MIDDLESEX COUNTY MUNICIPAL JOINT INSURANCE FUND
CLAIMS DEPARTMENT
1 JOCAMA BLVD.
SUITE 2B
OLD BRIDGE, NJ 08857
t: 732-970-1041 f: 732-970-1011

MAY 25, 2016

MARIA DELLASALA
TOWNSHIP OF MILLSTONE
470 STAGE COACH RD
MILLSTONE TOWNSHIP , NJ 08510

RE:	FILE NUMBER:	25895-01 POL - PI
	OUR INSURED:	TOWNSHIP OF MILLSTONE :
	CLAIMANT:	[redacted]
	DATE OF LOSS:	5/19/2016
	DESCRIPTION:	WRONGFUL TERMINATION @
	DEDUCTIBLE:	$5,000.00

This letter serves to acknowledge receipt by this office of the claim identified above. This matter has been assigned to Theresa Delaney on behalf of the Middlesex County Municipal Joint Insurance Fund for handling.

Please be aware that you have a Legal Duty to maintain all records, documents, charts, hard drives, equipment, maps, and any other information that could reasonably be discovered or used by any party during the litigation of this case. Make certain that the appropriate department supervisors and staff are advised of this claim and the obligation to preserve all relevant records, documents, etc. You should not destroy any documents, computer software, or hardware that might contain any pertinent information even if it would be in accordance with an established record retention and destruction schedule.

Failure to abide these instructions could subject you to a claim for intentional or negligent spoliation that might, ultimately, result in sanctions, legal fees, or defenses being stricken. Please make certain that the appropriate department supervisors and staff are advised of this claim and the obligation to preserve all relevant records, documents, etc., by providing a copy of this letter to the appropriate officials and staff.

This will serve to further advise you that the applicable policy may include a deductible (see above) if coverage does apply. As appropriate, we will advise you as to how this deductible will be collected.

Should you have any questions with respect to this matter, please feel free to contact the undersigned. When sending correspondence to this office, please be sure to write our file number for our reference. Also, please have the file number on hand when calling this office.

While this claim will receive our usual prompt attention, please do not hesitate to call us with any questions or concerns,

Sincerely,

MCMJIF - CLAIMS DEPARTMENT

ADJUSTER CONTACT INFO: THERESA DELANEY THERESADELANEY@GRMA.US 732-970-1041 X114

TOWNSHIP C MILLSTONE

470 Stagecoach Rd. • Millstone Twp., NJ 08510
Phone: 732-446-3712
Fax: 609-208-0182

Pg 1

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. P 17-01839 H

SHIP TO

VENDOR

VENDOR #: MIDDLES
MIDDLESEX COUNTY MUNICIPAL
JOINT INSURANCE FUND
1 JOCAMA BLVD
OLD BRIDGE, NJ 08857

FEDERAL I.D.# 21-6000874

ORDER DATE: 11/28/17
REQUISITION NO:
DELIVERY DATE:
STATE CONTRACT:
ACCOUNT NUM:
BRC_____
TAX ID_____

INSTRUCTIONS TO VENDOR

Return Signed White Copy With Invoice. Keep Pink Copy For Your Records.
Please Do Not Charge State Sales Tax.
Vendor Sign Below At X And Return With Invoice.

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	JIF DEDUCTIBLE CLAIM#2S895-01 [redacted] CASE DOL 5/19/16	6-01-20-100-205 GENERAL ADMIN misc	5,000.0000	5,000.00
			TOTAL	5,000.00

Jnv#008

DEC - 4 2017

RECEIVED
DEC 14 2017
MILLSTONE TOWNSHIP
FINANCE OFFICE

"INTEREST & LATE FEES CANNOT BE CHARGED"

DEPARTMENTAL CERTIFICATION

I, having knowledge of the facts certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

DEPARTMENT HEAD — DATE 12/7/17

CLAIMANT'S (VENDOR) CERTIFICATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing, and that the amount charged is a reasonable one.

X _____ 12/4/17 Ass't
VENDOR SIGN HERE — DATE — TITLE

PAYMENT RECORD

12/20/17
DATE
23165
CHECK NO.
5,000-
AMOUNT

THIS ORDER NOT VALID UNLESS SIGNED BELOW

Amanda Salerno
PURCHASING OFFICER

PAYMENT AUTHORIZED

MAYOR / TOWNSHIP COMMITTEE MEMBER

VOUCHER COPY - SIGN AT (X) AND RETURN WITH INVOICE FOR PAYMENT

INVOICE

MIDDLESEX COUNTY MUNICIPAL JIF

1 Jocama Boulevard
Suite 2B
Old Bridge, NJ 08857
P: 732-970-1001 F: 972-970-1011
glenkurtz@grma.us

INVOICE NO. 008
DATE November 20, 2017

TO Maria Dellasala
Township of Millstone
470 Stage Coach Road
Millstone, NJ 0810-1405

DEDUCTIBLE REIMBURSEMENT

CLAIM #	DOL	COVERAGE	CLAIM DESCRIPTION	TOTAL PAID	DEDUCTIBLE	AMOUNT DUE
25895-01	05/19/16	POL	[redacted] Wrongful Termination	$ 25,000.00	$ 5,000.00	5,000.00
						-
						-
						-
						-
						-
						-
						-
						-
						-
					TOTAL	$ 5,000.00

Make all checks payable to MIDDLESEX COUNTY MUNICIPAL JOINT INSURANCE FUND
THANK YOU FOR YOUR BUSINESS!

RECEIVED
NOV 28 2017
MILLSTONE TOWNSHIP
CLERKS OFFICE