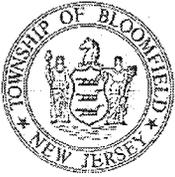


12-5



Township Council
1 Municipal Plaza
Bloomfield, NJ 07003

Louise M. Palagano
Municipal Clerk

<http://www.bloomfieldtwpnj.com>

Meeting: 01/02/12 12:00 PM

2012 RESOLUTION INSURANCE

Municipal Joint Insurance Fund

WHEREAS, the Township of Bloomfield is a member of the Suburban Essex Municipal Joint Insurance Fund; and

WHEREAS, said membership terminates as of January 1, 2012; and

WHEREAS, the Risk Manager for the Township has researched other policies to determine the most appropriate coverage for the Township; and

WHEREAS, the Risk Manager has reviewed these polices and has determine that becoming a member of Garden State Joint Insurance Fund would be in the best interest for the Township.

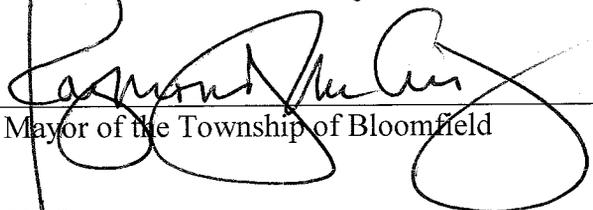
NOW, THEREFORE, BE IT RESOLVED, Mayor and Council of the Township of Bloomfield, County of Essex, State of New Jersey hereby authorizes the Mayor and/or Township Administrator to execute any necessary documents to become a member of Garden State Joint Insurance Fund effective December 31, 2011 to January 1, 2015.

......*

I hereby certify that the above resolution was duly adopted by the Mayor and Council of the Township of Bloomfield at a meeting of said Township Council held on January 02, 2012.



Municipal Clerk of the Township of Bloomfield



Mayor of the Township of Bloomfield

ED AS TO FORM AND PROCEDURE
ON BASIS OF FACTS SET FORTH



of Law-Township Att

✓ Vote Record - Resolution 1336						
			Yes/Aye	No/Nay	Abstain	Absent
<input checked="" type="checkbox"/> Adopted						
<input type="checkbox"/> Adopted as Amended						
<input type="checkbox"/> Defeated		Elias Chalet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Withdrawn		Nicholas Joanow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tabled		Carlos Bernard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Approved		Michael Venezia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Approved by Consensus		Peggy O'Boyle Dunigan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Not Discussed		Bernard Hamilton	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tabled with No Vote		Raymond McCarthy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Discussed						



PUBLIC ENTITY RENEWAL APPLICATION (2013)

Date of Application: 06/28/2012

Name of Entity: Bloomfield

Contact Person: Raymond McCarthy Title: Mayor

Address: One Municipal Plaza Drive

City: Bloomfield Zip: 07003

Phone: 973-680-4004 Fax: 973-680-0048 Email: twpadm@bloomfieldtwpnj.com

Coverage Effective Date: 01/01/2013

I. LIABILITY EXPOSURES

A. General Exposure Information

- 1. Number of public officials Elected: 7 Appointed: 0
- 2. Population Normal: 47,315 Seasonal: _____
- 3. Total Number of employees: 0
- 4. Total gross payroll: \$30,200,000
(Estimate coming year, incl. W-2 and 1099 payroll. Attach breakdown of major Workers' compensation class, if available.)
- 5. Estimate of independent contractor expenditure amounts: \$1,100,000
- 6. Quasi Municipal Entities - identify all such entities: Attached Appointment Schedule
- 7. Estimate of total operating expenditures for upcoming year: \$72,500,000

(Please attach budget summary and attach those portions of current budget documents that clearly show the dollar amount reserved for the self-insured portion of liability or property claims. Claims adjustment costs should be shown separately.)

