

May 24, 2019

Borough of Red Bank
90 Monmouth Street
Red Bank, NJ 07701
Attn: Ziad Andrew Shehady, Business Administrator

SENT VIA EMAIL: zshehady@redbanknj.org

RE:	Insured:	Monmouth Municipal Joint Insurance Fund
	Member:	Borough of Red Bank
	Policy:	ERP 9806147-07
	Date of Loss:	02/01/2019
	Loss Location:	Senior Center, 80 Shrewsbury Avenue, Red Bank, NJ 07701
	Type of Loss:	CAT 1914 - Freeze
	York File:	MELJ-1238F9

Dear Mr. Shehady:

York Risk Services Group Inc. is an authorized Third Party Administrator for Municipal Excess Liability Joint Insurance Fund and All Member Entities (the MEL). We are pleased to inform you that this claim has been settled as follows:

\$93,908.28 Replacement Cost Value ("RCV") Loss - \$2,500.00 Deductible = \$91,408.28 RCV Claim.

Attached please find a Sworn Statement in Proof of Loss which requires the signature of an authorized officer of the Borough of Red Bank in the presence of a Notary Public. Once executed, please forward a copy to me either via mail to York Risk Service Group, Inc., P.O. Box 183188, Columbus, OH, 43218; via email to al.carbonaro@yorkrisk.com with a cc to programpropertyreports@yorkrisk.com ; or via fax to (973) 404-9052. Upon receipt of the properly executed document the indemnity payment will be released.

Nothing stated in this letter is intended, nor should it be construed to be a waiver of any of the terms or conditions of the policy, nor a waiver of any rights or defenses available to the Municipal Excess Liability Joint Insurance Fund and All Member Entities (the MEL). They specifically reserve any and all such rights and defenses that are apparent or as they may become apparent.

Should you have any questions or concerns, please contact me directly at (973) 404-1189.

Sincerely,

Al Carbonaro

Alfredo Carbonaro, AIC, PTC II
Adjuster Property & Casualty Claims III

O (973) 404-1189
F (973) 404-9052

Please forward reports and correspondence to my attention at Al.Carbonaro@yorkrisk.com with copy to programpropertyreports@yorkrisk.com. Please be sure my claim number appears in the subject line.

Encl.: Sworn Statement In Proof of Loss
Taylor Darin Statement of Loss
Taylor Darin Estimate

Cc: Qual-Lynx
File #: 2019165011
Attn: Eileen Stasuk
Via Email: estasuk@qual-lynx.com

Claim File

MELJ-1238F9
Borough of Red Bank
**SWORN STATEMENT IN PROOF OF LOSS
FRAUD PREVENTION WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and is subject to criminal and civil penalties.

\$125,000,000.00
AMOUNT OF POLICY AT TIME OF LOSS

ERP 9806157-07
POLICY NUMBER

12/31/2018
DATE ISSUED

9 Campus Drive
Parsippany, NJ 07054
AGENCY AT

12/31/2019
DATE EXPIRES

Conner Strong & Buckelew
Companies
AGENT

To the MEL/JIF Claims

At time of loss, by the above indicated policy of insurance you insured Municipal Excess Liability Joint Insurance Fund and All Members Entities, against loss by equipment breakdown and other perils, according to the terms and conditions of the said policy and all forms, endorsements, transfers and assignments attached thereto.

1. **Time and Origin:** A Freeze loss occurred on or about 02/01/2019. The cause and origin of the said loss was: CAT 1914. A 3" sprinkler pipe froze and burst in the Main Room of the Senior Center, resulting in water damage.
2. **Occupancy:** The building described, or containing the property described, was occupied at the time of the loss as follows, and for no other purpose whatever: Red Bank Senior Center
3. **Title and Interest:** At the time of the loss the interest of your insured in the property described herein was owner. No other person or persons had any interest therein or encumbrance thereon, except: None Listed
4. **Changes:** Since the said policy was issued there has been no assignment thereof, or change of interest, use, occupancy, possession, location or exposure of the property described, except: None
5. **Total Insurance:** The total amount of Coverage Property insurance upon the property described by this policy was, at the time of the loss, \$125,000.000.00, besides which there was no policy or other contract of insurance, written or oral, valid or invalid.

- | | | | | | | | | |
|-----|--|---|---|---|---|---|---|-------------|
| 6. | The Replacement Cost Value of said property at the time of the loss was | . | . | . | . | . | . | \$ |
| 7. | The Whole Loss and Damage was | . | . | . | . | . | . | \$93,908.28 |
| 8. | Less Amount of Deductible | . | . | . | . | . | . | \$2,500.00 |
| 9. | Less Amount of Recoverable Depreciation | . | . | . | . | . | . | \$0.00 |
| 10. | Less Amount of Non-Recoverable Depreciation | . | . | . | . | . | . | \$0.00 |
| 11. | The Amount Claimed under the above numbered policy is | . | . | . | . | . | . | \$91,408.28 |
| 12. | Supplemental Claim, to be filed in accordance with the terms and conditions of the Replacement Cost Coverage within 180 days from the date of loss as shown above. (This figure is shown on Line 9) | | | | | | | |

The said loss did not originate by any act, design or procurement on the part of your insured, or this affiant; nothing has been done by or with the privity or consent of your insured or this affiant, to violate the conditions of the policy, or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of the above insurance company is not a waiver of any of its rights.

