Coverage Summary

Member Name: SALEM CITY

Coverage Period: 1-1-2021 to 1-1-2022

Coverage	
General Liability	Included
Law Enforcement Liability	Included
Automobile Liability	Included
Excess Liability	See Attached Certificate
Public Officials/Employment Practices	See Attached Certificate
Workers Compensation	Included
Property	Included
Boiler & Machinery	Included
Crime	Included
Pollution	Not Included
Cyber and Technology Liability	Included
Non-Owned Aircraft	Included

This information is intended for display purposes only and may not reflect changes made in policy terms and conditions prior to or following the effective date. Please refer to actual policies for specific information regarding insurance protection.

STATEWIDE INSURANCE FUND
Coverage Summary
General Liability & Law Enforcement Liability

ITEM A. NAMED INSURED AND ADDRESS:

SALEM CITY
17 New Market Street
Salem, NJ 08079

ITEM B. COVERAGE PERIOD: 01/01/2021 to 01/01/2022 at 12:01 A.M.

ITEM C. MEMORANDUM OF COVERAGE NUMBER: SIF2021 – 08079

ITEM D. LIMITS OF LIABILITY:
(See Coverage forms for additional sub limits of coverage)

Memorandum of Coverage Part – General Liability, including Employee Benefits Liability	$10,000,000 per occurrence, bodily injury, property damage, personal injury and advertising combined single limit (Employee Benefits Liability is per claim on claims made basis.)
Memorandum of Coverage Part – Law Enforcement Liability	Per Person: $10,000,000 Per Wrongful Act: $10,000,000 Per Member Annual Aggregate: $10,000,000

ITEM E. ENDORSEMENTS:

Fellow Employee/Volunteer Endorsement
Emergency Services E&O Services Endorsement
Volunteer Emergency Services Medical Liability Endorsement
Employee Benefits Liability Coverage
Water Utilities Product Liability
Sexual Abuse Endorsement
Sewage Backup or Overflow Endorsement

THIS IS ISSUED WITH AND FORMS A PART OF THE STATEWIDE INSURANCE FUND MEMORANDUM OF COVERAGE.

Authorized Representative

STATEWIDE INSURANCE FUND
Coverage Summary
Automobile Liability

ITEM A. NAMED INSURED AND ADDRESS:

SALEM CITY
17 New Market Street
Salem, NJ 08079

ITEM B. COVERAGE PERIOD: January 1, 2021 to January 1, 2022 at 12:01am

ITEM C. MEMORANDUM OF COVERAGE NUMBER: SIF2021 – 08079

ITEM D. LIMITS OF LIABILITY:
(See Coverage forms for additional sub limits of coverage)

		Covered auto symbol (Entry refers to symbols listed on SAU:001)
AUTOMOBILE LIABILITY:	$10,000,000 per accident, bodily injury, property damage, combined single limit	1
AUTOMOBILE MEDICAL PAYMENTS:	$10,000	2
UNINSURED MOTORISTS:	$35,000	6
UNDERINSURED MOTORISTS:	Not Covered	Not Covered
PERSONAL INJURY PROTECTION:	$250,000	5
GARAGE LIABILITY	$10,000,000 per accident, bodily injury, property damage, combined single limit	
GARAGEKEEPERS LIABILITY	$10,000,000 per accident, bodily injury, property damage, combined single limit	

ITEM E. ENDORSEMENTS:
Uninsured Motorist Coverage Endorsement
Personal Injury Protection Endorsement
Garagekeepers Coverage Endorsement
Automobile Medical Payments Coverage Endorsement

THIS IS ISSUED WITH AND FORMS A PART OF THE STATEWIDE INSURANCE FUND MEMORANDUM OF COVERAGE.

Authorized Representative

STATEWIDE INSURANCE FUND
Coverage Summary
Property & Automobile Physical Damage

ITEM A. NAMED INSURED AND ADDRESS:

SALEM CITY
17 New Market Street
Salem, NJ 08079

ITEM B. COVERAGE PERIOD: From 01/01/2021 to 01/01/2022 at 12:01 A.M.

ITEM C. MEMORANDUM OF COVERAGE NUMBER: SIF2021 – 08079

ITEM D. PERILS: All Risks Of Direct Physical Loss Or Damage Including Flood And Earth Movement Except Excluding Equipment Breakdown And As Further Described In The Policy Form

ITEM E. DESCRIPTION OF PROPERTY COVERED:
Real And Personal Property; Machinery And Equipment; Furniture & Fixtures; Improvements And Betterment's; Inventory; Stock; EDP Hardware, Media & Data; Automobiles, Business Income - Gross Earning/Extra Expense And As Further Described In The Policy Form

ITEM F. LIMITS OF LIABILITY: (See Coverage forms for additional sub limits of coverage)	$100,000
Excess Property Form Issued By: Chubb	$200,000,000 in Excess of Fund $100,000 deductible as described in the policy.
Excess Policy Number: Issued By: Chubb Insurance Company of New Jersey Limit in excess of Fund $100,000 deductible as described in the policy form	3604-18-35 FPO
Member Deductible	$1,000 for each claim for loss or damage under the property policy shall be subject to a per occurrence deductible unless a specific deductible amount is shown in the coverage form for specified perils.

ITEM G. ENDORSEMENTS:

Auto Physical Damage Extension Endorsement

THIS IS ISSUED WITH AND FORMS A PART OF THE STATEWIDE INSURANCE FUND MEMORANDUM OF COVERAGE.

Authorized Representative

STATEWIDE INSURANCE FUND
A JOINT INSURANCE FUND SERVING NEW JERSEY'S COMMUNITIES SINCE 1994
ONE SYLVAN WAY
PARSIPPANY, NJ 07054
862-260-2050 FAX 862-260-2058

STATEWIDE Insurance Fund

(The "Fund")
Certificate For
Workers' Compensation and Employers' Liability
Information Page

Attached to and forming part of the Self-Insurance agreement for Workers' Compensation and Employers Liability.
Certificate No. WC21-08079SAL

Risk Manager: Henry D. Young Insurance Agency

1. Member: SALEM CITY
2. Mailing Address: 17 New Market Street
   Salem, NJ 08079

3. a. Effective Date of Certificate: January 1, 2021 12:01 am
   b. Cancellation Date of Certificate: January 1, 2022 12:01 am

4. a. Workers' Compensation Insurance: Part One of the agreement applies to the Insured's obligations under the Workers' Compensation Law of the States listed here: New Jersey, New York

   b. Employers' Liability Insurance: Part Two of the agreement applies to the Insured's obligations in all other States, except those listed here: **West Virginia, Ohio, North Dakota, Wyoming, and Washington.**

5. Fund's Limits of Indemnity for each accident or each employee for disease:
   a. For Workers' Compensation Insurance under 4.a.: **New Jersey Statutory**
   b. For Employers' Liability Insurance under 4.b.: **$2,000,000 aggregate**
   c. For Workers' Compensation and Employers' Liability not included under section 4: **$2,000,000 aggregate**.

6. The assessment for this coverage will be determined in accordance with the procedures of the Fund.

Date of Issue: January 1, 2021 Statewide Insurance Fund

CHUBB®

INSURED AMENDED – MEMBER

Named Insured			Endorsement Number
Statewide Insurance Fund			**68**
Policy Number	Policy Period		Effective Date of Endorsement
G25606796 005	**01/01/2021** to **01/01/2022**		**01/01/2021**
Issued By			
ACE American Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

ACE MUNICIPAL ADVANTAGE℠ PUBLIC ENTITY LIABILITY POLICY

Solely with respect to coverage afforded under to the **Public Entity** listed below, it is agreed that the **Policy** is amended as follows:

1. Item 1 of the Declarations is deleted and replaced with the following:

   Item 1. **Public Entity:** SALEM CITY

   Principal Address: One Sylvan Way

   Parsippany, NJ 07054

2. Item 3 of the Declarations is deleted and replaced with the following:

   Item 3. Limits of Liability Each **Claim** and in the Aggregate for all **Claims** including **Claims Expenses**:

   A. $10,000,000 Each **Claim** and in the Aggregate under Insuring Agreements I.A.1, I.A.2 and I.B

   B. $10,000,000 Each **Claim** and in the Aggregate under Insuring Agreement I.C

   C. $10,000,000 Aggregate for all **Claims** under all Insuring Agreements (other than the **Crisis Management Fund**)

3. Item 4 of the Declarations is deleted and replaced with the following:

   Item 4. Retention

   A. For **Damages** and **Claims Expenses** under Insuring Agreement I.A.1:

   $0 Each **Claim**

   B. For **Damages** and **Claims Expenses** under Insuring Agreements I.A.2 and I.B:

   $25,000 Each **Claim**

   C. For **Damages** and **Claims Expenses** under Insuring Agreement I.C:

   $15,000 Each **Claim**

4. Section VIII, Limits of Liability, is amended as follows:

   a. Subsection A, Payment of **Claims Expenses** without reduction of the Limit of Liability, is deleted and replaced with the following:

      A. Payment of **Claims Expenses** without reduction of the Limit of Liability

         1. The **Insurer** shall pay **Claims Expenses** in excess of the applicable Retention and up to an aggregate amount equal to the Aggregate Limit of Liability for all **Claims** under all Insuring Agreements stated in Item 3C of the Declarations without reduction of such Limit of Liability. The total amount of such **Claims Expense** payments by the **Insurer** shall be capped at the amount of the Limit of Liability set forth in Item 3C of the Declarations, and is not on a per **Claim** basis.

         2. Once the **Insurer** has paid the amount set forth in Item 3C of the Declarations in aggregate **Claims Expenses** arising from or relating to any and all matters, all further payments by the **Insurer** of **Claims Expenses** shall reduce the applicable Limits of Liability set forth in Item 3A or 3B, and Item 3C, of the

Declarations.

b. Subsection B, Limits of Liability, is amended as follows:

i. Paragraph 1 is deleted and replaced with the following:

1. Except as otherwise stated in section VIII.A above:

a. Solely with respect to Insuring Agreements I.A.1, I.A.2 and I.B, the **Insurer's** maximum liability for the sum of all **Damages** and all **Claims Expenses** because of all **Claims** covered under Insuring Agreements I.A.1, I.A.2 and I.B (including all **Claims** alleging any **Interrelated Wrongful Acts**) first made and reported during the **Policy Period** shall never exceed the amount stated in Item 3A of the Declarations.

b. Solely with respect to Insuring Agreement I.C, the **Insurer's** maximum liability for the sum of all **Damages** and all **Claims Expenses** because of all **Claims** covered under Insuring Agreement I.C (including all **Claims** alleging any **Interrelated Wrongful Acts**) first made and reported during the **Policy Period** shall never exceed the amount stated in Item 3B of the Declarations.

c. The **Insurer's** maximum liability for the sum of all **Damages** and all **Claims Expenses** because of all **Claims** under all Insuring Agreements first made and reported during the **Policy Period** shall never exceed the amount stated in Item 3C of the Declarations.

ii. Paragraph 3 is amended by deleting the phrase "reduce the Limit of Liability" and replacing it with the phrase "reduce the applicable Limit of Liability".

iii. Paragraph 5 is deleted and replaced with the following:

5. Once the applicable Limit of Liability set forth in Item 3A or 3B of the Declarations has been exhausted by payments of any **Damages** (regardless of whether the payment by the **Insurer** of **Claims Expenses** under section VIII.A has exhausted, reached or exceeded the amount set forth in Item 3A or 3B of the Declarations), the obligations of the **Insurer** under the applicable Insuring Agreements corresponding to Item 3A or 3B of the Declarations shall be completely fulfilled and extinguished. In all events, once the Limit of Liability set forth in Item 3C has been exhausted by payments of any **Damages**, the obligations of the **Insurer** under this **Policy** shall be completely fulfilled and extinguished.

iv. Paragraph 6 is amended by deleting the phrase "The **Crisis Management Fund** shall be in addition to the aggregate Limit of Liability set forth in Item 3 of the Declarations" and replacing it with the phrase "The **Crisis Management Fund** shall be in addition to the Aggregate Limit of Liability for all **Claims** under all Insuring Agreements set forth in Item 3C of the Declarations".

The title and any headings in this endorsement/rider are solely for convenience and form no part of the terms and conditions of coverage.

All other terms, conditions and limitations of this policy shall remain unchanged.

_____

Authorized Representative

EVANSTON INSURANCE COMPANY

STATEWIDE INSURANCE FUND
CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER: 47

THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH THE FOLLOWING MASTER POLICY # **MPEIEV0061-15-06**

Certificate Holder's (Insured's) Name and Mailing Address (No., Street, Town or City, County, State, Zip Code)

Salem City
17 New Market Street
Salem, NJ 08079

Certificate Holder's (Insured's) Effective Date of Coverage: 1-1-21 at 12:01 a.m. Standard Time at your mailing address shown above.

COMMERCIAL EXCESS LIABILITY POLICY LIMITS OF INSURANCE	
A. Each Occurrence Limit – General Liability and Auto Liability	$5,000,000
B. Aggregate Limit – General Liability and Auto Liability	$5,000,000

PLAN ADMINISTERED BY:
Public Risk Underwriters of NJ, Inc. One Sylvan Way Parsippany, NJ 07054

This Certificate of Insurance is to provide evidence of insurance and does not amend, expand or alter any terms and conditions of the Policy.

SCHEDULE OF UNDERLYING INSURANCE

Controlling Underlying Insurance Policy	Underlying Limits Of Liability
Employers Liability Policy **Policy No:** WC2021-08079 **Company:** Statewide Insurance Fund **Policy Period: From:** 01/01/2021 **To:** 01/01/2022	$2,000,000 Employer's Liability – Each Accident Limit $2,000,000 Disease – Each Employee Limit $2,000,000 Disease – Each Policy Limit
Commercial General Liability Policy ☒ **Occurrence** ☐ **Claims-Made** **Policy No:** SIF2021-08079 **Company:** Statewide Insurance Fund **Policy Period: From:** 01/01/2021 **To:** 01/01/2022	$ General Aggregate Limit $ Products-Completed Operations Limit $10,000,000 Each Occurrence Limit $ Personal And Advertising Injury – Each Person Or Organization Limit
Automobile Liability Policy **Policy No:** SIF2021-08079 **Company:** Statewide Insurance Fund **Policy Period: From:** 01/01/2021 **To:** 01/01/2022	$10,000,000 Bodily Injury And Property Damage Combined – Each Accident
Police Professional Liability Policy ☒ **Occurrence** ☐ **Claims-Made** **Policy No:** SIF2021-08079 **Company:** Statewide Insurance Fund **Policy Period: From:** 01/01/2021 **To:** 01/01/2022	$10,000,000 Each Occurrence Limit
Public Officials Liability Policy ☐ **Occurrence** ☒ **Claims-Made** **Policy No:** G25606796 **Company:** Ace American **Policy Period: From:** 01/01/2021 **To:** 01/01/2022	$10,000,000 Aggregate Limit $10,000,000 Per Claim Limit
Employment Practices Liability Policy ☐ **Occurrence** ☒ **Claims-Made** **Policy No:** G25606796 **Company:** Ace American **Policy Period: From:** 01/01/2021 **To:** 01/01/2022	$10,000,000 Aggregate Limit $10,000,000 Per Claim Limit
Employee Benefits Liability Policy **Policy No:** SIF2021-08079 **Company:** Statewide Insurance Fund **Policy Period: From:** 01/01/2021 **To:** 01/01/2022	$ Aggregate Limit $10,000,000 Per Claim Limit

Signed: _____ By: _____

DATE **AUTHORIZED REPRESENTATIVE**