B. Specific Exposure Information

Please identify if entity has exposure to any of the following. Provide description, inspection reports and supplemental data where applicable:

Exposure	2013
Airports: Town owned or operated? _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

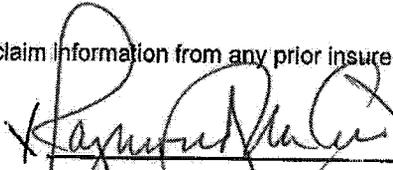
PUBLIC ENTITY RENEWAL APPLICATION (2013)

IV. ATTESTATION

It is represented that the information contained herein is true and that it shall be the basis of the policy of insurance, should any insurer evidence its acceptance of the application by issuance of a policy.

I / We hereby grant authorization for the release of all claim information from any prior insurer or administrator to the excess insurance carrier.

Signature of Entity's Authorized Representative:



Title: Mayor

Phone: 0973-680(-4077)

Date: 8/22/13

Email: rmccarthy@bloomfieldtwpnj.com



PUBLIC ENTITY RENEWAL APPLICATION (2013)

Commerical Crime Policy for a Government Entity Application

Name: Township of Bloomfield SIC Code: (If more than one insured, please attach a list)

Address: One Municipal Plaza Drive

City: Bloomfield State: NJ Zip: 07003 Effective Date: 01/01/2012

Predominant Business Activity: Municipality

Annual Tax Receipts: \$0.00 Policy Term:

Is your organization a: City Town Township Village Borough School Other

Desired Coverage

- Coverage Form O or P (circle one): Employee Dishonesty
Coverage Form B: Forgery or Alteration
Coverage Form C: Theft, Disapperance, Destruction (Money and Securities)
Coverage Form D: Robbery and Safe Burglary
Coverage Form F: Computer Fraud
Other:

Limits of Liability

Table with 2 columns: Coverage Form, Limits of Liability. Values range from \$0.00 to \$1,000,000.00.

Deductible: \$0.00

Prior Insurer: None Limit: \$0.00 Deductible: \$0.00

Is Faithful Performance of Duty Coverage desired? Yes No

List any department, board, commission or sub-entity that carries its own separate bond or policy and, if applicable, list any other entity that should be excluded from this policy. None

Do your statutes/ordinance allow the Public Employee Dishonesty Coverage to include coverage for the following positions? Check all that apply: Treasurers Tax Collectors Other positions previously bonded separately

If checked, please cite statutory provision and identify the other positions by name.

If an Obligee other the Named Insured needs to be indemnified under this insurance, please provide the name and address of the Obligee:

EMPLOYEE CONCENTRATION SUPPLEMENTAL INFORMATION

NAME OF APPLICANT: Bloomfield
 EFFECTIVE DATE: 2013
 APPLICANT'S REPRESENTATIVE: Larry Graham
 New Renewal of Policy#: _____
 TOTAL NUMBER OF EMPLOYEES: FULL TIME _____ PART TIME _____ SEASONAL _____

WHERE TEN (10) OR MORE EMPLOYEES WORK

1 # of Emps.	2 Hrs of Operation	3 Floors Occupied	4 # of Emps. per Floor	5 # of Emps. on Shift 1	6 # of Emps. on Shift 2	7 # of Emps. on Shift 3	8 Building Construction	9 # of Stories	10 Year Built
Location Address (Street, City, State, Zip not mailing address)									

LOST CONTROL AND SAFETY

Risk Manager Yes No Full Time Part Time
 Does the Applicant have guidelines for handling suspicious mail and packages? Yes No
 Does the Applicant conduct periodic fire and emergency evacuation drills? Yes No
 If yes, does the Applicant have procedures in place to account for all employees? Yes No

MISCELLANEOUS

Has the building been updated (example: electrical, sprinkler system)? Yes No
 If yes, when 05/07/2012
 Has the building been retro-fitted (earthquake)? Yes No
 If yes, when _____ Not in Earthquake Fault

This is NOT a binder of coverage. The application must be signed by the Applicant or the Applicant's Representative. The applicant represents that all statements made in this application are complete and true and that all material facts have been fully disclosed.

Applicant's Representative _____
 X Date 8/2/12
 Applicant Signature [Signature]
 Title X