JOINT INSURANCE FUND
PROCEDURE FOR REQUESTING CERTIFICATES (cont'd)

CERTIFICATE REQUEST FORM

Certificate Holder:

New Jersey Transit
One Penn Plaza
Newark, NJ 07105

Date of Request: 10/17/19

Risk Management Consultant:
Matthew Struck - Treadstone Risk Management, LLC

Telephone #: 973-303-8967
Facsimile #: 973-282-8530
E-mail: xxxxxxx@xxxxxxxxxxxxx.xxx

Entity Name: Long Hill Township
Entity Address: 915 Valley Rd
Gillette, NJ 07933

JIF Name: Morris JIF

COVERAGES AND LIMITS REQUESTED:

COVERAGES: (X)		LIMITS:
X	**General Liability**	5,000,000
	Auto Liability	5,000,000
	Auto Physical Damage	
	Excess Liability	
	Property	
X	**Workers Compensation**	Statutory; 2,000,000
	Public Officials Liability	
	Crime/Fidelity Bond	

DESCRIPTION: ***(include purpose of certificate, additional insureds, loss payees, etc.)***

New Jersey Transit and the State of New Jersey are added as additional insured ATIMA with respects to work to be performed under PERMIT NO. P1417-3015-01.

Exclusion for work performed within 50 feet of a railroad is deleted from the commercial liability policy.

ANY ADDITIONAL INFORMATION NECESSARY TO ISSUE THIS CERTIFICATE SHOULD BE ATTACHED TO THIS FORM

******NOTE: PLEASE ALLOW THREE (3) BUSINESS DAYS FOR PROCESSING. ******

E-Mail to:
MELUnderwritingSvcCntr@connerstrong.com
or
Fax to:
732-736-5274

Attn: MEL Underwriting Unit
Conner Strong & Buckelew