**2025-2026 NJSIG NEW MEMBER**

**PRELIMINARY SUBMISSION CHECK LIST**

NJSIG is a school board insurance group, also known as a governmental risk pool, established in accordance with P.L. 1983, c. 108, that provides insurance coverage and risk management services to member school districts.

The concept of pooling is one whereby public entities can join together to provide protection from risks on a group basis. As a school board insurance group, NJSIG is governed by a Board of Trustees, which is comprised of school board members, superintendents and business administrators from NJSIG member districts.

By joining NJSIG, members collectively attain benefits not possible individually and pool their premiums into a common fund to be used for the benefit of all member districts. NJSIG is comprised of approximately four hundred boards of education and charter school districts, and offers members a cost-effective method of obtaining coverage for all property and casualty lines, including but not limited to: workers’ compensation, general liability, automobile liability, excess liability, property, error and omissions, crime, environmental liability, equipment breakdown, and auto physical damage coverage. NJSIG provides claims administration, underwriting and loss control services for members.

As a school board insurance group responsible for serving its members, NJSIG’s underwriting capacity must be prioritized to servicing current members. With that said, NJSIG welcomes new applications. In order to help us efficiently process new member applications, please complete questions #1 THROUGH #8 BELOW on behalf of the board of education or charter school applicant. Upon receipt of this completed checklist and the documents requested in questions 1-8, NJSIG will conduct an initial underwriting review and advise whether a preliminary indication can be provided. If, after receiving a preliminary verbal indication, you would like to proceed with receiving a bindable written quotation, you must submit the fully executed NJSIG applications outlined in #9 below.

**\*Please note: Incomplete submissions cannot be reviewed.\***

1. **DATES: Date Checklist Submitted:** **Date Proposal Needed:**

Please note: the effective date for all lines of coverage must be 7/1/2025. If an effective date other than 7/1 is desired, the applicant’s current policy must be short-termed to a 7/1 effective/expiration date with their current carrier prior to receiving a quote from NJSIG.

1. **BROKER INFORMATION:**

* 1. **Agency Name:**
	2. **Broker Contact Name:**       **Broker Contact Phone Number:**

**\*Please note, all of the information requested below regarding the BOE or charter school is necessary in order to set the submission up in our underwriting system. Our software will not allow us to move forward if any field is left blank, which requires us to stop the data entry process and wait for receipt of the missing information. We appreciate your understanding and providing all the information requested in each of the fields below:**

1. **BOE - FULL LEGAL NAME:**
	1. BOE Mailing Address

 Street or P.O Box #:

 City:

 ZIP Code:

 County:

* 1. BOE Contact Name:
	2. BOE Contact Title (Business Administrator, Head of School, etc.):
	3. BOE Contact Email Address:
	4. BOE Contact Telephone:
	5. BOE Fax # (If no fax #, please state “None”):
1. **HISTORY: Any prior school board insurance group/JIF commitment(s):** Yes: [ ]  No: [ ]
	1. If yes, name of current JIF(s) and line(s) of coverage with JIF(s):
	2. JIF 3-year commitment expiration date(s):
	3. Notice letter(s) sent to incumbent JIF(s): Yes: [ ]  No: [ ]
	4. If Package lines not currently with a JIF, name of carrier(s):
2. **LOSS RUNS:** **Please provide (10) years of loss runs for all lines of coverage except Workers’ Compensation with the initial submission (5 years for WC), otherwise no indication can be provided (*Please check boxes to indicate the loss runs that are included****.)***:**

WC [ ]  ***(please see more detailed information regarding WC loss runs on page 5)*** | GL [ ]  | AL [ ]  |

APD [ ]  | Property [ ]  | E&O [ ]  | Excess Liability [ ]  | Cyber Liability [ ]  | Environmental Liability [ ]

Crime [ ]

1. **CURRENT PREMIUMS: Please indicate current premiums, broken out by line of coverage, as follows:**

