



INSURANCE BINDER

DATE (MM/DD/YYYY)
12/22/2016**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY Capacity Coverage Company of NJ Inc One International Blvd 3rd Floor Mahwah NJ 07495		COMPANY Munich Reinsurance Company		BINDER # B16122252556	
PHONE (A/C, No, Ext): (201)661-2000		FAX (A/C, No): (201)661-2499		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: 163247-3012967-2017	
CODE: 00035799		SUB CODE:		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) SCHEDULE OF LOCATIONS AND VEHICLES ON FILE WITH COMPANY AND PERMA	
INSURED New Jersey Utility Authorities Joint Insurance Fund c/o PERMA Risk Management 9 Campus Dr. Suite 216 Parsippany NJ 07054		DATE EFFECTIVE TIME 1/1/2017 12:01		EXPIRATION DATE TIME 1/1/2018 12:01 AM	

COVERAGES**LIMITS**

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC CAUSES OF LOSS				
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	\$10,000,000 Member Specific Limit \$20,000,000 Member Annual Aggregate Limit \$60,000,000 Group Specific Limit Limits Excess of MELJIF \$1,000,000 Layer RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$ 10,000,000 \$ \$ \$ 20,000,000 \$ 20,000,000
VEHICLE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Limits Excess of MELJIF \$1,000,000 Layer	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		\$ 10,000,000 \$ \$ \$ \$ \$
VEHICLE PHYSICAL DAMAGE DED <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		<input type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> STATED AMOUNT	\$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO			<input type="checkbox"/> AUTO ONLY - EA ACCIDENT <input type="checkbox"/> OTHER THAN AUTO ONLY: <input type="checkbox"/> EACH ACCIDENT <input type="checkbox"/> AGGREGATE	\$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM	Public Officials/Employment Practices Liability Limits Excess of \$2,000,000 Primary Layer (QBE) RETRO DATE FOR CLAIMS MADE: Various	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION		\$ 10,000,000 \$ 10,000,000 \$ 2,000,000
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> E.L. EACH ACCIDENT <input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE <input type="checkbox"/> E.L. DISEASE - POLICY LIMIT		\$ \$ \$
SPECIAL CONDITIONS / OTHER COVERAGES		FEES TAXES ESTIMATED TOTAL PREMIUM		\$ \$ \$

NAME & ADDRESS

<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE LOAN # _____		<input type="checkbox"/> ADDITIONAL INSURED
AUTHORIZED REPRESENTATIVE Carl Gerson/PRJZIM		

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy.

Applicable in Delaware

The mortgagee or Obligee of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Maryland

The insurer has 45 business days, commencing from the effective date of coverage to confirm eligibility for coverage under the insurance policy.

Applicable in Michigan

The policy may be cancelled at any time at the request of the insured.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

Applicable in the Virgin Islands

This binder is effective for only ninety (90) days. Within thirty (30) days of receipt of this binder, you should request an insurance policy or certificate (if applicable) from your agent and/or insurance company.

ADDITIONAL COVERAGES

Ref #	Description Employee Benefits Liability	Coverage Code EMBEN	Form No.	Edition Date	
Limit 1 10,000,000	Limit 2 10,000,000	Limit 3	Deductible Amount 1,000,000	Deductible Type Flat	Premium
Ref #	Description Sub-Limit Failure to Supply Water	Coverage Code	Form No.	Edition Date	
Limit 1 5,000,000	Limit 2 5,000,000	Limit 3	Deductible Amount 1,000,000	Deductible Type Flat	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
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Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
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Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium