

## **AGENDA**

**INSURANCE FUND COMMISSION  
CITY OF LONG BRANCH  
REGULAR MEETING  
JANUARY 28, 2025  
10:00 A.M.**

**ROLL CALL:**

**AMANDA CALDWELL, COMMISSIONER  
LINDSAY DEANGELIS, COMMISSIONER  
CHARLES F. SHIRLEY, JR., COMMISSIONER**

**CERTIFICATION BY RECORDING SECRETARY:**

Adequate notice of this meeting has been provided by correspondence to the City Clerk indicating it would be held on Tuesday, January 28, 2025 at 10:00 a.m. in the Conference Room, 344 Broadway, Long Branch, New Jersey.

**APPROVAL OF PREVIOUS MINUTES:**

Approval of the Minutes of the Regular Meeting held on December 11, 2024.

**PUBLIC PARTICIPATION:**

**DISCUSSION BY COMMISSIONERS:**

Discussion of various Insurance and Risk Management issues.

**RESOLUTION(S):**

**LB-2025-001** Resolution approving Tara L. Okros as Corresponding Secretary and Recording Secretary to the Long Branch Insurance Fund Commission

**LB-2025-002** Resolution memorializing the insurance agreement with Fairview Insurance Agency Associates, Inc. to place, for the City of Long Branch, its 2025 Property and Casualty Insurance Program.

**LB-2025-003** Resolution memorializing the insurance agreement with Fairview Insurance Agency Associates, Inc. to place, for the City of Long Branch, its 2025 Workers Compensation Program.

**LB-2025-004** Resolution approving the meeting dates for the Long Branch Insurance Fund Commission.

**LB-2025-005** Resolution Approving Payment of Bill List for Workers Compensation

**LB-2025-006** Resolution Approving Payment of Bill List for Self Insurance

**ADJOURNMENT**

Motion to adjourn (so moved, second)

**ALL IN FAVOR.....**

**LONG BRANCH INSURANCE FUND  
COMMISSION**

**MINUTES**

**REGULAR MEETING**

**DECEMBER 11, 2024**

The Regular Meeting of the Long Branch Insurance Fund Commission was held on Wednesday, December 11, 2024 at 3:00 p.m. in the Conference Room, 344 Broadway, Long Branch, New Jersey.

The meeting was opened at 3:00 p.m.

**PRESENT:**

Commissioner Lindsay DeAngelis  
Commissioner Charles F. Shirley, Jr.

**ABSENT:**

N/A

**OTHERS PRESENT:**

Amanda Caldwell, Deputy City Clerk  
Tara L. Okros, Insurance Fund Secretary

## **APPROVAL OF PREVIOUS MINUTES:**

Approval of the minutes of the regular meeting which was held on September 18, 2024.

*Motion to approve was made by Commissioner DeAngelis and seconded by Commissioner Shirley.*

*Ayes 2      Nays 0*

## **PUBLIC PARTICIPATION:**

*The public portion was opened and closed as no one from the public was present.*

## **COMMISSIONERS COMMENTS:**

*There was a brief discussion on the passing of Dr. Mary Jane Celli. She will be remembered as an intelligent woman who was dedicated to the betterment of the City of Long Branch. This was evidenced by her decades of service as a Councilwoman and Insurance Fund Commissioner.*

## **RESOLUTIONS:**

LB-2024-013 Resolution approving the payment of the bill list for Workers Compensation.

*Motion to approve was made by Commissioner DeAngelis and seconded by Commissioner Shirley.*

*Ayes 2 Nays 0*

LB-2024-014 Resolution approving the payment of the bill list for Self Insurance.

*Motion to approve was made by Commissioner DeAngelis and was seconded by Commissioner Shirley.*

*Ayes 2 Nays 0*

## **ADJOURNMENT**

*Motion to adjourn was made by Commissioner DeAngelis, seconded by Commissioner Shirley.*

*Ayes 2 Nays 0*

*\*NOTE\* Next meeting date and time is To Be Determined.*

This meeting was adjourned at 3:05 p.m.

**RESOLUTION OF THE CITY OF LONG BRANCH  
INSURANCE FUND COMMISSION**

Resolution No: LB-2025-1  
Meeting Date: January 28, 2025

**TITLE:                   RESOLUTION APPROVING TARA L. OKROS AS  
                                 CORRESPONDING SECRETARY AND RECORDING SECRETARY  
                                 TO THE LONG BRANCH INSURANCE FUND COMMISSION**

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**COMMISSIONERS: CALDWELL, DEANGELIS AND SHIRLEY OFFERED AND MOVED  
ADOPTION OF THE FOLLOWING RESOLUTION:**

**WHEREAS**, the City of Long Branch has established an Insurance Fund Commission pursuant to N.J.S.A. 40A: 10-6 et seq. and

**WHEREAS**, the Long Branch Insurance Fund Commission requires the services of a Recording and Corresponding Secretary, and

**WHEREAS**, Tara L. Okros has the necessary experience to perform these services, and

**WHEREAS**, compensation for the position of Corresponding Secretary is established by the City Council of the City of Long Branch, through adoption of a salary ordinance for the year 2025 and the position of Recording Secretary receives no compensation.

**NOW, THEREFORE, BE IT RESOLVED** that the Long Branch Insurance Fund Commission hereby appoint Tara L. Okros as Corresponding Secretary and Recording Secretary to the Commission effective January 1, 2025.

Approved: \_\_\_\_\_

Insurance Fund Commissioners

Record of Vote by Commissioners of Passage

Commissioner   Aye   Nay   N.V.   Absent

Caldwell \_\_\_\_\_.

DeAngelis \_\_\_\_\_

Shirley \_\_\_\_\_

**RESOLUTION OF THE CITY OF LONG BRANCH  
INSURANCE FUND COMMISSION**

Resolution No: LB-2025-2  
Meeting Date: January 28, 2025

**TITLE: RESOLUTION MEMORIALIZING THE INSURANCE AGREEMENT  
WITH FAIRVIEW INSURANCE AGENCY ASSOCIATES, INC. TO  
PLACE FOR THE CITY OF LONG BRANCH ITS 2025 PROPERTY  
AND CASUALTY INSURANCE PROGRAM.**

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**COMMISSIONERS: CALDWELL, DEANGELIS AND SHIRLEY OFFERED AND MOVED  
ADOPTION OF THE FOLLOWING RESOLUTION:**

**WHEREAS**, the City of Long Branch has established an Insurance Fund Commission pursuant to N.J.S.A. 40A: 10-6 et seq., and

**WHEREAS**, the insurance broker for the City of Long Branch solicited competitive quotes from two (2) various Joint Insurance Funds, and

**WHEREAS**, the City has reviewed the Joint Insurance Fund Proposals submitted by our broker, Fairview Insurance, and

**WHEREAS**, the City is in its third year of the contract for the Trust & Indemnity Agreement which began January 1, 2023 with Statewide Joint Insurance Fund, and

**WHEREAS**, this is the third year of the three (3) year contact, and

**WHEREAS**, attached to this Resolution are the required Statewide Joint Insurance Fund Agreements and Resolutions for adoption, and

**WHEREAS**, the Chief Financial Officer of the City of Long Branch had certified, in accordance with the Certification of Funds attached hereto, that funds are available for these contracts in the 2025 Insurance Fund Accounts as itemized as follows:

Account	#5-01-034-561	\$710,373.00
Account	#5-01-034-561	\$102,184.00

\*CONTINUATION OF THIS CONTRACT IS CONTINGENT UPON PROVISION OF ADDITIONAL FUNDS THROUGH APPROPRIATION TRANSFER, EMERGENCY APPROPRIATION, AND/OR PROVISION OF ADEQUATE FUNDS IN THE 2025 BUDGET.

**NOW, THEREFORE, BE IT RESOLVED, that**

- (1) The Long Branch Insurance Fund Commission approves as its broker Fairview Insurance Agency Associates, Inc. for the 2025 Property and Casualty Insurance Program.
- (2) The Long Branch Insurance Fund Commission approves the Package Policy which includes Property, Boiler & Machinery, Inland Marine, Crime, General Liability, Auto Liability, Police Professional, Public Officials Liability, Pollution Legal Liability, Cyber Liability and non owned aircraft coverages at an annual premium of \$710,373.00
- (3) The Long Branch Insurance Fund Commission approves the Excess Liability at an annual premium of \$102,184.00

Approved \_\_\_\_\_  
Insurance Fund Commissioners

Record of Vote by Commissioners of Passage  
Commissioner    Aye    Nay    N.V.    Absent  
CALDWELL \_\_\_\_\_.  
DEANGELIS \_\_\_\_\_  
SHIRLEY \_\_\_\_\_

CITY OF LONG BRANCH  
OFFICE OF THE FINANCE DIRECTOR  
344 BROADWAY  
LONG BRANCH, NEW JERSEY 07740

CERTIFICATION OF CHIEF FINANCIAL OFFICER

As the Chief Financial Officer of the City of Long Branch, I certify that funds are available for the award of the following contract(s):

**AGREEMENT WITH THE INSURANCE BROKER FOR 2025 PROPERTY AND CASUALTY INSURANCE PROGRAM, INCLUDING AUTO LIABILITY, GENERAL LIABILITY, CRIME, BOILER AND MACHINERY, POLICE PROFESSIONAL, PUBLIC OFFICIALS LIABILITY, POLLUTION LIABILITY INSURANCE, CYBER LIABILITY , NON OWNED AIRCRAFT AND EXCESS LIABILITY.**

Said contract(s) to be awarded to the following vendor(s) in the following amount(s):

STATEWIDE JOINT INSURANCE FUND \$812,557.00

Said funds being available in the form of:

2025 SELF-INSURANCE FUND RESERVE

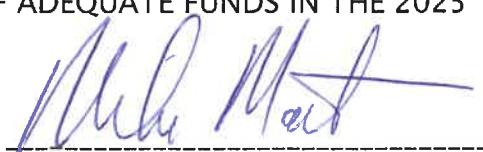
Account #5-01-034-561 \$710,373.00

Account #5-01-034-561 \$102,184.00

\*CONTINUATION OF THIS CONTRACT IS CONTINGENT UPON PROVISION OF ADDITIONAL FUNDS THROUGH APPROPRIATION TRANSFER, EMERGENCY APPROPRIATION, AND/OR PROVISION OF ADEQUATE FUNDS IN THE 2025 BUDGET.

1/24/25

DATE



Michael Martin, C.M.F.O.  
City of Long Branch (CFO)

# Statewide Insurance Fund

FUND YEAR 2023



Prepared For:  
City of Long Branch  
Issued: 12/3/2022

## Coverage Summary

The following 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.

### Property Coverage:

The Fund will cover a member's scheduled property for "All Risks" of direct physical loss or damage (per coverage terms, exclusions and conditions). The member must have an insurable interest in the property (i.e. suffer a financial loss in the event it is lost or damaged) and it must be identified as a subject of coverage on the member's Property schedule.

<b>A. POLICY LIMIT: \$200,000,000 per the latest Statement of Values or other documentation on file with the Fund</b>	
<b>B. LIMITS OF INSURANCE:</b>	
Buildings, in any one occurrence	per schedule
Business Personal Property, in any one occurrence	per schedule
Business Interruption	\$10,000,000 with 72 hr waiting period for Cat
Per Occurrence for Spoilage	Included
Per Occurrence for Debris Removal	25% of loss
Per Occurrence for Accounts Receivable	\$5,000,000
Per Occurrence for Civil or Military Authority	30 days
Per Occurrence for Contractor's Equipment on file with Company	Included
Per Occurrence for Demolition and Increased Cost of Construction: Demolition Coverage A, B, & C	Included
Per Occurrence for Electronic Data Processing (EDP) Systems	Included
Per Occurrence for Electronic Data Processing (EDP) Media, Data, Programs and Software	\$5,000,000
Per Occurrence for Errors and Omission	\$1,000,000
Extended Period of Indemnity	Unlimited
Per Occurrence for Expediting Expenses	\$2,500,000
Per Occurrence for Extra Expense	\$10,000,000
Per Occurrence for Fine Arts	\$1,000,000
Per Occurrence for Fire Brigade Charges	Included
Per Occurrence for Ingress/Egress. Insured Physical	30 days

Per Occurrence Leasehold Interests	\$500,000 Each location Blanket
Per Occurrence and Annual Aggregate for Limited Pollution Coverage	\$50,000 per location Blanket
Per Occurrence for Miscellaneous Unnamed locations excludes Flood occurring wholly or partially within Special Flood Hazard Areas (SFHA),	\$1,000,000
Per Occurrence for Mobile Equipment	Included
Per Occurrence and Annual Aggregate for Mold/Fungus Resultant Damage	\$250,000
Per Occurrence for Newly Acquired Property for a period of 180 days, excludes Flood Occurring wholly or partially within Special Flood Hazard Areas (SFHA),	\$5,000,000
Per Occurrence for Outdoor Property	Per Schedule
Per Occurrence for Unscheduled Outdoor Property	\$500,000
Per Occurrence for Property in the Course of Construction	\$5,000,000
Per Occurrence for Professional Fees	\$25,000 per location Blanket
Per Occurrence for Soft Costs	\$100,000
Per Occurrence for Service Interruption	\$1,000,000
Per Occurrence for Transit	\$500,000 per conveyance/occ
Per Occurrence for Underground Pipes	\$1,000,000
Per Occurrence for Upgrade to Green	Included
Per Occurrence for Valuable Papers and Records	\$5,000,000
Per Occurrence for Vehicles including Automobile Physical Damage	\$5,000,000
Per Occurrence for Watercraft Physical Damage	per schedule
Per Occurrence and Annual Aggregate for peril of Earth Movement	\$100,000,000
Per Occurrence and Annual Aggregate for the peril of Flood	\$10,000,000
	\$10,000 each drone not to exceed
Drones owned by the member	\$100,000 each occurrence

**Deductibles:**

**Fund Deductibles:**

The Fund's deductible for each claim for loss or damage under the property policy shall be subject to a per occurrence deductible of \$200,000 unless a specific deductible amount is shown below.

**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 below applies:

**Flood Deductible:**

- (a) In any one occurrence except for locations wholly or partially within the Special Flood Hazard Areas (SFHA), areas of 100 year flooding as defined by the Federal Emergency Management Agency: \$2,500 per occurrence
- (b)
- (b) In any one occurrence for locations wholly or partially within Special Flood Hazard Areas (SFHA), areas of 100 year flooding, as defined by the Federal Emergency Management Agency (if these locations are not excluded elsewhere in the policy with respect to the peril of flood), the deductible is \$500,000 for Buildings and \$500,000 for Contents, per location involved in the loss or damage.

**Windstorm or Hail Deductible:**

- (a) \$1,000 per occurrence except as follows:
- (b) For locations and property located in Atlantic, Ocean, Monmouth and Burlington Counties located East of the Garden State Parkway and Cape May County: 2% of Total Insurable Values at the time of loss at each location involved in the loss or damage subject to a minimum of \$250,000 for each premises for any one occurrence.
- (c) For all locations and property: 2% of Total Insurable Values at the time of loss at each location involved in the loss or damage arising out of a Named Storm (a storm that has been declared by the National Weather Service or other Worldwide Recognized Meteorological Authority to be a Hurricane, Typhoon, Tropical Cyclone, Tropical Storm or Tropical Depression) subject to a minimum of \$250,000 for each premises for any one occurrence.

**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 below applies:

**Flood Deductible:**

- (a) In any one occurrence except for locations wholly or partially within the Special Flood Hazard Areas (SFHA), areas of 100 year flooding as defined by the Federal Emergency Management Agency: \$2,500 per occurrence.
- (b) In any one occurrence for locations wholly or partially within Special Flood Hazard Areas (SFHA), areas of 100 year flooding, as defined by the Federal Emergency Management Agency (if these locations are not excluded elsewhere in the policy with respect to the peril of flood), the deductible is \$500,000 for Buildings and 500,000 for Contents, per location involved in the loss or damage.

**Windstorm:**

2% of Total Insurable Values at the time of loss at each location involved in the loss or damage arising out of a Named Storm and subject to a minimum of \$250,000 any one occurrence.

**Auto Physical Damage coverage is included under the property coverage.**

This is for Physical loss or damage to a member owned vehicles resulting from collision, or other covered perils. Emergency Vehicle claim valuation is replacement cost 15 years or newer, or actual cash value.

**Member Deductible:**

\$1,000 for each claim for loss or damage

## **Boiler & Machinery / Equipment Breakdown:**

The Fund has arranged coverage for losses involving the sudden and accidental breakdown of electrical, mechanical and/or air conditioning/refrigeration equipment. Jurisdictional inspections are included.

### **A. POLICY LIMIT: \$100,000,000 Combined Property Damage**

<b>Business Interruption (Ordinary Payroll Included)</b>	<b>\$ Combined</b>
<b>Blanket Limit Including:</b> <ul style="list-style-type: none"><li>• Expediting Expense</li><li>• Electronic Data</li><li>• Water Damage</li><li>• Public Safety Service Charge</li><li>• Spoilage - Scheduled locations</li><li>• Spoilage - Utility Owned Equipment</li></ul>	
	<b>\$250,000</b>
<b>Loss of Utilities</b>	<b>\$100,000</b>
<b>Pollutant Clean Up or removal – Property Damage</b>	<b>\$50,000</b>
<b>Pollutant Clean Up or removal – Business Income</b>	<b>\$50,000</b>
<b>Fungus Clean Up</b>	<b>\$50,000</b>
<b>Ammonia Contamination</b>	<b>\$100,000</b>
<b>Dependent Business Income</b>	<b>\$100,000</b>

**Valuation: Repair or Replacement**

**Deductible:**      \$10,000 - Applicable to Property Damage  
                          24 hours – With respect to Business Income/Extra  
                          Expense/Service Interruption/Spoilage

## **Crime Coverage:**

To assist members in satisfying their legal obligations to the State of New Jersey, the Fund offers a comprehensive Crime program which includes coverage for statutory positions. In addition to Faithful Performance coverage, employee dishonesty, computer fraud, forgery and alteration are included.

<b>Coverage</b>	<b>Limit</b>	<b>Deductible</b>
Employee Dishonesty	\$2,000,000	\$7,500 Ded.
Forgery & Alteration	\$1,000,000	\$7,500 Ded.
Money & Securities –Inside	\$1,000,000	\$7,500 Ded.
Robbery & Safe Burglary – Inside	\$1,000,000	\$7,500 Ded.
Outside the Premises	\$1,000,000	\$7,500 Ded.
Computer Fraud	\$1,000,000	\$7,500 Ded.
Funds Transfer Fraud	\$1,000,000	\$7,500 Ded
Money Orders and Counterfeit Paper	\$1,000,000	\$7,500 Ded.
Treasurers & Tax Collectors	\$1,000,000	\$7,500 ded.
Faithful Performance	\$1,000,000	\$7,500 ded.

Bonded employees are included in the coverage, within the limit.

## **Workers' Compensation Coverage:**

New Jersey law requires that all employees be covered by Workers' Compensation. It is generally defined as medical treatment, temporary disability, and a schedule of benefits payable to an employee for permanent injury, disability, dismemberment, or death as a result of occupational hazard. The payments are a liability of the entity.

**Workers' Compensation Benefits:**

**Statutory Limits**

**Employer's Liability Limit:**

**\$2,000,000**

## **Liability Coverages**

### **General Liability Coverage:**

A form of insurance designed to protect the member from a wide variety of liability exposures. These exposures could include liability arising out of accidents resulting from the premises or the operations of an entity, and some types of contractual liability.

### **Automobile Liability:**

Liability arising from the use, maintenance and/or operation of member-owned vehicles are covered under this portion of the program.

### **Employee Benefit Administration Liability:**

Covers administrative errors and omissions such as neglecting to add someone to the entity's health insurance plan, providing individual instead of family coverage, etc. This is covered within the Fund's Public Entity Liability coverage form.

### **Law Enforcement Liability:**

The insurance provides coverage for bodily injury, personal injury or property damage caused by a wrongful act committed by or on behalf of a public entity while conducting law enforcement activities or operations for those members with this exposure.

### **Excess Liability:**

The Fund offers up to \$15,000,000 in additional Liability limits per occurrence, excess of the Fund's underlying Liability coverages. *This is optional coverage.*

**Primary Limit:**                   \$10,000,000 General Liability CSL per Fund occurrence  
   \$10,000,000 Automobile Liability per occurrence  
   \$10,000,000 Law Enforcement Liability Each person/each occurrence/annual aggregate

**Member Deductible:**           \$1,000 per claim on Employee Benefits Liability Only\*\*  
   \*\*Coverage is claims made

**Excess Limit:**                   Higher limits available for GL, AL, LE, POL, EPL, WC Employers Liability. See quote page for details.

## **Public Officials/Employment Practices Liability**

Each of these coverages under the Statewide model placed through Ace, has its own limit of liability. Therefore, the POL or EPL coverage experience, this will not affect the other insuring agreements or available limit of liability.

### **Public Officials Liability:**

This protects the entity for claims or suits alleging the wrongful acts and/or errors and omissions of the member's governing body, employees and/or volunteers.

#### **Limit of Liability:**

Up to \$10,000,000 Available  
Per wrongful act/annual aggregate, per member  
[See Quote Page](#)  
Claims made form

#### **Deductible:**

Crisis Management Fund

[See Quote Page](#)  
\$25,000

- Includes Land Use Planning and Zoning and defense limit of 50% of the policy period aggregate limit of liability up to \$500,000 for injunctive relief matters.
- Includes coverage for compensatory damages for land use claims up to the coverage limit.

### **Employment Practices Liability:**

This coverage is designed to protect the Member for claims brought by employees (current, future and/or past) for damages arising from negligent employment practices such as wrongful termination or hiring, harassment, sexual harassment, and/or whistleblower allegations.

#### **Limit of Liability**

Up to \$10,000,000 Available  
Per wrongful act/annual aggregate, per member  
[See Quote Page](#)  
Claims made form

#### **Deductible**

Please note:

Includes Extended EPLI coverage options:

- Mental Anguish
- Front Wages & Back Wages retro date (inception) – policy limit
- EEOC

## **Cyber and Technology Liability:**

The cyber cover coverage protects for liability for a data breach in which members have personal information of employees or the public, such as Social Security or credit card numbers, that is exposed or stolen by a hacker or other criminal who has gained access data.

<b>Liability Expense</b>	<b>Limit</b>	<b>Retention</b>
Liability Costs	2,000,000	25,000
PCI Costs	2,000,000	25,000
Regulatory Costs	2,000,000	25,000

<b>First Party Expense</b>	<b>Limit</b>	<b>Retention</b>
Breach Fund	2,000,000	25,000
Data Restoration Costs	2,000,000	25,000
Extortion Costs	2,000,000	25,000
Business Impersonation Costs	2,000,000	25,000
Rep Harm Expense	1,000,000	12 hours

<b>First Party Loss</b>	<b>Limit</b>	<b>Retention</b>	
Business Interruption	2,000,000	25,000	12 hours
Contingent Business Interruption	2,000,000	25,000	12 hours
System Failure	2,000,000	25,000	12 hours
Contingent Business Failure	2,000,000	25,000	12 hours
Cyber Crime	250,000	25,000	
Bricking Costs	1,000,000	25,000	
Criminal Rewards	100,000	0	

<b>Endts</b>	<b>Limit</b>	<b>Retention</b>
General Data Protection Regulation	2,000,000	25,000
Media	2,000,000	25,000
Utility Fraud Attack	100,000	2,500

Claims-Made Policy form

Member deductible:

[See Quote Page](#)

**Environmental Legal Liability:**

This protects the entity for claims or suits that arise from liability and cleanup costs associated with pollution. *This Coverage is optional.*

**LIMIT OF LIABILITY**

Per Incident Limit	\$1,000,000 and \$1M excess
Fund Aggregate Limit	\$10,000,000 and \$10 M excess
Deductible:	\$50,000

**Retroactive Date:** **See Quote Page**

**Non Owned Aircraft Liability:**

The non-owned aircraft liability policy provides bodily injury, property damage and medical expense coverages for the liability arising out of the use of non-owned aircraft by or on behalf of members. *This Coverage is optional.*

<b>Coverage</b>	\$5,000,000
Aircraft Seating Capacity:	Not to exceed 50 seats
Territory:	Worldwide
Uses:	As required
<b>Additional Coverages:</b>	
Non-owned premises:	\$5,000,000 each occurrence
Personal Effects:	\$500 each person/\$25,000 occurrence
Fellow Employee:	Included
Standard Airworthiness Extension:	Included
Contractual Liability:	\$5,000,000 each occurrence
Medical Payments:	\$5,000 per passenger



One Sylvan Way, Suite 100  
Parsippany, NJ 07054  
862.260.2050 Fax 862.260.2058  
[swfund.com](http://swfund.com)

January 24, 2025

**Fund Year 2025**

Dear City of Long Branch,

The 2025 Assessment Breakdown is as follows:

Workers Compensation: \$1,263,246

All Lines: \$812,557

Total: \$2,075,802

Sincerely,

Statewide Insurance Fund  
Office of the Administrator  
One Sylvan Way, Suite 100  
Parsippany, NJ 07054  
862-260-2050

## City of Long Branch

## 2025 Insurance Proposal

COVERAGES	2020-2021 PREMIUM FAIRVIEW INS.AGNCY ASSOC. INC VARIOUS COVERAGES	2021-2022 PREMIUM FAIRVIEW INS.AGNCY ASSOC. INC VARIOUS COVERAGES	2022-2023 PREMIUM FAIRVIEW INS.AGNCY ASSOC. INC VARIOUS COVERAGES	2023-2024 PREMIUM FAIRVIEW INS.AGNCY ASSOC. INC VARIOUS COVERAGES	2024-2025 PREMIUM FAIRVIEW INS.AGNCY ASSOC. INC VARIOUS COVERAGES	2025-2026 PREMIUM FAIRVIEW INS.AGNCY ASSOC. INC VARIOUS COVERAGES
PACKAGE	\$ 373,555.00 INCLUDED	\$ 380,092.00 INCLUDED	\$ 409,359.00 INCLUDED	\$ 440,880.00 INCLUDED	\$ 470,865.00 INCLUDED	\$ 484,991.00 INCLUDED
PROPERTY	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
BOILER & MACHINERY	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
INLAND MARINE	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
CRIME	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
GENERAL LIABILITY	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
AUTO LIABILITY	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
EMPLOYEE BENEFIT LIABILITY	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
POLICE PROFESSIONAL LIABILITY	93,389.00	95,023.00	102,340.00	110,220.00	117,716.00	121,248.00
PUBLIC OFFICIALS LIABILITY	80,207.00	81,611.00	87,895.00	94,663.00	101,101.00	104,134.00
EXCESS LIABILITY	78,705.00	80,083.00	86,249.00	92,891.00	99,164.00	102,184.00
POLLUTION	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
WORKERS' COMPENSATION	972,990.00	990,017.00	1,066,248.00	1,144,845.00	1,226,495.00	\$1,263,246.00
TOTAL COST	\$1,598,846.00 281,912.00	\$1,626,826.00 245,917.00	\$1,752,091.00 175,000.00	\$1,883,499.00 100,000.00	\$2,015,341.00 100,000.00	\$2,075,803.00 \$2,115,341.00
ESTIMATED LOSS FUND						
TOTAL COST	\$1,880,758.00	\$1,872,743.00	\$1,927,091.00	\$1,983,499.00	\$2,115,341.00	\$2,175,803.00

**CITY OF LONG BRANCH  
COUNTY OF MONMOUTH**

**RESOLUTION R--25**

**A RESOLUTION APPOINTING A FUND COMMISSIONER AND ALTERNATE FUND  
COMMISSIONER**

**WHEREAS**, the City of Long Branch is a member of the Statewide Insurance Fund (hereinafter “Fund”), a joint insurance fund as defined in N.J.S.A. 40A: 10-36 et seq.; and

**WHEREAS**, the Fund’s Bylaws require participating members to appoint a Fund Commissioner;

**THEREFORE, BE IT RESOLVED**, that the City Council of the City of Long Branch that Charles F. Shirley Jr. is hereby appointed as the Fund Commissioner for the Local Unit for the Fund year 2025; and

**BE IT FURTHER RESOLVED** that Lindsay DeAngelis is hereby appointed as the Alternate Fund Commissioner for the Local Unit for the Fund Year 2025; and

**BE IT FURTHER RESOLVED** that the Local Unit’s Fund Commissioner is authorized and directed to execute all such documents as required by the Fund.

**MOVED:**

**SECONDED:**

**AYES:**

**NAYS:**

**ABSENT:**

**ABSTAIN:**

State of New Jersey  
County of Monmouth  
City of Long Branch

I, Amanda Caldwell, Deputy City Clerk of the City of Long Branch, do hereby certify the foregoing to be a true, complete and correct copy of a resolution adopted by the City Council at a Regular Meeting held on February 12, 2025.

---

Deputy City Clerk

## Statewide Insurance Fund

One Sylvan Way, Suite 100  
Parsippany, NJ 07054  
862.260.2050 Fax 862.260.2058  
[swfund.com](http://swfund.com)

Let Statewide Insurance Fund better serve you by reaching the right people in your Entity.  
Please provide information for the individuals we should contact regarding the following  
Statewide Insurance Fund membership benefits:

Entity Name

City of Long Branch

Primary Contact

Primary Contact Name

Primary Contact Professional Title

Primary Contact Phone

Primary Contact Email Address

The Primary Contact is the main point of contact for communication from

Charles F. Shirley, Jr.

Business Administrator

732-222-7000

cshirley@longbranch.org

The Fund Commissioner is the person who represents members for official Fund business and is appointed by the member's governing body via resolution.

Charles F. Shirley Jr.

cshirley@longbranch.org

The Alternate Fund Commissioner is the backup for the Fund Commissioner governing body, appointed via resolution by the governing

Lindsay De Angelis

ldeangelis@longbranch.org

The Billing Contact will receive

Michael Martin

732-222-7000

m.martin@longbranch.org

Claim Contact

Claim Contact Name

Claim Contact Professional Title

Claim Contact Phone

Claim Contact Email Address

The Claim Contact receives claims related

Tara Okros

Administrative Secretary

732-222-7000 ext. 5234

tokros@longbranch.org

IT Contact

IT Contact Name

If Vendor, IT Vendor Company Name

IT Contact Phone

IT Contact Email Address

The IT Contact receives IT related correspondence and is breach

William Bahamonde

732-222-7000

wbahamonde@longbranch.org

**CITY OF LONG BRANCH  
COUNTY OF MONMOUTH**

**RESOLUTION R-14-25**

**A RESOLUTION APPOINTING A RISK MANAGEMENT CONSULTANT**

**WHEREAS**, the City of Long Branch has joined in the Statewide Insurance Fund (hereinafter "Fund"), a joint insurance fund as defined in N.J.S.A. 40A:10-36 et seq; and

**WHEREAS**, the Bylaws require participating members to appoint a Risk Management Consultant, at those positions are defined in the Bylaws, if requested to do so by the "Fund"; and

**WHEREAS**, the Local Unit has complied with relevant law with regard to the appointment of a Risk Management Consultant; and

**WHEREAS**, the "Fund" has requested its members to appoint individuals or entities to that position.

**NOW, THEREFORE, BE IT RESOLVED** by the City Council of the City of Long Branch, in Monmouth County, New Jersey, as follows:

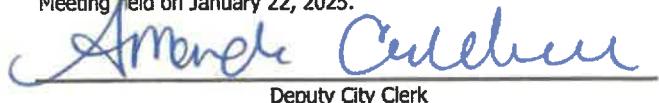
1. The City of Long Branch hereby appoints Foundation Risk Partners, Corp. DBA Fairview Insurance Agency Associates as its Risk Management Consultant;
2. The Business Administrator and Risk Management Consultant are hereby authorized to execute the Risk Management Consultant's Agreement for the year 2024 in the form attached hereto.

**MOVED:**      **Widdis**  
**SECONDED:**    **Voogt**

**AYES:**        **3**  
**NAYS:**        **0**  
**ABSENT:**      **2 (Dangler & Vieira)**  
**ABSTAIN:**     **0**

State of New Jersey  
County of Monmouth  
City of Long Branch

I, Amanda Caldwell, Deputy City Clerk of the City of Long Branch, do hereby certify the foregoing to be a true, complete and correct copy of a resolution adopted by the City Council at a Regular Meeting held on January 22, 2025.

  
Deputy City Clerk

**2025 FUND YEAR  
STATEWIDE INSURANCE FUND**

**RISK MANAGEMENT CONSULTANT'S AGREEMENT**

**THIS AGREEMENT** entered into this 22nd day of January 2025, among the Statewide Insurance Fund ("FUND"), a joint insurance fund of the State of New Jersey, CITY OF LONG BRANCH ("MEMBER") and Foundation Risk Partners, ("CONSULTANT") through a fair and open process, pursuant to N.J.S.A.19:44A-20.4. Corp. dba Fairview Insurance Agency

**WHEREAS**, the CONSULTANT has offered to the MEMBER professional risk management consulting services as required by the Bylaws of the FUND; and

**WHEREAS**, the CONSULTANT has advised the FUND that he/she is familiar with the terms, conditions and operations of the FUND; and

**WHEREAS**, the MEMBER desires these professional services from the CONSULTANT; and

**WHEREAS**, the MEMBER has complied with relevant law in regard to the appointment of a Risk Management Consultant; and

**WHEREAS**, the Bylaws of the FUND require that members engage a CONSULTANT and that the CONSULTANT comply with certain requirements set forth therein.

**NOW, THEREFORE**, the parties in consideration of the mutual promises and covenants set forth herein, agree as follows:

1. For and in consideration of the amount stated hereinafter, the CONSULTANT shall:
  - (a) assist in evaluating the MEMBER'S exposures and advise on matters relating to the Member's operation and coverage.
  - (b) explain to the MEMBER, or its representatives, the various coverages available from the FUND.
  - (c) explain to the MEMBER, or its representatives, the terms of the member's commitment and obligations to the FUND.
  - (d) explain to the MEMBER, or its representatives the operation of the FUND.
  - (e) prepare applications, statements of values, etc., on behalf of the MEMBER, if required by the FUND.
  - (f) review the MEMBER'S assessment and assist in the preparation of the MEMBER'S insurance budget.
  - (g) review losses and engineering reports and provide assistance to the MEMBER'S safety committee, if required.
  - (h) assist in the claim settlement process, if required, by MEMBER or FUND.
  - (i) attend the majority of meetings of the Fund Commissioners or Executive

Committee, if requested, and perform such other services as required by the MEMBER or the FUND.

- (j) comply with the obligations imposed upon Risk Managers in the FUND's Bylaws.
- (k) act in good faith and fair dealing to the FUND.
- (l) perform other duties for the FUND as may be required from time to time by the FUND.

