to the Executive Committee on the progress regarding selection and implementation of the plan and monitor strategy for implementation.
- (3) Identify long range planning issues which need to be discussed, acted upon, and eventually implemented in order to ensure the viability, growth, and integrity of the Joint Insurance Fund.
- (4) Review the collective organizational structure of the JIF and its servicing agents to assure that it represents a balance of values including flexibility, participation, efficiency and effectiveness which should be weighed in maintaining a healthy organizational structure.
- (5) Evaluate members' compliance with cyber security standards promulgated by the MEL JIF to reduce or eliminate the potential for loss caused by malware, phishing, hacking or other unauthorized penetration or access of members' electronic data or communication systems.
- (6) Apprise the Executive Committee, through minutes and special presentations as necessary, of significant developments in the course of performing the above duties.
- (7) Report at least annually to the Executive Committee on the discharge of the above responsibilities.
- (8) Perform additional duties as assigned by the Executive Committee related to this Charter and the discharge of duties as assigned above.