State of _____

County of _____ Insured

Subscribed and sworn to before me this _____ day of _____ 2018.

Notary Public

MEL0323

INSURED	: BOROUGH OF RED BANK	DATE OF REPORT	: 03/11/2019
LOCATION	: SENIOR CTR 80 SHREWSBURY AVE	DATE OF LOSS	: 02/01/2019
	: RED BANK, NJ 07701	POLICY NUMBER	: M M JIF / M E L
COMPANY	: TAYLOR DARIN	CLAIM NUMBER	: MELJ-1238F9
	: PO BOX 687	OUR FILE NUMBER	: TD-03129-02
	: FARMINGDALE, NJ 07727	ADJUSTER NAME	: JIM SEELAND

STATEMENT OF LOSS CLAIM RECAPITULATION

Policy Type: User Defined (OTHER)
Policy Number: M M JIF / M E L

Coverage A - Building

Coverage Amount: \$250,000.00
Coverage Deductible: \$2,500.00
R/C Status: Not Applicable

Estimate of Loss:	R.C.V.:	\$93,908.28
	Depreciation:	\$0.00
	A.C.V.:	\$93,908.28
	Less Deductible:	\$2,500.00
	Claim Payable:	\$91,408.28

Estimate Comments: AGREED

Statement of Loss Summary

R.C.V.:	\$93,908.28
Depreciation:	\$0.00
A.C.V.:	\$93,908.28
Less Deductible:	\$2,500.00
Claim Payable:	\$91,408.28

TAYLOR DARIN CLAIM SERVICE
PO Box 687, Farmingdale, NJ 07727
jimseeland@taylordarin.com

SENIORCENTER

BUILDING INFORMATION	

ESTIMATE RECAP	
Building Estimate Total:	\$92,003.28
Additional Items:	\$1,905.00
Estimate Grand Total:	\$93,908.28
Less Deductible:	(\$2,500.00)
Estimate Final Totals:	\$91,408.28

ESTIMATE VITALS	
Database:	Complete Building Repair Registry
Global Pricing Table:	January 2019 Pricing
Local Pricing Table:	None

Location Factors:	077 (Monmouth, NJ) (126L/103M/101E)
ShowOverrides:	Off

INSURED	: BOROUGH OF RED BANK	DATE OF REPORT	: 03/11/2019
LOCATION	: SENIOR CTR 80 SHREWSBURY AVE	DATE OF LOSS	: 02/01/2019
	: RED BANK, NJ 07701	POLICY NUMBER	: M M JIF / M E L
COMPANY	: TAYLOR DARIN	CLAIM NUMBER	: MELJ-1238F9
	: PO BOX 687	OUR FILE NUMBER	: TD-03129-02
	: FARMINGDALE, NJ 07727	ADJUSTER NAME	: JIM SEELAND

Area Name: Emergency Remediation / Manip.

Item #	Quantity	Units	Description	Unit Cost	Estimate	Trade
1	1.0	EA	After-Hours / Weekend Emergency Call - Water Loss Remed.Contents Move-out Contents Move-in ADJUSTED FROM \$45,247.65 Cost represents administrative/labor costs associated with allocating resources for an emergency service call after normal business hours (evenings, weekend, holidays) as needed. Excludes labor, travel, materials or equipment to do the scope of work determined necessary. Add for work being done (set up equipment, board-up, drying, etc).	\$36,300.00	\$36,300.00	1.8
Totals For Emergency Remediation / Manip.					\$36,300.00	

Area Name: Reconstruction

Adjusted from \$59,413.10

UserAdjustment..... 1883.1 Floor SF, 2642.3 Wall SF, 1883.1 Ceiling SF, 279.3 Lower LF, 334

Lower Perimeter:	279.30 LF	Floor SF:	1883.10 SF	Wall SF:	2642.30 SF
Upper Perimeter:	334.30 LF	Floor SY:	209.23 SY	Ceiling SF:	1883.10 SF

Item #	Quantity	Units	Description	Unit Cost	Estimate	Trade
2	1.0	LS	Replace Wall Insulation (100.0%/0.0') Cost includes 3-1/2" (R-11) kraft paper- faced roll and batt fiberglass insulation installed between studs 16" OC.	\$855.25	\$855.25	7.2
3	2642.3	SF	Prep, Sand, Seal, Paint Walls (2 Coats) (100.0%/0.0') Cost includes painting two coats, surface preparation (scraping, patching and puttying) , hand work (no spraying) and acrylic semi gloss paint. Add for protecting adjacent areas.	\$2.39	\$6,315.10	9.7
4	1.0	LS	Replace Wall and Ceiling Drywall on Wood Framing Cost includes 1/2" drywall with 6% waste, joint tape, premixed compound, drywall screws and labor cost to hang, tape and finish. Includes allowance for corner beads.	\$2,712.85	\$2,712.85	9.2
5	1.0	EA	Replace Base Cabinet Costs for Custom Made Wood Cabinets, Unfinished, Standard Grade Mahogany or Laminated Plastic Face. Add for Hardware Base Cabinets Priced at 34" High x 24" Deep x 36" Wide Units. Add for Countertop.	\$1,648.40	\$1,648.40	12.1

INSURED	: BOROUGH OF RED BANK	DATE OF REPORT	: 03/11/2019
LOCATION	: SENIOR CTR 80 SHREWSBURY AVE	DATE OF LOSS	: 02/01/2019
	: RED BANK, NJ 07701	POLICY NUMBER	: M M JIF / M E L
COMPANY	: TAYLOR DARIN	CLAIM NUMBER	: MELJ-1238F9
	: PO BOX 687	OUR FILE NUMBER	: TD-03129-02
	: FARMINGDALE, NJ 07727	ADJUSTER NAME	: JIM SEELAND

Reconstruction - continued...

Item #	Quantity	Units	Description	Unit Cost	Estimate	Trade
6	1.0	EA	Electrical Service Cost includes one trip for licensed electrician to check systems and make repairs as necessary.	\$4,358.08	\$4,358.08	16.12
7	1.0	LS	Building / Cleaning Labor (C) The Hourly Wage Includes Benefits, Including Wages, Welfare, Pension, Vacation, Apprentice and Other Mandatory Contributions, Employers Unemployment Insurance, Social Security, Medicare, State Unemployment Insurance, Worker's Compensation, Liability and Taxes.	\$13,336.82	\$13,336.82	1.2
8	1.0	EA	Scaffolding (100.0%/0.0') Cost includes exterior scaffolding rental to 7' high applied to wall square footage for one month rental.	\$727.50	\$727.50	1.3
9	1883.1	SF	Flooring	\$5.96	\$11,223.28	9.20
10	1.0	LS	Carpentry	\$1,159.77	\$1,159.77	6.20
11	1.0	EA	HVAC	\$387.35	\$387.35	15.20
12	1.0	LS	Siding, Soffits, Windows, Fascia	\$3,695.00	\$3,695.00	8.20
Totals For Reconstruction					\$46,419.40	

INSURED	: BOROUGH OF RED BANK	DATE OF REPORT	: 03/11/2019
LOCATION	: SENIOR CTR 80 SHREWSBURY AVE	DATE OF LOSS	: 02/01/2019
	: RED BANK, NJ 07701	POLICY NUMBER	: M M JIF / M E L
COMPANY	: TAYLOR DARIN	CLAIM NUMBER	: MELJ-1238F9
	: PO BOX 687	OUR FILE NUMBER	: TD-03129-02
	: FARMINGDALE, NJ 07727	ADJUSTER NAME	: JIM SEELAND

ESTIMATE TOTALS

ESTIMATE TOTAL PAGE ITEMS	ESTIMATE
Line Item Total	\$82,719.40
Less Non-OHP Trades	(\$36,300.00)
SubTotal For OHP %	\$46,419.40
General Contractor's Overhead (10.0%)	\$4,641.94
General Contractor's Profit (10.0%)	\$4,641.94
Plus Non-OHP Trades	\$36,300.00
Estimate Total With Overhead and Profit	\$92,003.28
Additional Items Total (1)	\$1,905.00
Estimate Grand Total	\$93,908.28
Less Deductible Amount	(\$2,500.00)
BUILDING ESTIMATE FINAL TOTAL	\$91,408.28

Total Claim Presentation by Member and Contractors: \$106,565.75. Our Adjusted Claim Total (Gross): \$93,908.28.

TAYLOR DARIN
PO BOX 687
FARMINGDALE, NJ 07727
Phone: (732)740-0203
Fax: (732)222-9090

Insured

Date

Insured

Date

Representative

Date

INSURED	: BOROUGH OF RED BANK	DATE OF REPORT	: 03/11/2019
LOCATION	: SENIOR CTR 80 SHREWSBURY AVE	DATE OF LOSS	: 02/01/2019
	: RED BANK, NJ 07701	POLICY NUMBER	: M M JIF / M E L
COMPANY	: TAYLOR DARIN	CLAIM NUMBER	: MELJ-1238F9
	: PO BOX 687	OUR FILE NUMBER	: TD-03129-02
	: FARMINGDALE, NJ 07727	ADJUSTER NAME	: JIM SEELAND

ESTIMATE ADDITIONAL ITEMS

ADDITIONAL ITEM DESCRIPTION	ESTIMATE
-----------------------------	----------

1 Pipe Repair	\$1,905.00
3 " Sprinkler Pipe	

ADDITIONAL ITEMS TOTAL	\$1,905.00
-------------------------------	-------------------