2. In exchange for the above services, the CONSULTANT shall be compensated in the following manner:

- (a) The CONSULTANT shall be paid by the FUND, on behalf of the MEMBER, a fee as compensation for services rendered. Said fee, an apportionment of the MEMBER's assessment: 6% of workers' compensation (excluding any fees, PLIGA, and loss ratio apportionment); 7.5% of all lines assessment (excluding any fees, PLIGA, and loss ratio apportionment); For members who have an annual assessment in excess of \$1,000,000 for Worker's Compensation or All Lines, not a combined assessment, the risk management fees will be calculated as follows: (i) Up to \$1,000,000 assessment, the standard applicable fee applies; (ii) On the assessment amount in excess of \$1,000,000 the fee is negotiable between the member and the Producer to a maximum of the standard applicable commission. The Fund should be notified of any negotiated fee amounts by January 1st of the fund year, or at the time the contract is entered into, whichever is sooner.
- (b) The CONSULTANT shall be entitled to compensation for services provided during any calendar year only if the CONSULTANT has been appointed and holds the position of Risk Management Consultant, as of January 31 of the said calendar year for counties and municipalities holding general elections and July 30 for municipalities holding regular elections.
- (c) For any insurance coverages authorized by the MEMBER to be placed outside the FUND, the CONSULTANT shall receive as compensation the normal brokerage commissions paid by the insurance company. The premiums for said policies shall not be added to the FUND's assessment in computing the fee set forth in 2(a).
- (d) If the MEMBER shall require of the CONSULTANT extra services other than those outlined above, the CONSULTANT shall be paid by the MEMBER a fee at a rate to be negotiated by the parties.

3. The term of this Agreement shall be from **January 1, 2025 to January 1, 2026**. However, this Agreement may be terminated by either party at any time by mailing to the other thirty (30) days written notice, certified mail return receipt.

4. The CONSULTANT shall comply with all laws applicable to producers who provide insurance products to public entities and shall comply with all applicable statutes and regulations relating to joint insurance funds.
5. The CONSULTANT agrees to comply with all affirmative action laws applicable in accordance with Exhibit A and to submit all necessary documentation establishing compliance within seven (7) days of this Agreement.

**ATTEST:**

---

**Member Representative**

**ATTEST:**



**Jennifer**  
**Risk Management Consultant Corporate Officer**

**ATTEST:**

---

**Statewide Insurance Fund Chairperson**

**EXHIBIT A**  
**STATEWIDE INSURANCE FUND**

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY NOTICE**  
(N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq.)

**GOODS, PROFESSIONAL SERVICES AND GENERAL SERVICE CONTRACTS**

This form is a summary of the successful professional service entity's requirement to comply with the requirements of **N.J.S.A. 10:5-31 et seq.** and **N.J.A.C. 17:27 et seq.**

The successful professional service entity shall submit to the Statewide Insurance Fund, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

(a) A photocopy of a valid letter that the vendor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter);

**OR**

(b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-1.1 et seq.;

**OR**

(c) A photocopy of a completed Employee Information Report (Form AA302) provided by the Division of Contract Compliance and completed by the vendor in accordance with N.J.A.C. 17:27-1.1 et seq.

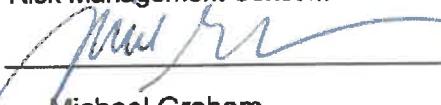
The successful professional service entity may obtain the Employee Information Report (AA302) from the Statewide Insurance Fund during normal business hours.

**The undersigned professional service entity certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq. and agrees to furnish the required forms of evidence.**

**The undersigned professional service entity further understands that his/her submission shall be rejected as non-responsive if said professional service entity fails to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq.**

COMPANY: Foundation Risk Partners Corp. dba Fairview Insurance Agency

Risk Management Consultant

SIGNATURE: 

PRINT NAME: Michael Graham

TITLE: C.O.O.

DATE: 1/8/2025

## **POLITICAL CONTRIBUTION AFFIDAVIT**

**State of New Jersey  
County of Essex**

687

I, Michael Graham residing in Montclair  
(name of affiant) (name of municipality)  
in the County of Essex and State of New Jersey of  
full age, being duly sworn according to law on my oath depose and say that:

I am COO (title or position) of the firm of Foundation Risk Partners, Corp. (name of firm)

**DBA Fairview Insurance Agency Associates**, a professional firm intending to do business with the City of Long Branch, and I hereby certify that the firm is in full compliance with Long Branch Ordinance #18-05, entitled An Ordinance Requiring Public Contracting Reform", annexed hereto, that the firm has not given any political contribution that would bar it from entering into contract with the City of Long Branch, and further, for the life of the contract, will adhere to the requirements of Ordinance #18-05 relative to future donations.

**Foundation Risk Partners, Corp. DBA Fairview Insurance Agency Associates**

(Name of firm)

Subscribed and sworn to  
before me this day

January 24, 2025  
✓ Martha Tava

**Signature of Notary Public**

{Seal}

**My Commission expires** \_\_\_\_\_

(Signature of affiant)

1/24/2025

Michael Graham  
(Type or print name of affiant under signature)

(Type or print name of affiant under signature)



## CONTRACT LANGUAGE FOR BUSINESS REGISTRATION CERTIFICATE COMPLAINECE

### For Procurement (Goods and Services) Contracts (including Purchase Orders)

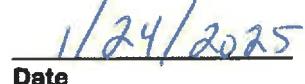
N.J.S.A. 52:32-44 imposes the following requirements on contractors and all subcontractors that knowingly provide goods or perform services for a contractor fulfilling this contract: 1) the contractor shall provide written notice to its subcontractors to submit proof of business registration to the contractor; 2) prior to receipt of final payment from the contracting agency, a contractor must submit to the contracting agency an accurate list of all subcontractors or attest that none was used; 3) during the term of this contract, the contractor and its affiliates shall collect and remit, and shall notify all subcontractors and their affiliates that they must collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the Sales and Use Tax Act, (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered into this State.

A contractor, subcontractor or supplier who fails to provide proof of business registration or provides false business registration information shall be liable to a penalty of \$25 for each day of violation, not to exceed \$50,000 for each business registration not properly provided or maintained under a contract with the contracting agency. Information of the law and its requirements is available by calling (609)292-9292.



Vendor Signature

Michael Graham, C.O.O.



Date



## STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

**Taxpayer Name:** FOUNDATION RISK PARTNERS, CORP.  
**Trade Name:** FAIRVIEW INSURANCE AGENCY ASSOCIATES  
**Address:** 2 AQUARIUM DR, STE 200  
CAMDEN, NJ 08103  
**Certificate Number:** 2116491  
**Effective Date:** March 03, 2017  
**Date of Issuance:** August 25, 2020

**For Office Use Only:**

20200825162203010

**EXHIBIT A**  
**STATE OF NEW JERSEY AFFIRMATIVE ACTION REQUIREMENTS**

**MANDATORY AFFIRMATIVE ACTION LANGUAGE**

**P.L. 1975, c. 127, (N.J.A.C. 17:27)**

**PROCUREMENT, PROFESSIONAL AND SERVICE CONTRACTS**

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of race, religion, sex, national origin, creed, color ancestry, age, marital status, affectional or sexual orientation, familial status, liability for services in the Armed Forces of the United States, or nationality. Except with respect to affectional or sexual orientation, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their race, religion, sex, national origin, creed, color ancestry, age, marital status, affectional or sexual orientation, familial status, liability for services in the Armed Forces of the United States, or nationality. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer, setting forth provisions of this non-discrimination clause.

The contractor or subcontractor, where applicable, will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, religion, sex, national origin, creed, color ancestry, age, marital status, affectional or sexual orientation, familial status, liability for services in the Armed Forces of the United States, or nationality.

The contractor or subcontractor, where applicable, will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with the regulations promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time, and the Americans with Disabilities Act.

The contractor or subcontractor agrees to attempt in good faith to employ minority and female workers consistent with the applicable county employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time, or in accordance with a binding determination of the applicable county employment goals determined by the Affirmative Action Office pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended from time to time.

The contractor or subcontractor agrees to inform, in writing, appropriate recruitment agencies in the area, including employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of race, religion, sex, national origin, creed, color ancestry, age, marital status, affectional or sexual orientation, familial status, liability for services in the Armed Forces of the United States, or nationality, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conform with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey, and as established by applicable Federal law and applicable Federal court decisions.

The contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to race, religion, sex, national origin, creed, color ancestry, age, marital status, affectional or sexual orientation, familial status, liability for services in the Armed Forces of the United States, or nationality, and conform with the applicable employment goals, consistent with the statutes and court decision of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor and its subcontractor shall furnish such reports or other documents to the Affirmative Action Office as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Affirmative Action Office for conduct a compliance investigation pursuant to Subchapter 10 of the Administrative Code (N.J.A.C. 17:27).

The contractor is required to submit, prior to or at the time the contract is submitted for signing by the Public Agency, one of the following three documents:

- I. Appropriate evidence that the contractor is operating under an existing federally approved or sanctioned affirmative action program.
- II. A certificate of employee information report approval in accordance with N.J.A.C. 17:27-4.
- III. An initial employee information report consisting of forms provided by the affirmative action office and completed by the contractor in accordance with N.J.A.C. 17:27-4.

  
Michael Graham, COO

  
1/24/2025  
Date

Certification 63176

## CERTIFICATE OF EMPLOYEE INFORMATION REPORT

### RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-JUN-2023 to 15-JUN-2026



FOUNDATION RISK PARTNERS CORP  
1540 CORNERSTONE BLVD STE 230  
DAYTONA BEACH FL 32119

*Elizabeth M. Muñoz*  
ELIZABETH MAHER MUÑOZ  
State Treasurer

**Request for Taxpayer  
Identification Number and Certification**

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Foundation Risk Partners, Corp.**

2 Business name/disregarded entity name, if different from above

**Fairview Insurance Agency Associates**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or  C Corporation  S Corporation  Partnership  Trust/estate single-member LLC

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ►

5 Address (number, street, and apt. or suite no.) See instructions.

780 W. Granada Blvd.

6 City, state, and ZIP code

Ormond Beach, FL 32174

7 List account number(s) here (optional)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

Print or type.

See Specific Instructions on page 3.

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number

				-				-			
--	--	--	--	---	--	--	--	---	--	--	--

or

Employer identification number

8	1	-	5	1	9	1	7	5	9
---	---	---	---	---	---	---	---	---	---

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

*Chh H. Gold*

Date ► 09.19.2023

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**RESOLUTION OF THE CITY OF LONG BRANCH  
INSURANCE FUND COMMISSION**

Resolution No: LB-2025-3

Meeting Date: January 28, 2025

TITLE: **RESOLUTION MEMORIALIZING THE INSURANCE  
AGREEMENT WITH FAIRVIEW INSURANCE AGENCY  
ASSOCIATES, INC. TO PLACE FOR THE CITY OF LONG  
BRANCH ITS 2025 WORKERS COMPENSATION  
PROGRAM.**

---

COMMISSIONERS: CALDWELL, DEANGELIS AND SHIRLEY OFFERED AND  
MOVED ADOPTION OF THE FOLLOWING RESOLUTION:

**WHEREAS**, the City of Long Branch has established an Insurance Fund Commission pursuant to N.J.S.A. 40A: 10-6 et seq., and

**WHEREAS**, the Commission approved the Trust & Indemnity Agreement for three (3) years, beginning January 2023 with Statewide Joint Insurance Fund, and

**WHEREAS**, this is the third year of a three (3) year contract, and

**WHEREAS**, the Chief Financial Officer of the City of Long Branch has certified, in accordance with the Certification of Funds attached hereto, that funds are available for these contracts in the 2025 Self Insurance Fund

Account #5-01-034-562 in the amount of \$1,263,246.00

**\*CONTINUATION OF THIS CONTRACT IS CONTINGENT UPON PROVISION OF  
ADDITIONAL FUNDS THROUGH APPROPRIATION TRANSFER, EMERGENCY  
APPROPRIATION AND/OR PROVISION OF ADEQUATE FUNDS IN THE 2025 BUDGET.**

**NOW, THEREFORE, BE IT RESOLVED, that**

- (1) The Long Branch Insurance Fund Commission approves Fairview Insurance Agency Associates, Inc. as its broker for 2025 Workers Compensation Program.
- (2) The Long Branch Insurance Fund Commission approves the Workers Compensation Insurance at an annual premium of \$1,263,246.00.
- (3) Payments for this insurance will be paid to the Statewide Joint Insurance Fund directly.

Approved \_\_\_\_\_  
Insurance Fund Commissioners

Record of Vote by Commissioners of Passage

Commissioner      Aye    Nay    N.V.    Absent

CALDWELL \_\_\_\_\_.

DEANGELIS \_\_\_\_\_

SHIRLEY \_\_\_\_\_

CITY OF LONG BRANCH  
OFFICE OF THE FINANCE DIRECTOR  
344 BROADWAY  
LONG BRANCH, NEW JERSEY 07740

**CERTIFICATION OF CHIEF FINANCIAL OFFICER**

As the Chief Financial Officer of the City of Long Branch, I certify that funds are available for the award of the following contract(s):

**ANNUAL CONTRACT WORKERS COMPENSATION INSURANCE FOR  
2025**

Said contract(s) to be awarded to the following vendor(s) in the following amount(s):

STATEWIDE JOINT INSURANCE FUND \$1,263,246.00

Said funds being available in the form of:

2025 SELF INSURANCE FUND RESERVE

Account #5-01-034-562 \$1,263,246.00

\*CONTINUATION OF THIS CONTRACT IS CONTINGENT UPON PROVISION OF ADDITIONAL FUNDS THROUGH APPROPRIATION TRANSFER, EMERGENCY APPROPRIATION, AND/OR PROVISION OF ADEQUATE FUNDS IN THE 2025 BUDGET.

1/24/25

DATE



Michael Martin, C.M.F.O.  
City of Long Branch (C.F.O.)

# Statewide Insurance Fund

FUND YEAR 2023



Prepared For:  
City of Long Branch  
Issued: 12/3/2022

Page 1 of 13  
City of Long Branch  
December 3, 2022

## Coverage Summary

The following 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.

### Property Coverage:

The Fund will cover a member's scheduled property for "All Risks" of direct physical loss or damage (per coverage terms, exclusions and conditions). The member must have an insurable interest in the property (i.e. suffer a financial loss in the event it is lost or damaged) and it must be identified as a subject of coverage on the member's Property schedule.

<b>A. POLICY LIMIT: \$200,000,000 per the latest Statement of Values or other documentation on file with the Fund</b>	
<b>B. LIMITS OF INSURANCE:</b>	
Buildings, in any one occurrence	per schedule
Business Personal Property, in any one occurrence	per schedule
Business Interruption	\$10,000,000 with 72 hr waiting period for Cat
Per Occurrence for Spoilage	Included
Per Occurrence for Debris Removal	25% of loss
Per Occurrence for Accounts Receivable	\$5,000,000
Per Occurrence for Civil or Military Authority	30 days
Per Occurrence for Contractor's Equipment on file with Company	Included
Per Occurrence for Demolition and Increased Cost of Construction: Demolition Coverage A, B, & C	Included
Per Occurrence for Electronic Data Processing (EDP) Systems	Included
Per Occurrence for Electronic Data Processing (EDP) Media, Data, Programs and Software	\$5,000,000
Per Occurrence for Errors and Omission	\$1,000,000
Extended Period of Indemnity	Unlimited
Per Occurrence for Expediting Expenses	\$2,500,000
Per Occurrence for Extra Expense	\$10,000,000
Per Occurrence for Fine Arts	\$1,000,000
Per Occurrence for Fire Brigade Charges	Included
Per Occurrence for Ingress/Egress. Insured Physical	30 days

Per Occurrence Leasehold Interests	\$500,000 Each location Blanket
Per Occurrence and Annual Aggregate for Limited Pollution Coverage	\$50,000 per location Blanket
Per Occurrence for Miscellaneous Unnamed locations excludes Flood occurring wholly or partially within Special Flood Hazard Areas (SFHA),	\$1,000,000
Per Occurrence for Mobile Equipment	Included
Per Occurrence and Annual Aggregate for Mold/Fungus Resultant Damage	\$250,000
Per Occurrence for Newly Acquired Property for a period of 180 days, excludes Flood Occurring wholly or partially within Special Flood Hazard Areas (SFHA),	\$5,000,000
Per Occurrence for Outdoor Property	Per Schedule
Per Occurrence for Unscheduled Outdoor Property	\$500,000
Per Occurrence for Property in the Course of Construction	\$5,000,000
Per Occurrence for Professional Fees	\$25,000 per location Blanket
Per Occurrence for Soft Costs	\$100,000
Per Occurrence for Service Interruption	\$1,000,000
Per Occurrence for Transit	\$500,000 per conveyance/occ
Per Occurrence for Underground Pipes	\$1,000,000
Per Occurrence for Upgrade to Green	Included
Per Occurrence for Valuable Papers and Records	\$5,000,000
Per Occurrence for Vehicles including Automobile Physical Damage	\$5,000,000
Per Occurrence for Watercraft Physical Damage	per schedule
Per Occurrence and Annual Aggregate for peril of Earth Movement	\$100,000,000
Per Occurrence and Annual Aggregate for the peril of Flood	\$10,000,000
Drones owned by the member	\$10,000 each drone not to exceed \$100,000 each occurrence

**Deductibles:****Fund Deductibles:**

The Fund's deductible for each claim for loss or damage under the property policy shall be subject to a per occurrence deductible of \$200,000 unless a specific deductible amount is shown below.

**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 below applies:

**Flood Deductible:**

- (a) In any one occurrence except for locations wholly or partially within the Special Flood Hazard Areas (SFHA), areas of 100 year flooding as defined by the Federal Emergency Management Agency: \$2,500 per occurrence
- (b)
- (b) In any one occurrence for locations wholly or partially within Special Flood Hazard Areas (SFHA), areas of 100 year flooding, as defined by the Federal Emergency Management Agency (if these locations are not excluded elsewhere in the policy with respect to the peril of flood), the deductible is \$500,000 for Buildings and \$500,000 for Contents, per location involved in the loss or damage.

**Windstorm or Hail Deductible:**

- (a) \$1,000 per occurrence except as follows:
- (b) For locations and property located in Atlantic, Ocean, Monmouth and Burlington Counties located East of the Garden State Parkway and Cape May County: 2% of Total Insurable Values at the time of loss at each location involved in the loss or damage subject to a minimum of \$250,000 for each premises for any one occurrence.
- (c) For all locations and property: 2% of Total Insurable Values at the time of loss at each location involved in the loss or damage arising out of a Named Storm (a storm that has been declared by the National Weather Service or other Worldwide Recognized Meteorological Authority to be a Hurricane, Typhoon, Tropical Cyclone, Tropical Storm or Tropical Depression) subject to a minimum of \$250,000 for each premises for any one occurrence.

**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 below applies:

**Flood Deductible:**

- (a) In any one occurrence except for locations wholly or partially within the Special Flood Hazard Areas (SFHA), areas of 100 year flooding as defined by the Federal Emergency Management Agency: \$2,500 per occurrence.
- (b) In any one occurrence for locations wholly or partially within Special Flood Hazard Areas (SFHA), areas of 100 year flooding, as defined by the Federal Emergency Management Agency (if these locations are not excluded elsewhere in the policy with respect to the peril of flood), the deductible is \$500,000 for Buildings and 500,000 for Contents, per location involved in the loss or damage.

**Windstorm:**

2% of Total Insurable Values at the time of loss at each location involved in the loss or damage arising out of a Named Storm and subject to a minimum of \$250,000 any one occurrence.

**Auto Physical Damage coverage is included under the property coverage.**

This is for Physical loss or damage to a member owned vehicles resulting from collision, or other covered perils. Emergency Vehicle claim valuation is replacement cost 15 years or newer, or actual cash value.

**Member Deductible:**

\$1,000 for each claim for loss or damage

## **Boiler & Machinery / Equipment Breakdown:**

The Fund has arranged coverage for losses involving the sudden and accidental breakdown of electrical, mechanical and/or air conditioning/refrigeration equipment. Jurisdictional inspections are included.

### **A. POLICY LIMIT: \$100,000,000 Combined Property Damage**

Business Interruption (Ordinary Payroll Included)	\$ Combined
<b>Blanket Limit Including:</b> <ul style="list-style-type: none"><li>• Expediting Expense</li><li>• Electronic Data</li><li>• Water Damage</li><li>• Public Safety Service Charge</li><li>• Spoilage - Scheduled locations</li><li>• Spoilage - Utility Owned Equipment</li></ul>	\$250,000
<b>Loss of Utilities</b>	\$100,000
<b>Pollutant Clean Up or removal - Property Damage</b>	\$50,000
<b>Pollutant Clean Up or removal - Business Income</b>	\$50,000
<b>Fungus Clean Up</b>	\$50,000
<b>Ammonia Contamination</b>	\$100,000
<b>Dependent Business Income</b>	\$100,000

### **Valuation: Repair or Replacement**

**Deductible:** \$10,000 - Applicable to Property Damage  
24 hours – With respect to Business Income/Extra  
Expense/Service Interruption/Spoilage

### **Crime Coverage:**

To assist members in satisfying their legal obligations to the State of New Jersey, the Fund offers a comprehensive Crime program which includes coverage for statutory positions. In addition to Faithful Performance coverage, employee dishonesty, computer fraud, forgery and alteration are included.

<b>Coverage</b>	<b>Limit</b>	<b>Deductible</b>
Employee Dishonesty	\$2,000,000	\$7,500 Ded.
Forgery & Alteration	\$1,000,000	\$7,500 Ded.
Money & Securities -Inside	\$1,000,000	\$7,500 Ded.
Robbery & Safe Burglary - Inside	\$1,000,000	\$7,500 Ded.
Outside the Premises	\$1,000,000	\$7,500 Ded.
Computer Fraud	\$1,000,000	\$7,500 Ded.
Funds Transfer Fraud	\$1,000,000	\$7,500 Ded
Money Orders and Counterfeit Paper	\$1,000,000	\$7,500 Ded.
Treasurers & Tax Collectors	\$1,000,000	\$7,500 ded.
Faithful Performance	\$1,000,000	\$7,500 ded.

Bonded employees are included in the coverage, within the limit.

### **Workers' Compensation Coverage:**

New Jersey law requires that all employees be covered by Workers' Compensation. It is generally defined as medical treatment, temporary disability, and a schedule of benefits payable to an employee for permanent injury, disability, dismemberment, or death as a result of occupational hazard. The payments are a liability of the entity.

**Workers' Compensation Benefits:** **Statutory Limits**  
**Employer's Liability Limit:** \$2,000,000

## **Liability Coverages**

### **General Liability Coverage:**

A form of insurance designed to protect the member from a wide variety of liability exposures. These exposures could include liability arising out of accidents resulting from the premises or the operations of an entity, and some types of contractual liability.

### **Automobile Liability:**

Liability arising from the use, maintenance and/or operation of member-owned vehicles are covered under this portion of the program.

### **Employee Benefit Administration Liability:**

Covers administrative errors and omissions such as neglecting to add someone to the entity's health insurance plan, providing individual instead of family coverage, etc. This is covered within the Fund's Public Entity Liability coverage form.

### **Law Enforcement Liability:**

The insurance provides coverage for bodily injury, personal injury or property damage caused by a wrongful act committed by or on behalf of a public entity while conducting law enforcement activities or operations for those members with this exposure.

### **Excess Liability:**

The Fund offers up to \$15,000,000 in additional Liability limits per occurrence, excess of the Fund's underlying Liability coverages. *This is optional coverage.*

**Primary Limit:**                   \$10,000,000 General Liability CSL per Fund occurrence  
   \$10,000,000 Automobile Liability per occurrence  
   \$10,000,000 Law Enforcement Liability Each person/each occurrence/annual aggregate

**Member Deductible:**           \$1,000 per claim on Employee Benefits Liability Only\*\*  
   \*\*Coverage is claims made

**Excess Limit:**                   Higher limits available for GL, AL, LE, POL, EPL, WC Employers Liability. See quote page for details.

## **Public Officials/Employment Practices Liability**

Each of these coverages under the Statewide model placed through Ace, has its own limit of liability. Therefore, the POL or EPL coverage experience, this will not affect the other insuring agreements or available limit of liability.

### **Public Officials Liability:**

This protects the entity for claims or suits alleging the wrongful acts and/or errors and omissions of the member's governing body, employees and/or volunteers.

<b>Limit of Liability:</b>	Up to \$10,000,000 Available Per wrongful act/annual aggregate, per member <a href="#">See Quote Page</a> Claims made form
<b>Deductible:</b> Crisis Management Fund	<a href="#">See Quote Page</a> \$25,000

- Includes Land Use Planning and Zoning and defense limit of 50% of the policy period aggregate limit of liability up to \$500,000 for injunctive relief matters.
- Includes coverage for compensatory damages for land use claims up to the coverage limit.

### **Employment Practices Liability:**

This coverage is designed to protect the Member for claims brought by employees (current, future and/or past) for damages arising from negligent employment practices such as wrongful termination or hiring, harassment, sexual harassment, and/or whistleblower allegations.

<b>Limit of Liability</b>	Up to \$10,000,000 Available Per wrongful act/annual aggregate, per member <a href="#">See Quote Page</a> Claims made form
<b>Deductible</b>	<a href="#">See Quote Page</a>

#### **Please note:**

Includes Extended EPLI coverage options:

- Mental Anguish
- Front Wages & Back Wages retro date (inception) – policy limit
- EEOC

## **Cyber and Technology Liability:**

The cyber cover coverage protects for liability for a data breach in which members have personal information of employees or the public, such as Social Security or credit card numbers, that is exposed or stolen by a hacker or other criminal who has gained access data.

<b>Liability Expense</b>	<b>Limit</b>	<b>Retention</b>
Liability Costs	2,000,000	25,000
PCI Costs	2,000,000	25,000
Regulatory Costs	2,000,000	25,000

<b>First Party Expense</b>	<b>Limit</b>	<b>Retention</b>
Breach Fund	2,000,000	25,000
Data Restoration Costs	2,000,000	25,000
Extortion Costs	2,000,000	25,000
Business Impersonation Costs	2,000,000	25,000
Rep Harm Expense	1,000,000	12 hours

<b>First Party Loss</b>	<b>Limit</b>	<b>Retention</b>	
Business Interruption	2,000,000	25,000	12 hours
Contingent Business Interruption	2,000,000	25,000	12 hours
System Failure	2,000,000	25,000	12 hours
Contingent Business Failure	2,000,000	25,000	12 hours
Cyber Crime	250,000	25,000	
Bricking Costs	1,000,000	25,000	
Criminal Rewards	100,000	0	

<b>Endts</b>	<b>Limit</b>	<b>Retention</b>
General Data Protection Regulation	2,000,000	25,000
Media	2,000,000	25,000
Utility Fraud Attack	100,000	2,500

Claims-Made Policy form  
Member deductible: **See Quote Page**

**Environmental Legal Liability:**

This protects the entity for claims or suits that arise from liability and cleanup costs associated with pollution. *This Coverage is optional.*

**LIMIT OF LIABILITY**

Per Incident Limit	\$1,000,000 and \$1M excess
Fund Aggregate Limit	\$10,000,000 and \$10 M excess
Deductible:	\$50,000

**Retroactive Date:****See Quote Page****Non Owned Aircraft Liability:**

The non-owned aircraft liability policy provides bodily injury, property damage and medical expense coverages for the liability arising out of the use of non-owned aircraft by or on behalf of members. *This Coverage is optional.*

Coverage	\$5,000,000
Aircraft Seating Capacity:	Not to exceed 50 seats
Territory:	Worldwide
Uses:	As required
Additional Coverages:	
Non-owned premises:	\$5,000,000 each occurrence
Personal Effects:	\$500 each person/\$25,000 occurrence
Fellow Employee:	Included
Standard Airworthiness Extension:	Included
Contractual Liability:	\$5,000,000 each occurrence
Medical Payments:	\$5,000 per passenger



One Sylvan Way, Suite 100  
Parsippany, NJ 07054  
862.260.2050 Fax 862.260.2058  
[swfund.com](http://swfund.com)

January 24, 2025

**Fund Year 2025**

Dear City of Long Branch,

The 2025 Assessment Breakdown is as follows:

Workers Compensation: \$1,263,246

All Lines: \$812,557

Total: \$2,075,802

Sincerely,

Statewide Insurance Fund  
Office of the Administrator  
One Sylvan Way, Suite 100  
Parsippany, NJ 07054  
862-260-2050

## City of Long Branch

## 2025 Insurance Proposal

COVERAGES	2020-2021 PREMIUM FAIRVIEW INS. ASSOC. INC VARIOUS COVERAGES	2021-2022 PREMIUM FAIRVIEW INS. AGENCY ASSOC. INC VARIOUS COVERAGES	2022-2023 PREMIUM FAIRVIEW INS. AGENCY ASSOC. INC .VARIOUS COVERAGES	2023-2024 PREMIUM FAIRVIEW INS. AGENCY ASSOC. INC VARIOUS COVERAGES		2024-2025 PREMIUM FAIRVIEW INS. AGENCY ASSOC. INC VARIOUS COVERAGES		2025-2026 PREMIUM FAIRVIEW INS. AGENCY ASSOC. INC VARIOUS COVERAGES	
				FAIRVIEW INS. AGENCY ASSOC. INC VARIOUS COVERAGES	FAIRVIEW INS. AGENCY ASSOC. INC VARIOUS COVERAGES	FAIRVIEW INS. AGENCY ASSOC. INC VARIOUS COVERAGES	FAIRVIEW INS. AGENCY ASSOC. INC VARIOUS COVERAGES	FAIRVIEW INS. AGENCY ASSOC. INC VARIOUS COVERAGES	FAIRVIEW INS. AGENCY ASSOC. INC VARIOUS COVERAGES
PACKAGE	\$ 373,555.00	\$ 380,092.00	\$ 409,359.00	\$ 440,880.00	\$ 470,865.00	\$ 484,991.00			
PROPERTY	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED			
BOILER & MACHINERY	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED			
INLAND MARINE	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED			
CRIME	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED			
GENERAL LIABILITY	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED			
AUTO LIABILITY	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED			
EMPLOYEE BENEFIT LIABILITY	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED			
POLICE PROFESSIONAL LIABILITY	93,389.00	95,023.00	102,340.00	110,220.00	117,716.00	121,248.00			
PUBLIC OFFICIALS LIABILITY	80,207.00	81,611.00	87,895.00	94,663.00	101,101.00	104,134.00			
EXCESS LIABILITY	78,705.00	80,083.00	86,249.00	92,391.00	99,164.00	102,184.00			
POLLUTION	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED			
WORKERS' COMPENSATION	972,990.00	990,017.00	1,066,248.00	1,144,845.00	1,226,495.00	\$1,263,246.00			
TOTAL COST	\$1,598,846.00 281,912.00	\$1,626,826.00 245,917.00	\$1,752,091.00 \$175,000.00	\$1,883,499.00 \$100,000.00	\$2,015,341.00 \$100,000.00	\$2,075,803.00 \$100,000.00			
ESTIMATED LOSS FUND			\$1,927,091.00	\$1,983,499.00		\$2,115,341.00			
TOTAL COST	\$1,880,758.00					\$2,175,803.00			

**RESOLUTION OF THE CITY OF LONG BRANCH  
INSURANCE FUND COMMISSION**

Resolution No: LB-2025-4

Meeting Date: January 28, 2025

**TITLE: RESOLUTION APPROVING MEETING DATES FOR THE  
LONG BRANCH INSURANCE FUND COMMISSION**

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COMMISSIONERS: CELLI, DEANGELIS AND SHIRLEY OFFERED AND MOVED  
ADOPTION OF THE FOLLOWING RESOLUTION:

**WHEREAS**, the City of Long Branch has established an Insurance Fund Commission pursuant to N.J.S.A.40A: 10-6 et seq. and

**WHEREAS**, the Long Branch Insurance Fund Commission is required to send out notice of it's meeting dates: and

**WHEREAS**, the Long Branch Insurance Fund Commission has designated the following meeting dates unless otherwise noted.

**NOW, THEREFORE, BE IT RESOLVED** that the following dates will be scheduled meeting dates of the Long Branch Insurance Fund Commission

March 12, 2025 (3:00 p.m.)	Sept. 10, 2025 (3:00 p.m.)
June 11, 2025 (3:00 p.m.)	Dec. 10, 2025 (3:00 p.m.)

All meetings will take place in the Municipal Building, 344 Broadway, Second Floor Conference Room, Long Branch, New Jersey.

Approved: \_\_\_\_\_  
Insurance Fund Commissioners

Record of Vote by Commissioners of Passage

Commissioner	Aye	Nay	N.V.	Absent
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Caldwell \_\_\_\_\_

DeAngelis \_\_\_\_\_

Shirley \_\_\_\_\_

Indicate Vote

RESOLUTION #LB-2025-005

**Resolution  
Approval Payment of Bills**

**WHEREAS**, the Insurance Fund Commission of the City of Long Branch have examined the attached bill list for Workers Compensation.

**NOW THEREFORE, BE IT RESOLVED**, by the Insurance Fund Commission of the City of Long Branch that the payment of these bills set forth on the attached list are hereby approved.

*MOVED:*

*SECONDED:*

*AYES:*

*NAYES:*

*ABSENT:*

*ABSTAIN:*

I hereby certify the foregoing to be a true copy of a resolution adopted by the Insurance Commission at their Regular meeting held on January 28, 2025

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City of Long Branch, Monmouth County, New Jersey, this \_\_\_\_ day of January, 2025.

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Tara L. Okros  
Recording Secretary

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**PUBLIC NOTICE**

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Notice is hereby given that the following bills will be submitted for payment approval as of January 28, 2025. The original bills are on file in the Office of the Director of Finance of the City of Long Branch between the hours of 8:30 A.M. and 4:30 P.M. Monday through Friday.

Various  
Various  
Various

See Attached Lists - 12/13/2024 - check# 8802  
See Attached Lists - 12/27/2024 - check# 8803  
See Attached Lists - 01/09/2025 - check# 8804

\* 1,428.00  
\* 1,984.00  
\* 1,428.00

**TOTAL WORKERS COMP**

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**4,840.00**

RESOLUTION #LB-2025-006

**Resolution  
Approval Payment of Bills**

**WHEREAS**, the Insurance Fund Commission of the City of Long Branch have examined the attached bill list for Self Insurance.

**NOW THEREFORE, BE IT RESOLVED**, by the Insurance Fund Commission of the City of Long Branch that the payment of these bills set forth on the attached list are hereby approved.

*MOVED:*

*SECONDED:*

*AYES:*

*NAYES:*

*ABSENT:*

*ABSTAIN:*

I hereby certify the foregoing to be a true copy of a resolution adopted by the Insurance Commission at their Regular meeting held on January 28, 2025

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the City of Long Branch, Monmouth County, New Jersey, this \_\_\_\_\_ day of January, 2025.

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Tara L. Okros  
Recording Secretary

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**PUBLIC NOTICE**

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Notice is hereby given that the following bills will be submitted for payment approval as of January 28, 2025. The original bills are on file in the Office of the Director of Finance of the City of Long Branch between the hours of 8:30 A.M. and 4:30 P.M. Monday through Friday.

Elite Equipment	Repairs to Sanitation Truck# 45 - 07/12/24 - Deductible	*	1,000.00
Elite Equipment	Repairs to 2018 Garbage Truck - Deductible	*	1,000.00
Elite Equipment	Repairs to Sanitation Truck# 45 - 07/12/24	*	48,674.90
Elite Equipment	Repairs to 2018 Garbage Truck	*	6,794.00
Anna Newman	Full and Final Payment - 09/04/24	*	500.00

**TOTAL SELF INSURANCE**

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**57,968.90**