Workers’ Compensation: $      Equipment Breakdown: $

General Liability: $      Environmental/Pollution: $

Auto Liability: $      E&O: $

Auto Physical Damage: $      Cyber Liability: $

Excess Liability/Umbrella: $      Property: $

1. **COVERAGES AND LIMITS DESIRED:**
	1. **Liability** **Limit (AL/GL/E&O Coverage A):** [ ]  $6,000,000[ ] $11,000,000 [ ]  $16,000,000 [ ]  $21,000,000 [ ]  $31,000,000  **Other: $**
	2. **E&O Coverage B:** [ ]  Excluded [ ]  $50,000/$150,000 [ ]  $100,000/$300,000  **Other: $**
	3. **Crime Limits:** [ ]  None
2. Faithful Performance: [ ]  $100,000 [ ]  $250,000 [ ]  $500,000 [ ]  $1,000,000
3. Forgery & Alterations: [ ]  $100,000 [ ]  $250,000 [ ]  $500,000 [ ]  $1,000,000
4. Money & Security: [ ]  $100,000
5. Money Order/Counterfeit [ ]  $100,000
6. Computer Fraud: [ ]  $100,000 [ ]  $250,000 [ ]  $500,000 [ ]  $1,000,000
7. **EXPOSURES FOR RATING PURPOSES:**
	1. **General Liability and E&O:**
8. Student enrollment for 25-26 as reported on NJDOE “User Friendly Budget’:
9. Please attach a current E&O declaration page, otherwise no indication can be provided.

*Please check box to confirm current E&O declaration page is included*: [ ]

* 1. **Workers’ Compensation:**

1. Professional Payroll: $
2. Number of Professional Employees:
3. Non-Professional Payroll: $
4. Number of Non-Professional Employees:
5. Please attach a current WC declaration page, otherwise no indication can be provided.

*Please check box to confirm current WC declaration page is included*: [ ]

* 1. **Auto:**
1. Schedule of Vehicles: please submit an auto schedule that includes the following information: year, make, model, # of passengers, cost new, and VIN # (at least last 6 digits). *Please check box to confirm completed auto schedule is included*: **[ ]**
	1. **Property:**
2. TOTAL INSURED VALUE (TIV): $
3. NJSIG New Member Schedule of Properties Form: lease complete the NJSIG New Member Schedule of Properties Form, which includes the following property information: address, year built, construction, square footage, building & contents values, a notation if it is a leased location, number of stories, whether the property is in a high hazard flood zone, and sprinkler: full, partial or none.

*Please* *check* *box to confirm completed property form is included*: [ ]

1. **Please attach a current property appraisal, otherwise no indication can be provided**.

*Please check box to confirm current appraisal is included*: [ ]

1. **BINDABLE QUOTES:** If, after receiving a verbal indication from NJSIG, you would like to receive a bindable written quote, please submit fully completed and signed applications for the coverages desired as indicated below, and check off the corresponding boxes to confirm the requisite applications have been completed:
	1. NJSIG New and Renewal Package Application *(AL, GL, property, EB, crime)*: Yes: [ ]  No: [ ]
	2. NJSIG E&O Application: Yes: [ ]  No: [ ]
	3. NJSIG WC Application: Yes: [ ]  No: [ ]
	4. Beazley Cyber Liability Application *(new package/GL members only)*: Yes: [ ]  No: [ ]
	5. Beazley Ransomware Application *(new package/GL members only)*: Yes: [ ]  No: [ ]
	6. Beazley Cyber Warranty Statement *(new package/GL members only)*: Yes: [ ]  No: [ ]
	7. Ascot Warranty Statement *(new package/GL members only)*: Yes: [ ]  No: [ ]
	8. NJSIG Employee Concentration Worksheet *(new WC members only)*: Yes:[ ]  No:[ ]
	9. NJSIG New Member Schedule of Properties Form *(new property members only)*: Yes: [ ]  No: [ ]

*(Note: property schedule must include: year built, construction type, square footage, number of stories, and building & contents values)*

* 1. Schedule of Vehicles *(new AL members only)*: Yes: [ ]  No: [ ]
	*(Note: auto schedule must include: year, make, model, VIN # (at least last 6 digits),* cost new*, # of passengers for all buses, and loss payee information where applicable)*

**Loss Run Format Needed for New Member WC Quotes for 2025-2026**

 **Please provide 5 years of loss runs in EXCEL FORMAT for the following years (Excel is required to import losses for ExMod calculation):**

* 7/1/2020 – 6/30/2021 policy term
* 7/1/2021 – 6/30/2022 policy term
* 7/1/2022 – 6/30/2023 policy term
* 7/1/2023 – 6/30/2024
* 7/1/2024 – present

**If there were NO losses for a requested year, please forward a statement indicating this fact.**

 **Please Include 1st Dollar, Open & Closed WC Losses with a Valuation Date no earlier than December 31, 2024. The following data columns must be included:**

* **Claim #**
* **Date of Loss**
* **Report date**
* **Claimant Name**
* **Claim description**
* **Paid Losses (excluding expenses)**
* **Incurred MEDICAL (excluding expenses)**
* **Incurred INDEMNITY (excluding expenses)**
* **Claim type (Med only / Lost time / Record only)**
* **Status (Open/ Reopened / Closed)**

**Thank you for your submission!**