

CASUALTY INSURANCE POLICY
Ocean County Municipal Joint Insurance Fund
9 Campus Drive, Suite 16
Parsippany NJ 07054-4412

JIF CASUALTY POLICY DECLARATIONS

Item A. Member Entity JACKSON
Mailing Address: 95 WEST VETERANS HIGHWAY
 JACKSON, NJ 08527

Item B. Coverage Period:
Effective Date:1/1/2014 Expiration Date: January 1, 2015, each at 12:01.M. Standard Time at the address of the **Member Entity** as stated herein.

Item C. Limits Of Liability:
\$300,000 per occurrence combined single limit.

Item D. Coverages:
Part I - Commercial General Liability Insurance
Part II - Law Enforcement Professional Liability Insurance

Item E. Endorsements: Attached at issuance:
Real Property-Liability-Fire Endorsement
Nuclear Energy Liability Exclusion Endorsement (Broad Form)
Employee Benefits Liability Insurance Endorsement
Quasi Entities Coverage Endorsement (where applicable)
Skateboard Facility Coverage Endorsement
Disinfectants Release Hazard Endorsement
Institutional Exposures (Wildwood Crest & Mt Laurel Only)
JIF Additional Insured Endorsement
Paintball Liability Absolute Exclusion

Item F. Notice Of Claim:
To be given to: Ocean County Municipal
 9 Campus Drive, Suite 16
 Parsippany, NJ 07054-4412

Item G. Assessment: \$159,481

The DECLARATIONS are issued with and form a part of the Joint Insurance Fund Casualty Insurance Policy.

By *Stephen A. Sacco*
 Authorized Representative

**Municipal Excess Liability Joint Insurance Fund
9 CAMPUS DRIVE, SUITE 16
PARSIPPANY, NJ 07054**

EXCESS LIABILITY DECLARATIONS

Item A. **Member Entity** : **JACKSON**
Mailing Address 95 WEST VETERANS HIGHWAY
JACKSON, NJ 08527

Item B. **Coverage Period:**
From 1/1/2014 to January 1, 2015 12:01 A.M. standard at the address of the **Member Entity** as stated herein.

Item C. **Limits of Liability:**
(1) \$1,450,000 per occurrence combined single limit excess of Item E.
(2) \$3,250,000 per occurrence and annual aggregate combined single limit excess of item C(1)-
(Business Automobile Liability is unaggregated)
(3) \$15,000,000 per occurrence and annual aggregate combined single limit excess of item C(2)-
(Business Automobile Liability is unaggregated)
(4) Excluded per person for medical expense benefits under the New Jersey Personal Injury Protection
ENDORSEMENT attached to the underlying insurance.

Item D. **Underlying Insurance:**
Which forms a part and is attached to this Excess Liability Policy:
Joint Insurance Fund

Item E. **Underlying Insurance Limit:**
\$300,000 per occurrence combined single limit for Commercial General Liability, Business
Automobile Liability, Law Enforcement Professional Liability and Employee Benefits
Liability Insurance.
\$250,000 per person for Medical Expense Benefits under the New Jersey Personal Injury Protection
ENDORSEMENT.

Item F. **Notice Of Claim:**
To be given to:
Municipal Excess Liability Joint Insurance Fund
9 Campus Drive, Suite 16
Parsippany, NJ 27054

Item G. **Assessment:**
Standard Limit Assessment \$131,616
Optional Limits \$15,000,000
Optional Assessment \$34,172

Item H. **Endorsements:** Attached at issuance: