

## **AGENDA PACKET**



# Wednesday, March 20, 2024 at 3:00 PM

## Via Microsoft Teams

 $\underline{https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting}$ 

Meeting ID: 298 171 293 972 Meeting Passcode: msjx3U Audio Access: 1-331-256-5069 Audio Conference ID: 459 798 84#

WWW.ACMJIF.ORG

#### ATLANTIC COUNTY MUNICIPAL JOINT INSURANCE FUND

#### March 20, 2024 – 3:00 PM Via Microsoft Teams

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#### **AGENDA**

| I.    | Meetin                           | ng called to order by Chairman  |
|-------|----------------------------------|---|
| II.   | Flag Sa                          | alute   |
| III.  | Statem<br>A.                     | Notice of this meeting was given by:  1. Sending sufficient notice herewith to:  a. <i>The Press of Atlantic City</i> b. <i>Courier Post</i> , Cherry Hill, New Jersey; and  2. Filing advance written notice of this meeting with the Clerks/Administrators of all member municipalities; and  3. Posting notice on the public bulletin boards of all member municipalities. |
| IV.   | B.                               | Fund Commissioners Fund Professionals Risk Management Consultants   |
| V.    | Oaths                            | of Office (administered by Fund's Solicitor)  |
| VI.   | Move                             | up Alternates (if necessary)  |
| VII.  |                                  | val of Minutes  |
| VIII. | Closed<br>A.                     | Session Minutes Approval of the February 21, 2023 Closed Session minutes – Motion – All in Favor  |
|       |                                  | The Closed Session Minutes shall not be released to the public until the reason(s) for their remaining closed is no longer applicable and the Fund Solicitor has an opportunity to review them.   |
| IX.   | Joint In                         | Session – Resolution 2024 Authorizing a Closed Session of the Atlantic County Municipal naurance Fund to discuss matters affecting the protection of safety and property of the public and to spending or anticipated litigation and/or contract negotiations – <b>Motion -Roll Call</b>  |
|       | A.<br>B.<br>1.<br>2.<br>3.<br>4. | Claims Review Committee Report – Closed Session Items Professionals' Reports Claims Administrator's Report Executive Director's Report Safety Director's Report Solicitor's Report  |
| X.    | Reope                            | n Public Portion of Meeting – <b>Motion – All in Favor</b>  |

Authorization of Claims Payments – Motion - Roll Call

Authorization to Abandon Subrogation (if necessary) – Motion - Roll Call

XI.

XII.

| XIII.  | Claims Review Committee Report: – Open Session Items – March 14, 2024 | Handout       |
|--------|---|---------------|
| XIV.   | Claims Administrator's Report   |               |
|        | A. Lessons Learned from Losses  | •             |
|        | B. Claims Roadmaps  | Pages 17-20   |
| XV.    | Managed Health Care Report  |               |
|        | A. ACMJIF Summary   | •             |
|        | B. Average Days to Report.  | •             |
|        | C. Claims Reported by Type  | - C           |
|        | D. Nurse Case Management Reports                                      | - C           |
|        | E. Transitional Duty Report   |               |
|        | F. PPO Savings and Penetration Reports                                | _             |
|        | G. Top 10 Providers & Paid Provider by Specialty                      |               |
|        | H. Quick Notes  | Page 29       |
| XVI.   | Law Enforcement Liability Consultant's Report.                        |               |
|        | A. Bulletin 24:01: Fatigue in Law Enforcement                         | Pages 32-35   |
| XVII.  | Solicitor's Report  | 2.60          |
|        | A. MEL Helpline and Contact List                                      | Pages 36-38   |
| XVIII. | Committee Reports   |               |
|        | A. Safety Committee Meeting Minutes – February 22, 2024               | All in        |
| XIX.   | Executive Director  | Pages 67-123  |
|        | A. Lost Time Accident Frequency                                       |               |
|        | B. Certificates of Insurance  |               |
|        | C. Financial Fast Track Report  | Page 108      |
|        | D. Regulatory Filing Checklists                                       | Pages 109-110 |
|        | E. 2023 Safety Incentive Program Awards                               |               |
|        | F. 2024 Optional Safety Budget  | Page 111      |
|        | G. 2024 EPL/Cyber Risk Management Budget                              | Page 112      |
|        | H. EPL Compliance Status  | Page 113      |
|        | I. Statutory Bond Status  | Pages 114-116 |
|        | J. Skateboard Park Approval Status                                    |               |
|        | K. Capehart Scatchard Updates   | C             |
|        | L. Land Use Training Certification                                    | Page 118      |
|        | M. Monthly Calendars  | - C           |
|        | N. Elected Officials Training.  | _             |
|        | O. Payroll Audit  |               |
|        | P. Property Appraisals  |               |
|        | Q. 2024 Safety Breakfast  | Page 123      |
|        | R. Safety & Claims Coordinator Roundtable                             | age 123       |
|        | S. New Fund Commissioner Orientation                                  |               |
|        | T. Financial Disclosure Statement                                     |               |
|        | U. Inclement Weather Policy   |               |
|        | V. Website  |               |
|        | W. New Member Activity  |               |
|        | 110. Months   |               |

| XX.    | Safety Director's Report                   |
|--------|--|
|        | A. Activity Report                         |
| XXI.   | Technology Risk Services Director's Report |
| XXII.  | Treasurer's Report as of February 29, 2024 |
| XXIII. | MEL/RCF/Cyber Reports Nothing to Report    |
| XXIV.  | Miscellaneous Business                     |

The Next Meeting of the ACMJIF will be held on Wednesday, April 17, 2024 at 3:00 pm at the Atlantic County Library, Mays Landing

- XXV. Public Comment
  - A. Motion to Open Meeting to Public Comment Motion All in Favor
  - B. Motion to Close Meeting to Public Comment Motion All in Favor
- XXVI. Motion to Adjourn Meeting All in Favor



#### ATLANTIC COUNTY MUNICIPAL JOINT INSURANCE FUND

Via Teams Conferencing

February 21, 2024 at 3:00 PM

#### **OPEN SESSION MINUTES**

The regular meeting of the Atlantic County Municipal Joint Insurance Fund (ACM JIF) was held on February 21, 2024 at 3:00 PM, prevailing time, via Teams Conferencing, Chair Liz Woods, Ocean City, presiding. The meeting was called to order at 3:00 PM.

#### FLAG SALUTE

#### STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETING ACT

Notice of this meeting was given by: (1) sending sufficient notice herewith to *The Press of Atlantic City* and the *Courier Post*, Cherry Hill, New Jersey; (2) filing advance written notice of this meeting with the Clerks/Administrators of all member municipalities of the Atlantic County Municipal Joint Insurance Fund; and (3) posting notice on the public bulletin boards of all member municipalities of the Atlantic County Municipal Joint Insurance Fund.

#### ROLL CALL of 2024 FUND COMMISSIONERS

Those in attendance were:

Kayla Lovallo, Absecon City Scott Wahl, Avalon Borough Karen Blowers, Alt., Brigantine City Bill Nimohay Buena Borough Paul Dietrich, Cape May City Ed Grant, Cape May Point Heather Miller. Commercial Twp. Dawn Marie Bascelli, **Deerfield Twp.** Jessica Bishop, Secretary, Dennis Twp. Nadine Lockey, Alt., **Downe Twp.** Lisa Marcolongo, Estell Manor City Patricia Gatto, Folsom Borough Alim Parks, Sr., Galloway Twp. Shantele Pollock, Hamilton Twp. Pam Tomassi, Longport Borough Karen Fournier, Lower Township Leigh Ann Napoli, Linwood City Dan Adams, Margate City Varvara Keun, Middle Twp. Joe Calchi, Millville City Dawn Stollenwerk, Mullica Twp. Jennifer VanSant, North Wildwood City Mary Canesi, Northfield City Liz Woods, Fund Chair, Ocean City Chief Williams, Pleasantville City Kellie Seib, Sea Isle City

Shelby Heath, Alt., Somers Point City
Jim Craft, Stone Harbor Borough
Gary Demarzo, Upper Twp.
Roy Spoltore, Upper Deerfield Twp.
Jim Pacanowski, Ventnor City
Michael Dougherty, Waterford Twp.
George Dick, West Cape May Borough
Joe Segrest, West Wildwood City
Teresa Seelman, Alt., Weymouth Twp.
Dan Dunn, Wildwood City
Connie Mahon, Wildwood Crest
Laurie Boyd, Woodbine Borough

#### **Absent Fund Commissioners:**

Jared Marandino, Newfield Borough

#### **Present Fund Professionals:**

Paul A. Forlenza, MGA, Executive Director, *RPA a Division of Gallagher* Kamini Patel, MBA, CIC, CPCU, AIDA ®, Program Director, *RPA a Division of Gallagher* 

Tracy Forlenza, Recording Secretary

Christopher Roselli, Account Manager, Qual-Lynx

Karen Beatty, Client Services Manager, Qual-Lynx

Chief Hummel, Safety Director, J.A. Montgomery Consulting

Robert Garish, Assistant Director of Public Sector, J.A. Montgomery Consulting

David DeWeese, Esquire, Fund Attorney, The DeWeese Law Firm, P.C.

Christopher J. Winter, Sr., CPM, Law Enforcement Risk Management Consultant

Jerry Caruso, Technology Risk Services Director, Wintsec Consulting

John Hansen, Fund Treasurer

#### Absent Fund Professionals were:

None

#### Present Risk Management Consultants were:

C. J. Adams Company

Atlantic Associates

Barclay Insurance Group

J. Byrne Agency, Inc.

Conner Strong & Buckelew

Glenn Insurance

Hardenbergh Insurance

Thomas Heist Insurance Agency

Insurance Agencies Inc.

Marsh & McLennan Agency

McMahon Agency, Inc.

William R. Mints Agency

Siracusa-Kauffman Insurance

#### Absent Risk Management Consultants were:

BCA Insurance

These minutes do not necessarily reflect the order in which some items were discussed.

#### APPROVAL OF MINUTES-OPEN SESSION

Chair Woods entertained a motion to approve the meeting minutes of the January 17, 2024 Executive Committee Meeting.

Motion by Ms. Keun, seconded by Ms. Bishop, to approve the meeting minutes of the January 17, 2024 Executive Committee Meeting as presented. All in Favor. Motion carried by unanimous vote.

#### APPROVAL OF MINUTES – CLOSED SESSION

Confidential Closed Session Meeting Minutes were distributed to the Executive Committee Members.

Chair Woods entertained a motion to adopt the Closed Session Meeting Minutes of the January 17, 2024 Executive Committee meeting.

Motion by Mr. Wahl, seconded by Ms. Keun, to approve the Closed Session minutes of the January 17, 2024 Executive Committee meeting as presented. All in Favor. Motion carried by unanimous vote.

The Closed Session meeting minutes of the January 17, 2024 meeting shall not be released to the public until the reason(s) for their remaining closed is no longer applicable and the Fund Solicitor has had the opportunity to review them.

Confidential Closed Session Meeting Minutes were collected.

#### **OATHS OF OFFICE**

*Oaths of Office* were administered by Mr. DeWeese, Fund Solicitor, to the elected Executive Committee, and Alternates for the 2024 Fund Year who were not present at the January meeting.

Oaths of Office were signed and presented to the Fund Solicitor.

#### **MOVE UP ALTERNATES**

No Alternates needed to be moved up.

#### CLOSED SESSION - RESOLUTION #2024-18

Be it moved by the Atlantic County Municipal Joint Insurance Fund that the public be excluded from this portion of the meeting to permit the Executive Committee to consider in closed session matters affecting the safety and property of the public and to discuss pending or anticipated litigation and/or contract negotiations and that the minutes covering these matters and the results of closed session will be released to the public when the reasons for discussing and on them in closed session no longer exists as required by the Open Public Meeting Act.

Chair Woods entertained a motion to adopt Closed Session Resolution 2024-18.

Motion by Ms. Bishop, seconded by Ms. Seib, to adopt Resolution 2024-18 as presented.

ROLL CALL Yeas: Scott Wahl, Avalon

Heather Miller, Commercial

Dawn Marie Bascelli, **Deerfield Twp.**Jessica Bishop, Sec., **Dennis Twp.**Varvara Keun, **Middle Twp.**Liz Woods, *Chair*, **Ocean City**Kellie Seib, **Sea Isle City** 

Nays: None Abstain: None

Motion carried by unanimous vote.

#### REOPEN PUBLIC PORTION OF THE MEETING

Chair Woods entertained a motion to reopen the public portion of the meeting.

Motion by Mr. Wahl, seconded by Ms. Keun, to reopen the public portion of the meeting. All in favor. Motion carried.

#### **AUTHORIZATION OF CLAIMS PAYMENTS**

The claims for payment were presented as discussed in *Closed Session*.

Chair Woods asked if there were any questions at this time. No questions were entertained.

Chair Woods entertained a motion to approve the claims for payment as discussed in *Closed Session*.

Motion by Ms. Keun, seconded by Mr. Wahl to approve the claims payments as discussed in Closed Session.

They are as follows:

#### **January 2024 PARs:**

| Workers' Compensation | Property   | GL          |
|-----------------------|------------|-------------|
| 2022263876            | 2024318088 | 2021240314  |
| 2024315684            | 2023298805 | 2021216082  |
| 2022259808            |            | 2024312284  |
| 202131659             |            | 2021215929  |
| 2022246709            |            | 2022243939  |
| 2020181397            |            | 20234308823 |
| 2024322063            |            |             |
| 2023292862            |            |             |
| 2023302221            |            |             |
| 2022274827            |            |             |
| 2023295622            |            |             |
| 2023302179            |            |             |

ROLL CALL Yeas: Scott Wahl, Avalon

Heather Miller, Commercial

Dawn Marie Bascelli, **Deerfield Twp.**Jessica Bishop, Sec., **Dennis Twp.**Varvara Keun, **Middle Twp.**Liz Woods, *Chair*, **Ocean City**Kellie Seib, **Sea Isle City** 

Nays: None Abstain: None

Motion carried by unanimous vote.

#### ABANDON SUBROGATION

There were two (2) files presented for Abandonment of Subrogation:

2023283484 2022262352

Motion by Ms. Bishop, seconded by Ms. Keun to abandon subrogation on the files presented.

ROLL CALL Yeas: Scott Wahl, Avalon

Heather Miller, Commercial

Dawn Marie Bascelli, **Deerfield Twp.** Jessica Bishop, Sec., **Dennis Twp.** Varvara Keun, **Middle Twp.** Liz Woods, *Chair*, **Ocean City** Kellie Seib, **Sea Isle City** 

Nays: None Abstain: None

Motion carried by unanimous vote.

#### CLAIMS REVIEW COMMITTEE REPORT - OPEN SESSION ITEMS

Ms. Napoli noted that twenty (20) PARs including twelve (12) Workers' Compensation (5 *Police*, 4 *Fire*, and 3 *Other*), six (6) General Liability, zero (0) Auto, and two (2) Property claims were reviewed for settlement, continuing defense, or to advise of trial date. She asked members to please keep an eye on "days to report" for claims as delays can haunt the claim and we need to encourage employees to report claims immediately.

Ms. Napoli asked if there were questions. No questions were entertained.

#### CLAIMS ADMINISTRATOR'S REPORT

#### Lessons Learned from Losses - February

Mr. Roselli reported that the *Lessons Learned from Losses* this month focuses on truck safety. He noted that there have been several claims lately that have been related to this topic all of which were not during emergencies and certainly preventable. He noted there should always be three points of contact with the vehicle and everyone should slow down and pay attention.

The remainder of the Claims Administrator's report was provided in Closed Session.

#### MANAGED HEALTH CARE REPORT

Lost Time v. Medical Only Cases

Ms. Beatty presented the ACM JIF Lost Time v. Medical Only Cases (Intake Report).

|                            | Jan | YTD |
|----------------------------|-----|-----|
| Total Intakes (New Claims) | 45  | 45  |
| Report Only                | 12  | 12  |
| Report Only % of Total     | 27% | 27% |
| Medical Only               | 26  | 26  |
| Lost Time                  | 6   | 6   |

| Medical Only/Lost Time Ratio                     | 81:19 | 81:19 |
|--|-------|-------|
| Occupational, Claim Petition, Cancer Presumption | 1     | 1     |
| COVID-19   | 0     | 0     |
| Average Days to Report to QL                     | 3.5   | 3.5   |
| Average Days to Report to employer               | 1.3   | 1.3   |

#### Nurse Case Management:

Ms. Beatty presented the self-explanatory Nurse Case Management Report.

| Nurse Case Management                  | Jan |
|--|-----|
| # of Cases Assigned to Case Management | 79  |
| # of Case > 90 days                    | 66  |

#### PPO Penetration Report:

Ms. Beatty presented the self-explanatory PPO Penetration Rate Report.

| PPO Penetration Rate  | Jan       | YTD       |
|---|-----------|-----------|
| Bill Count  | 559       | 559       |
| Original Provider Charges                                   | \$857,657 | \$857,657 |
| Re-priced Bill Amount                                       | \$251,499 | \$251,499 |
| Savings   | \$606,158 | \$606,158 |
| % of Savings  | 71%       | 71%       |
| Participating Provider Penetration Rate- Bill count         | 98%       | 98%       |
| Participating Provider Penetration Rate-Provider<br>Charges | 99%       | 99%       |
| EPO Penetration Rate – Bill Count                           | 98%       | 98%       |
| EPO Penetration Rate –Provider Charges                      | 96%       | 98%       |

#### Transitional Duty Report

Ms. Beatty presented the *Transitional Duty reports*.

| Transitional Duty Summary Report             | YTD      |
|--|----------|
| Transitional Duty Days Available             | 493      |
| Transitional Duty Days Worked                | 326      |
| % of Transitional Duty Days Worked           | 66%      |
| Money Saved by Accommodating                 | \$27,145 |
| Transitional Duty Days NOT Accommodated      | 167      |
| % of Transitional Duty Days NOT Accommodated | 34%      |
| Cost of Days NOT Accommodated                | \$15,269 |

Ms. Beatty informed the members that the yearly prescription benefit summary report is on page 26. She reminded the members of the Managed Care "quick notes" which is on concussions in the workplace. Ms. Beatty explained what a concussion is, what can cause a concussion, and different symptoms associated with a concussion, including mood, sleep disturbance and thinking difficulties. She noted a recent claim where the concussion symptoms appeared 4 months after the incident due to a torn retina.

Ms. Beatty reported that Work Comp Psych Net merged with Pax Health. There is another company under Pax Health, Reservoir Health, which is in the process of contracting with QualCare. Reservoir Health has providers that can provide prescription management for behavioral health claimants. The hope is to have them in network shortly.

She asked members to review her report in the agenda packet.

Ms. Beatty asked if there were any questions. No questions were entertained.

#### LAW ENFORCEMENT LIABILITY CONSULTANT REPORT

Mr. Winter provided his report which can be found on pages 28-29 of the agenda.

Mr. Winter noted policy and procedure requests have been received and will be forwarded to requesting agencies that will contain current L/E best practices. He noted agency visits are being scheduled. He is awaiting feedback (deadline February 28) from a survey to the Chiefs to understand their opinions on the different trainings, policy and procedure assistance, potential risk and liability and Accreditation guidance. The upcoming training will be: Report Writing and Management of Aggressive Behavior (use of force) and will be scheduled once all the Chiefs input is received. Looking to schedule March 1<sup>st</sup> or 8<sup>th</sup> for ACM Law Enforcement Committee to meet.

Mr. Winter asked if there are any questions. No questions were entertained.

#### SOLICITOR'S REPORT

#### **Closed Claims**

Mr. DeWeese noted that there was one (1) new case assigned since last month:

Smith v. Township of Egg Harbor

#### MEL EPL Helpline

Mr. DeWeese stated that there is a reminder in the agenda packet regarding the MEL EPL Helpline on page 30. He also urged members to review the MEL EPL Helpline Authorized Contact list on pages 31-32 and update them. He noted that if you have a "N/A", please try to get someone appointed so they have access to this service. The resolution to make these changes is on the ACM JIF website.

Mr. DeWeese stated that a summary of subrogation collection totals can be found on page 33. He stated that 2023 YTD total for subrogation is \$854,712.60 which is due to the efforts of his office and Qual-Lynx. The twelve year total is \$6.5 million recovered which is outstanding.

#### Resolution 2024-19 Amending 2024 Risk Management Plan

Mr. DeWeese noted that pages 34-35 is Resolution 2024-19 *Amending 2024 Risk Management Plan* for consideration, which was presented to the ACM Claims Review Committee last week. The only revision is subparagraph C, where the authority provided to Qual-Lynx previously indicated they have \$10,000 of legal and file authority plus \$10,000 in settlement authority. In discussion with Mr. Forlenza and Ms. Patel, it was decided to amend the language and require that Qual-Lynx inform Mr. DeWeese of the proposed settlement prior to actions being taken. He noted that the ACM Claims Review Committee accepted the recommending change and is recommending the approval by the Executive Committee. Mr. DeWeese entertained any questions. No questions were entertained.

Motion by Ms. Bishop, seconded by Ms. Seib to approve *Resolution 2024-19 Amending 2024 Risk Management Plan* as presented by Mr. DeWeese.

ROLL CALL Yeas: Scott Wahl, Avalon

Heather Miller, Commercial

> Dawn Marie Bascelli, **Deerfield Twp.** Jessica Bishop, Sec., **Dennis Twp.** Varvara Keun, **Middle Twp.** Liz Woods, *Chair*, **Ocean City** Kellie Seib, **Sea Isle City**

Nays: None Abstain: None

Motion carried by unanimous vote.

Mr. DeWeese highlighted that on pages 12-14 of the Claims Review Committee meeting minutes that five (5) cases closed since last month. He stated this leaves 84 active GL cases.

#### **COMMITTEE REPORTS**

#### Strategic Committee Meeting Minutes – January 25, 2024

Ms. Patel reported that the Strategic Planning Committee met on January 25, 2024 and the minutes are included in the agenda. She highlighted that the Committee will be adding two additional meetings to their agenda this year to review the Nominating Committee Charter and the 2022 Retreat breakout discussions. These meetings will only cover this one specific item to be able to tackle it and bring results back to the Executive Committee. She stated that the 2024 Retreat would be held at The Flanders Hotel on October 23<sup>rd</sup> and 24<sup>th</sup>. She noted that Elected Officials training was discussed and asked members to encourage their elected officials to complete this training noting that the training completed at the League of Municipalities in November 2023 is good through this year.

Mr. Pacanowski asked that the minutes be corrected to list him as a Fund Commissioner for Ventnor, not Upper Deerfield. Ms. Patel will make that correction.

Ms. Patel reported that there is a motion on today's agenda to adopt the amended committee charter.

#### Motion to Adopt the Amended Strategic Planning Committee Charter

Chair Woods entertained a motion to adopt the amended Strategic Planning Committee Charter.

Motion by Ms. Keun, seconded by Ms. Bishop to adopt the amended Strategic Planning Committee Charter as presented. All in favor. Motion carried by unanimous vote.

#### EPL/POL Technology Liability Committee Meeting - January 30, 2024

Ms. Seib reported that the EPL/POL Technology Liability Committee met on January 30, 2024 and the minutes are included in the agenda packet. She highlighted that the Committee discussed the Charter and is recommending adoption of the amended charter today. She stated that the Committee discussed the EPL loss ratio reports and member performance noting the Fund's six-year average loss ratio is above the breakeven point of 58.4%. The committee also discussed the EPL Plan of Risk Management revisions; and discussed the current members not in EPL compliance for 2024. She noted that elected officials training was reviewed. She also reminded everyone that all new board members should take the land use board training. She noted that technology compliance was discussed and the annual penetration testing and the value of continuing this process. It was determined to be worth it, but to also consider doing internal penetration testing depending on the cost. The Phishing reports were reviewed and it was discussed that more immediate feedback is needed. She noted that grant funding notices were received by several members. A member suggested holding an in-person meeting to go through the Cyber JIF requirements. The Committee felt this would be a good idea. Mr. Pacanowski offered to coordinate the meeting. The next meeting is April 30, 2024 in Middle Township.

#### Motion to Adopt the Amended EPL/POL Technology Liability Committee Charter

Chair Woods entertained a motion to adopt the amended EPL/POL Technology Liability Committee Charter.

Motion by Mr. Wahl, seconded by Ms. Bishop to adopt the amended EPL/POL Technology Liability Committee Charter as presented. All in favor. Motion carried by unanimous vote.

#### **EXECUTIVE DIRECTOR'S REPORT**

*EJIF Survey*- Mr. Forlenza noted that the EJIF sent a survey to gather members' exposure data and they have received back 22 responses. He noted this is needed to identify certain items like underground storage tanks. He asked members to please complete the survey and send it in asap. The EJIF will then arrange to come out later this spring to meet with you.

JIF Directories – Mr. Forlenza noted that earlier this week the updated JIF directories were posted to the website. Please review them as the information comes directly from Origami so any errors in emails, mailing addresses, phone numbers, need to be corrected in Origami. Please also let our office know what is being corrected.

*Certificates of Insurance* - Mr. Forlenza noted that a list of the certificates of insurance issued are included in the agenda. He asked members to review and please make sure that these were requested by your municipality and issued properly. He asked that you reach out to Ed Cooney at the Underwriter's office if there are any questions.

Safety, OSB, and EPL/Cyber Reimbursement- Mr. Forlenza stated that the OSB, and EPL/Cyber balances for 2024 are listed in the agenda. He also noted that a letter was emailed to all Fund Commissioners, Safety Coordinators and Risk Managers with the 2024 balances. He reminded members that the Wellness Program has been suspended for 2024. Please submit the purchases made as soon as possible and do not wait until the deadline. He noted that the Safety Incentive Program award money letter will be sent following the announcements at the Safety Breakfast on March 28, 2024 at Merighi's Savoy Inn, Vineland, NJ.

Statutory Bonds – Mr. Forlenza noted that there are statutory positions that require individual bonds so please review the checklist on pages 68-70, as it is the individual, not the position, which is bonded. If your Treasurer works in multiple municipalities, they are required to hold a bond in each municipality where they act in that statutory capacity. Retired/former employees will still show on the list as they are not deleted. He noted to please contact the MEL underwriter, Ed Cooney, with questions at ecooney@connerstrong.com.

**Elected Officials Training** - Mr. Forlenza stated that the Elected Officials training is available to all members through the MSI. His office emailed instructions on how to access this training last month as noted on pages 77-78 as the platform has changed since last year. He stated that the credit is \$250 per Elected Official, capped at 5% of a member's 2024 MEL assessment. He noted that the turnout is very low this year. He asked that you encourage your elected officials to take this training to receive the credit.

Payroll Audit – Mr. Forlenza noted on or about February 15, 2024 a letter was emailed to all Municipal Clerks, with a copy to Fund Commissioners, advising that Bowman & Company will be performing workers' compensation exposure verification audits of members' 2023 payrolls. These payroll figures will serve as the basis for your 2025 workers' compensation excess premiums. Attached to the email was a spreadsheet that included employee counts by payroll classification as reported during last year's payroll audit. As employee counts have a tendency to be the most time consuming part of the payroll audit process, members were asked to review and update this spreadsheet upon receipt. Members are asked to send the required payroll data to the auditors for processing either via mail or electronically no later than March 12, 2024. Details on how the data can be sent were included in the February 15, 2024 correspondence. Once the information is processed, the auditor will contact each town to discuss the results of the audit and clarify any questions. Members who still have questions following the audit can contact a representative from Bowman to set up a mutually convenient date and time to meet and discuss the audit results.

*Property Appraisals* – Mr. Forlenza reported that on or about February 15, 2024, each member and their RMC's received a notification from our office asking that they review and update their property schedule located in the Origami Exposure Data Management System. Once a member responds, those that are going to receive a physical appraisal this year will be contacted by the Fund Property Appraiser, ASSETWORKS. Those that are not receiving a physical inspection in 2024 will have their building & contents values trended accordingly. All members are asked to complete the review and update process no later than March 25, 2024.

**2024 RMC Resolutions and Agreements -** Mr. Forlenza stated that all fully executed 2024 resolutions and agreements should be submitted to his office once finalized. A Risk Manager cannot be paid until these documents are received in his office. The first anticipated payment is set for February 2024.

Annual Police Accreditation Announcements - Mr. Forlenza noted that on or about January 25, 2024, an email with an attached memorandum regarding reimbursement for the Police Accreditation Program Fees was sent to all Fund Commissioners and RMC's. It was requested that if the town or city had an operating Police Department, to please forward to the Police Chief. If you have any questions regarding the Reimbursement, please contact Denise Plavchak at Denise\_Plavchak@RPAdmin.com.

*Safety Kickoff Breakfast* - Mr. Forlenza noted that the JIF will hold the 2024 Safety Kickoff Breakfast on March 28, 2024 at Merighi's Savoy Inn, Vineland. An invitation will be emailed to all members approximately one (1) month prior to the event.

Mr. Forlenza asked if there were any questions. No questions were entertained.

#### SAFETY DIRECTOR'S REPORT

Mr. Garish stated that the Safety Director's Report begins on page 81. He stated that the report is self-explanatory.

Mr. Garish reminded all members to enroll all new employees, part time and volunteers, for training. If you need assistance on submitting these employees, tutorial videos can be found on the new management learning platform. Registering is the only way that they can access the MSI.

Mr. Garish noted that the 2024 Safety Incentive Program was released to all members and is due back by next week.

Mr. Garish stated that OSHA A300 Summary Logs MUST be posted in all the facilities that contain employees by February 1, 2024. This contains a log of all accidents occurring in 2023.

MSI Safety Expo – Mr. Garish noted that first Safety Expo is March 13, 2024 at Atlantic Community College and will have 4 different tracks of training. Excavation, Trenching and Shoring is one 4 hr. track; Leadership; and the Fast Track for Safety covering multiple topics. All information is on the J. A. Montgomery website or contact Mr. Garish directly.

Mr. Garish also requested that any member with new Safety Coordinators, please contact his office and update their lists. He will then schedule a meeting with them individually.

Mr. Garish asked if there were any questions. No other questions were entertained.

#### TECHNOLOGY RISK SERVICES DIRECTOR'S REPORT

Mr. Caruso asked the members to review his report beginning on page 84. He noted that most of January was spent getting the Wizer training completed and now over 90% of members are compliant with this training and 70% are already compliant with the session that began in early February running through July. He did note that 30% have not opened the email. He encourages the members to remind their employees to begin the training.

Mr. Caruso stated that no members were able to be penetrated by D2 last month and they have the current IP addresses for this year.

Mr. Caruso announced that the Cyber framework form for compliance with the "basic" standards is on the JIF website. Compliance with these standards helps reduce your deductible for cyber a cyber-related incident. He noted that he will be working hard to get all members into at least the basis level of protection.

Mr. Caruso reported that his bulletin this month is locating and identifying Personal Identifiable Information (PII). The bad guys are copying out your data and threatening to expose you on the web. He listed a number of places that hold PII and need to be secured. He suggested that you put it in one place and encrypt if possible.

Mr. Caruso asked if there were any questions. No questions were entertained.

#### TREASURER'S REPORT

#### Reports - January

Mr. Hansen presented the Treasurer's Report for the period ending **January 31, 2024.** The reports were made part of the agenda packet beginning on page 87. He noted the following information:

#### A.E.L.C.F. PARTICIPANT BALANCES

| Member                   | 1/31/24<br>(Includes unaudited<br>interest) |
|--------------------------|---|
| Corbin City              | 828.00                                      |
| Egg Harbor City          | 43,908.11                                   |
| Egg Harbor Township      | 143,563.00                                  |
| Hamilton Township        | 2,001.62                                    |
| Hammonton Township       | 231,959.00                                  |
| Middle Township          | 180,840.17                                  |
| Mullica Township         | 28,953.08                                   |
| Northfield               | 115,129.92                                  |
| Pleasantville City       | 12.21                                       |
| Stone Harbor             | 9,824.62                                    |
| Upper Deerfield Township | 76,826.40                                   |
| Upper Township           | 220,157.61                                  |
| Waterford Township       | 35,660.80                                   |
| Total                    | \$1,089,724.54                              |

#### Activity:

| AELCF                           | 941,069.75   |
|---------------------------------|--------------|
| Unaudited Interest              | 21,801.79    |
| 2023 Dividends Transferred      | 214,182.00   |
| Dividends Applied to Assessment | <87,329.00>  |
| AELCF 1/31/24                   | 1,089,724.54 |

#### Receipt Activity for the Period:

|                      | January      | YTD          |
|----------------------|--------------|--------------|
| Subrogation Receipts | \$38,111.70  | \$38,111.70  |
| Other                | \$0          | \$0          |
| Adjustment           | \$21,606.01  | \$21,606.01  |
| Assessments          | \$823,698.00 | \$823,698.00 |

Mr. Hansen noted \$4,485 overpayment to Glenn Insurance and \$87,329 dividends applied to 1<sup>st</sup> quarter assessment installments.

#### Claim Activity for the Period

Claim activity for the month of **January** for claims paid by the Fund and claims payable by the Fund depict a total of 382 checks issued representing 973 claims payments totaling \$830,966.44, with an effect on cash position of \$753,082.08.

#### Cash Activity for the Period

The Fund's "Cash Position" at month end for **January** was \$47,321,868.53 *Investment Interest* 

| Interest Income: | January      | YTD          |
|------------------|--------------|--------------|
| JCMI             | \$36,381.39  | \$36,381.39  |
| Treasury         | \$386,579.21 | \$386,579.21 |
| Citizens         | \$18,226.52  | \$18,226.52  |
| Citizens-sweep   | \$2,761.42   | \$2,761.42   |

*Rate of Return:* Only interest from the *ANALYSIS WORKSHEET* **11.06%** for **January**. Mr. Hansen noted that the Rate of Return was "badly skewed" for January.

#### Allocation of Invested Funds

| FUND | December | December   | January | January    |
|------|----------|------------|---------|------------|
|      | Total    | Percentage | Total   | Percentage |

Page 13

| Treasury | \$22,623,969.35 | 46% | \$22,022,399.00 | 49% |
|----------|-----------------|-----|-----------------|-----|
| JCMI     | \$20,334,047.19 | 42% | \$20,400,066.58 | 43% |
| Citizens | \$6,022,070.47  | 12% | \$3,899,402.95  | 8%  |
| TOTALS   | \$48,980,087.01 |     | \$47,321,868.53 |     |

Mr. Hansen asked if there were any questions. No questions were entertained.

#### Payment Register

Chair Woods entertained a motion to approve the January 2024 Payment Register (Claims Activity).

Chair Woods asked if there were any questions at this time. No questions were entertained.

Motion by Ms. Bascelli, seconded by Mr. Wahl to approve the *January 2024 Payment Register* (Claims Activity) as submitted.

ROLL CALL Yeas: Scott Wahl, Avalon

Heather Miller, Commercial

Dawn Marie Bascelli, **Deerfield Twp.** Jessica Bishop, Sec., **Dennis Twp.** Varvara Keun, **Middle Twp.** Liz Woods, *Chair*, **Ocean City** Kellie Seib, **Sea Isle City** 

Nays: None Abstain: None

Motion carried by unanimous vote.

#### Bill List – February

For the Executive Committee's consideration, Mr. Hansen presented the *February 2024 Bill List* in the amount of \$1,341,779.87.

Chair Woods asked if there were any questions at this time. No questions were entertained.

Chair Woods entertained a motion for approval of the February 2024 Bill List.

Motion by Ms. Bishop, seconded by Ms. Keun, to approve the February 2024 Bill List as presented.

ROLL CALL Yeas: Scott Wahl, Avalon

Heather Miller, Commercial

Dawn Marie Bascelli, **Deerfield Twp.**Jessica Bishop, Sec., **Dennis Twp.**Varvara Keun, **Middle Twp.**Liz Woods, *Chair*, **Ocean City**Kellie Seib, **Sea Isle City** 

Nays: None Abstain: None

Motion carried by unanimous vote.

#### RMC Bill List - February AMENDED

For the Executive Committee's consideration, Mr. Hansen presented the *Amended February 2024 RMC Bill List* in the amount of \$118,077.00.

Chair Woods asked if there were any questions at this time. No questions were entertained.

Chair Woods entertained a motion for approval of the Amended February 2024 RMC Bill List.

Motion by Ms. Bishop, seconded by Ms. Keun, to approve the *Amended February 2024 RMC Bill List* as presented.

ROLL CALL Yeas: Scott Wahl, Avalon

Heather Miller, Commercial

Dawn Marie Bascelli, **Deerfield Twp.**Jessica Bishop, Sec., **Dennis Twp.**Varvara Keun, **Middle Twp.**Liz Woods, *Chair*, **Ocean City**Kellie Seib, **Sea Isle City** 

Nays: None Abstain: None

Motion carried by unanimous vote.

#### MEL/RCF/CYBER/EJIF REPORTS

Mr. Forlenza encouraged any members that have an interest in being the MEL, RCF, and/or E-JIF representative to let him know, as we need a representative from our JIF. The MEL/RCF/Cyber meets 4-5 times yearly in person in Jamesburg, NJ. Mr. Pacanowski, Ventnor, has agreed to be the Cyber JIF representative for 2024, but we are still in need of a MEL/RCF/EJIF representative.

Mr. Forlenza noted the reports are included in the agenda packet for your review on page 191. He highlighted that the 14<sup>th</sup> Annual MEL, MRHIF & NJCE is open for registration. It is virtual on April 19<sup>th</sup> and 26<sup>th</sup>. He encouraged members to attend. CEU's are available.

#### Resolution 2024-20 Appointing James Pacanowski as Cyber JIF Rep for 2024

Chair Woods entertained a motion to adopt resolution 2024-20 appointing James Pacanowski as the ACM's representative for 2024 to the NJ Cyber Risk Management JIF.

Motion by Ms. Bascelli, seconded by Mr. Wahl, to adopt resolution 2024-20 appointing James Pacanowski as the ACM JIF's representative for 2024 to the NJ Cyber Risk Management JIF as presented.

ROLL CALL Yeas: Scott Wahl, Avalon

Heather Miller. Commercial

Dawn Marie Bascelli, **Deerfield Twp.**Jessica Bishop, Sec., **Dennis Twp.**Varvara Keun, **Middle Twp.**Liz Woods, *Chair*, **Ocean City**Kellie Seib, **Sea Isle City** 

Nays: None Abstain: None

Motion carried by unanimous vote.

Mr. Forlenza asked that any member interested in being a MEL, RCF or EJIF representative to please contact his office to discuss further.

#### MISCELLANEOUS BUSINESS

#### Motion Authorizing Paul Forlenza to be primary contact for AGRiP

Chair Woods entertained a motion to authorize Paul Forlenza, Executive Director, to be the primary contact for AGRiP.

Motion by Ms. Keun, seconded by Ms. Bishop, to authorize Paul Forlenza, Executive Director, to be the primary contact for AGRiP. All in favor. Motion carried.

#### Next Meeting

Chair Woods reminded the members that the next meeting will be held in virtually on **Wednesday**, <u>March</u> **20**, **2024** at **3:00** PM via Microsoft Teams Conferencing.

#### **PUBLIC COMMENT**

#### Open Public Comment

Chair Woods entertained a motion to open the meeting to the public for comment.

Motion by Ms. Seib, seconded by Mr. Wahl, to open the meeting to the public. All in favor. Motion carried.

#### Close Public Comment

Chair Woods entertained a motion to close the public comment.

Motion by Ms. Keun, seconded by Ms. Seib, to close the meeting to the public. All in favor. Motion carried.

#### **MOTION TO ADJOURN**

Motion by Ms. Keun, seconded by Ms. Bishop to adjourn the February 21, 2024 meeting of the ACM JIF. All in favor. Motion carried.

The meeting was adjourned at 4:07 PM.

| The meeting was adjourned at 4.07 TW.          |                                |  |
|--|--------------------------------|--|
|  |                                |  |
|  |                                |  |
|  |                                |  |
|  |                                |  |
|  |                                |  |
|  |                                |  |
| Tracy Forlenza, <i>Recording Secretary</i> for | Jessica Bishop, Fund Secretary |  |
| •  | 1,                             |  |

# LESSONS LEARNED FROM LOSSES

# MARCH 2024 NEWSLETTER OFFICE/BUILDING SAFETY



- Clean all spills and liquids immediately
- Regularly inspect and repair any dangerous conditions.
- Keep floors clean and clear of debris
- Make sure mats are in place where floors could be wet and make sure they lay flat
- Make sure wires are secured or tucked away safely.
- Once aware of an incident, have the area inspected and photographed immediately.

#### **Examples:**

- Employee tripped over computer/printer cords sticking out from under a desk causing a fall into the wall with resulting shoulder and concussion injuries. Total incurred on the file is \$67,000.
- Employee tripped walking down steps and fell onto left side of his body injuring left knee and left elbow. Several surgeries and multiple courses of physical therapy and the total incurred on the claim is \$185,000.





# LIABILITY CLAIMS ROADMAP

When someone is Claiming Damage or Injury Resulting from the Action/Inaction of the Municipality.



Step 1

Notice of Claim received by the municipality. Complete Liability ACORD form found @ www.acmjif.org.

Step 2

Forward Notice of Claim and Liability ACORD form by email to Liability Unit Supervisor and Fund Solicitor with a copy to the Claims Coordinator.

Step 3

Qual-Lynx's assigned adjuster forwards the Tort Claims Act Questionnaire (TCQ) to claimant/attorney with a copy to Claims Coordinator/Fund Solicitor.

Step 4

Completed TCQ received from claimant/attorney by Qual-Lynx w/copy provided to Claims Coordinator/Fund Solicitor.

Step 5

If Municipal Clerk is served with Summons & Complaint forward it to the Claims Coordinator. Claims Coordinator shall send it to Liability Unit Supervisor and Fund Solicitor.

Step 6

Fund Solicitor will copy Claims Coordinator on defense counsel assignment letter. Defense counsel and Qual-Lynx adjuster will be listed as contacts.



## **Qual-Lynx Liability Claims**

Qual-Lynx Main Number: 609-653-8400

Liability Claims Manager
Dominic Spaventa
dominic.spaventa@qual-lynx.com
609.833.9362

Fund Solicitor:
David DeWeese
david@deweeselawfirm.com
609.522.5599



The entire Claims team will walk you through every step of the claims process and take actions on your behalf if necessary.

# PROPERTY CLAIMS ROADMAP

When there is damage to a vehicle, building or equipment owned by the Municipality, this is a 1<sup>st</sup> Party Property Claim.



Step 1

Complete Property Acord form found @ www.acmjif.org and email to the Property Unit Supervisor. Please include at least the following 4 pieces of information.

Date of Loss

**Description** 

Location

Contact



Step 2

Mitigate damages by cleaning up water or boarding up windows. Delays can cost money and in some cases coverage. Protect involved equipment, it may be evidence.

Step 3

Remove vehicles from establishments charging storage fees. Take pictures **BEFORE** anything is discarded.

Step 4

Save Receipts – Save Evidence – Save Agreements. This can help with proving the claim and with Subrogation.

Step 5

Qual-Lynx will handle the claim to conclusion and following for any Subrogation/Salvage Potential.



### **Contact Information**

**Property Unit Supervisor:** 

Joe Lisciandri

Joseph.lisciandri@qual-lynx.com

609.833.2090

**Fund Solicitor:** 

**David DeWeese** 

david@deweeselawfirm.com

609.522.5599



# EPL/POL CLAIMS ROADMAP

Employment Practices Liability and Public Officials Liability Claims and Potential Claims



Step 1

Municipality receives notice of potential claim. Report IMMEDIATELY to Liability Unit Supervisor and Fund Solicitor.

Step 2

Qual-Lynx will notify Municipality that claim has been referred to Insurer and their TPA.

Step 3 Municipality will receive acknowledgment of claim from Claims Administrator and must acknowledge back to Claims Administrator that is has been received.

Municipality will receive a coverage determination from Claims
Administrator which will state that coverage is either denied or
there is a Reservation of Rights. Municipality must acknowledge
receipt of Coverage Determination Letter.

Step 5 If coverage is denied and Municipality disagrees with the denial, the Fund Solicitor should be contacted.

Step 6 If Reservation of Rights is issued, carrier is providing coverage under a Reservation of Rights. Counsel will be assigned if and when a complaint is filed.

Step 7 Future contact regarding the claim is with Summit Risk Adjuster/Defense Counsel.



## **Qual-Lynx Liability Claims**

Qual-Lynx Main Number: 609-653-8400

Liability Claims Manager
Dominic Spaventa
dominic.spaventa@qual-lynx.com
609.833.9362

**Fund Solicitor:** 

David DeWeese
<a href="mailto:david@deweeselawfirm.com">david@deweeselawfirm.com</a>
609.522.5599

# WORKERS' COMPENSATION CLAIMS ROADMAP

When an employee or qualified volunteer reports an injury arising out of and in the course of their employment.



# Step 1 Gather basic information:

See First Accident Report (FAR)\* for guidance. Date, Place and Time of Occurrence How Injury Occurred

Type of Injury



Witness Info: Name and Phone EE Info: Name, DOB, SS#, Address, Phone

Step 2

Report the Claim to the Intake Department:

Phone: 1-888-342-3839 Facsimile: 1-609-365-4000

Step 3 If medical treatment is requested, ensure first aid has been administered and/or direct injured EE to an authorized physician.

Step 4 Complete and transmit Supervisor Incident Report per instructions. Send 26 Week Wage Statement to: dbott@qual-lynx.com or fax 609-601-3196.

Step 5 State of New Jersey First Report of Injury or Illness (FROI) is generated and a copy is sent to the Claims Coordinator.

The entire Qual-Lynx Workers' Comp Team is available to assist you as needed with your Workers' Compensation claims. \*Refer to www.acmjif.org for forms and ipgructions.



### **Qual-Lynx Workers' Comp Team**

Tammy Langsdorf, Claims Supervisor Tamrae.langsdorf@qual-lynx.com 609.833.2921

Mary Jane Tomasello, Assistant Supv. maryjane.tomasello@qual-lynx.com 609.833.9217
Kaitlyn Leonard kaitlyn.leonard@qual-lynx.com

609.833.2826 Denise Hinton-Wilson

Denise.hinton-wilson@qual-lynx.com

732.465.7345

Alexandra McMurren

ally.mcmurren@qual-lynx.com

609-833-9345 Bryana Suggs

bryana.suggs@qual-lynx.com

757-945-6044





## Atlantic County Municipal JIF Managed Care Summary Report 2024

| Intake   | February-24 | February-23 | 2024 February YTD | 2023 February YTD |
|--|-------------|-------------|-------------------|-------------------|
| # of New Claims Reported   | 38          | 36          | 83                | 100               |
| # of Report Only   | 10          | 12          | 21                | 39                |
| % Report Only  | 26%         | 33%         | 25%               | 39%               |
| # of Medical Only  | 22          | 18          | 44                | 48                |
| # of Lost Time   | 4           | 6           | 15                | 13                |
| Medical Only to Lost Time Ratio  | 85:15       | 75:25       | 75:25             | 79:21             |
| Claim Petition First Notice/Occupational                                     | 2           | 0           | 2                 | 0                 |
| COVID-19   | 0           | 1           | 0                 | 6                 |
| Average Days Reported To Qual-Lynx (Indemnity,<br>Medical Only, Report Only) | 0.8         | 3.7         | 1.5               | 5.0               |
| Average Days Reported to Employer (Indeminty,<br>Medical Only, Report Only)  | 0.2         | 0.8         | 0.3               | 1.2               |

| Nurse Case Management                  | February-24 | February-23 |
|--|-------------|-------------|
| # of Cases Assigned to Case Management | 84          | 97          |
| # of Cases > 90 days                   | 63          | 76          |

| Savings          | February-24        | February-23 | 2024 February YTD | 2023 February YTD |
|------------------|--------------------|-------------|-------------------|-------------------|
| Bill Count       | 463                | 516         | 1022              | 940               |
| Provider Charges | \$703 <i>,</i> 736 | \$520,666   | \$1,561,393       | \$949,504         |
| Repriced Amount  | \$204,621          | \$156,738   | \$456,120         | \$292,943         |
| Savings \$       | \$499,116          | \$363,928   | \$1,105,274       | \$656,561         |
| % Savings        | 71%                | 70%         | 71%               | 69%               |

| QualCare Network Provider Penetration Rate | February-24 | February-23 | 2024 February YTD | 2023 February YTD |
|--|-------------|-------------|-------------------|-------------------|
| Bill Count                                 | 97%         | 93%         | 98%               | 94%               |
| Provider Charges                           | 97%         | 96%         | 98%               | 96%               |

| <b>Exclusive Provider Panel Penetration Rate</b> | February-24 | February-23 | 2024 February YTD | 2023 February YTD |
|--|-------------|-------------|-------------------|-------------------|
| Bill Count                                       | 98%         | 94%         | 98%               | 95%               |
| Provider Charges                                 | 99%         | 98%         | 99%               | 98%               |

| Transitional Duty Summary                    | 2024 February YTD | 2023 February YTD |
|--|-------------------|-------------------|
| % of Transitional Duty Days Worked           | 69%               | 65%               |
| \$ Saved By Accommodating                    | \$72,390          | \$69,603          |
| % of Transitional Duty Days Not Accommodated | 31%               | 35%               |
| Cost Of Days Not Accommodated                | \$33,411          | \$44,163          |



# Atlantic County Municipal JIF Average Days To Report By JIF Member 1/1/2024 - 2/29/2024

|                        | # Of Claims<br>Reported | Average Days<br>Reported To<br>Qual-Lynx | Average Days<br>Reported To<br>Employer |
|------------------------|-------------------------|--|---|
| AVALON BOROUGH         | 2                       | 1.0                                      | 1.0                                     |
| BRIGANTINE CITY        | 1                       | 0.0                                      | 0.0                                     |
| CAPE MAY CITY          | 6                       | 2.0                                      | 1.2                                     |
| DENNIS TOWNSHIP        | 1                       | 0.0                                      | 0.0                                     |
| GALLOWAY TOWNSHIP      | 6                       | 1.5                                      | 0.7                                     |
| HAMILTON TOWNSHIP      | 4                       | 1.5                                      | 0.0                                     |
| LONGPORT BOROUGH       | 5                       | 1.2                                      | 0.0                                     |
| LOWER TOWNSHIP         | 4                       | 2.5                                      | 1.0                                     |
| MARGATE CITY           | 4                       | 0.5                                      | 0.0                                     |
| MIDDLE TOWNSHIP        | 8                       | 5.9                                      | 0.0                                     |
| MILLVILLE CITY         | 6                       | 2.2                                      | 0.0                                     |
| MULLICA TOWNSHIP       | 1                       | 3.0                                      | 0.0                                     |
| NORTH WILDWOOD CITY    | 1                       | 3.0                                      | 0.0                                     |
| NORTHFIELD CITY        | 1                       | 35.0                                     | 35.0                                    |
| OCEAN CITY             | 8                       | 1.8                                      | 0.6                                     |
| PLEASANTVILLE CITY     | 6                       | 1.0                                      | 0.8                                     |
| SEA ISLE CITY          | 3                       | 0.7                                      | 0.0                                     |
| SOMERS POINT CITY      | 3                       | 2.3                                      | 1.7                                     |
| UPPER TOWNSHIP         | 3                       | 1.3                                      | 0.0                                     |
| VENTNOR CITY           | 2                       | 0.0                                      | 0.0                                     |
| WILDWOOD CITY          | 5                       | 0.8                                      | 0.0                                     |
| WILDWOOD CREST BOROUGH | 1                       | 1.0                                      | 0.0                                     |
| Grand Total            | 81                      | 2.3                                      | 0.8                                     |



# Atlantic County Municipal JIF Claims Reported By Claim Type

February 2024

| 1 est daily 2024   |                             |              |              |  |  |  |  |
|--------------------|-----------------------------|--------------|--------------|--|--|--|--|
|                    | All Claims Reported         |              |              |  |  |  |  |
|                    | # Of                        | Average Days | Average Days |  |  |  |  |
|                    | Claims                      | Reported To  | Reported To  |  |  |  |  |
|                    | Reported Qual-Lynx Employer |              |              |  |  |  |  |
| INDEMNITY          | 4                           | 1.0          | 0.0          |  |  |  |  |
| MEDICAL ONLY       | 22                          | 0.6          | 0.3          |  |  |  |  |
| REPORT ONLY        | 10                          | 1.2          | 0.0          |  |  |  |  |
| Claim Petition     | 2                           | 259.0        | 0.0          |  |  |  |  |
| <b>Grand Total</b> | 38                          | 14.4         | 0.2          |  |  |  |  |

| Claims Reported - Not Covid-19 |          |              |                             |  |  |
|--------------------------------|----------|--------------|-----------------------------|--|--|
|                                | # Of     | Average Days | Average Days<br>Reported To |  |  |
|                                | Claims   | Reported To  |                             |  |  |
|                                | Reported | Qual-Lynx    | Employer                    |  |  |
| INDEMNITY                      | 4        | 1.0          | 0.0                         |  |  |
| MEDICAL ONLY                   | 22       | 0.6          | 0.3                         |  |  |
| REPORT ONLY                    | 10       | 1.2          | 0.0                         |  |  |
| Claim Petition                 | 2        | 259.0        | 0.0                         |  |  |
| <b>Grand Total</b>             | 38       | 14.4         | 0.2                         |  |  |

## Covid-19 Claims Reported

None Reported

### 1/1/2024 - 2/29/2024

| All Claims Reported |          |              |              |  |
|---------------------|----------|--------------|--------------|--|
|                     | # Of     | Average Days | Average Days |  |
|                     | Claims   | Reported To  | Reported To  |  |
|                     | Reported | Qual-Lynx    | Employer     |  |
| INDEMNITY           | 15       | 2.0          | 0.6          |  |
| MEDICAL ONLY        | 44       | 1.9          | 1.2          |  |
| REPORT ONLY         | 21       | 3.4          | 0.3          |  |
| Claim Petition      | 2        | 259.0        | 0.0          |  |
| Occupational        | 1        | 38.0         | 38.0         |  |
| <b>Grand Total</b>  | 83       | 8.9          | 1.3          |  |
|                     |          |              |              |  |

| Claims Reported - Not Covid-19 |          |              |              |  |  |
|--------------------------------|----------|--------------|--------------|--|--|
|                                | # Of     | Average Days | Average Days |  |  |
|                                | Claims   | Reported To  | Reported To  |  |  |
|                                | Reported | Qual-Lynx    | Employer     |  |  |
| INDEMNITY                      | 15       | 2.0          | 0.6          |  |  |
| MEDICAL ONLY                   | 44       | 1.9          | 1.2          |  |  |
| REPORT ONLY                    | 21       | 3.4          | 0.3          |  |  |
| Claim Petition                 | 2        | 259.0        | 0.0          |  |  |
| Occupational                   | 1        | 38.0         | 38.0         |  |  |
| <b>Grand Total</b>             | 83       | 8.9          | 1.3          |  |  |

### **Covid-19 Claims Reported**

None Reported



# Atlantic County Municipal JIF Nurse Case Management Report 2/1/2024 - 2/29/2024

#### # Of Claims Open to Nurse Case Management

|                      | (         | Open         | Re        |              |             |
|----------------------|-----------|--------------|-----------|--------------|-------------|
|                      | INDEMNITY | MEDICAL ONLY | INDEMNITY | MEDICAL ONLY | GRAND TOTAL |
| AVALON BOROUGH       | 2         | 0            | 0         | 0            | 2           |
| BRIGANTINE CITY      | 4         | 0            | 0         | 0            | 4           |
| CAPE MAY CITY        | 1         | 1            | 0         | 0            | 2           |
| DENNIS TOWNSHIP      | 1         | 1            | 0         | 0            | 2           |
| EGG HARBOR TOWNSHIP  | 6         | 0            | 3         | 0            | 9           |
| GALLOWAY TOWNSHIP    | 2         | 0            | 0         | 0            | 2           |
| HAMILTON TOWNSHIP    | 4         | 0            | 1         | 0            | 5           |
| LINWOOD CITY         | 1         | 0            | 0         | 0            | 1           |
| LONGPORT BOROUGH     | 2         | 0            | 0         | 0            | 2           |
| LOWER TOWNSHIP       | 3         | 1            | 0         | 0            | 4           |
| MARGATE CITY         | 2         | 0            | 2         | 0            | 4           |
| MIDDLE TOWNSHIP      | 1         | 1            | 0         | 0            | 2           |
| MILLVILLE CITY       | 4         | 0            | 0         | 0            | 4           |
| NORTH WILDWOOD CITY  | 3         | 0            | 0         | 0            | 3           |
| OCEAN CITY           | 5         | 1            | 2         | 0            | 8           |
| PLEASANTVILLE CITY   | 7         | 4            | 2         | 0            | 13          |
| SEA ISLE CITY        | 1         | 1            | 0         | 0            | 2           |
| SOMERS POINT CITY    | 1         | 0            | 0         | 0            | 1           |
| STONE HARBOR BOROUGH | 3         | 1            | 0         | 0            | 4           |
| UPPER TOWNSHIP       | 3         | 0            | 0         | 0            | 3           |
| VENTNOR CITY         | 2         | 2            | 1         | 0            | 5           |
| WILDWOOD CITY        | 1         | 0            | 1         | 0            | 2           |
| Grand Total          | 59        | 13           | 12        | 0            | 84          |



# Atlantic County Municipal JIF Transitional Duty Summary Report 1/1/2024 - 2/29/2024

|                        | Transitional | Transitional | % Of<br>Transitional |               | Transitional Duty | % Of Transitional | Cost Of<br>Transitional Duty |
|------------------------|--------------|--------------|----------------------|---------------|-------------------|-------------------|------------------------------|
|                        | Duty Days    | Duty Days    | Duty Days            | \$ Saved By   | Days Not          | Duty Days Not     | Days Not                     |
|                        | Available    | Worked       | Worked               | Accommodating | Accommodated      | Accommodated      | Accommodated                 |
| BRIGANTINE CITY        | 76           | 76           |                      | \$9,621       |                   | 0%                | \$0                          |
| CAPE MAY CITY          | 9            | 0            | 0%                   | \$0           | 9                 | 100%              | \$1,004                      |
| EGG HARBOR TOWNSHIP    | 80           | 80           | 100%                 | \$8,540       | 0                 | 0%                | \$0                          |
| GALLOWAY TOWNSHIP      | 51           | 51           | 100%                 | \$4,685       | 0                 | 0%                | \$0                          |
| HAMILTON TOWNSHIP      | 47           | 30           | 64%                  | \$4,847       | 17                | 36%               | \$2,669                      |
| LINWOOD CITY           | 30           | 30           | 100%                 | \$4,050       | 0                 | 0%                | \$0                          |
| LONGPORT BOROUGH       | 10           | 0            | 0%                   | \$0           | 10                | 100%              | \$1,616                      |
| LOWER TOWNSHIP         | 131          | 18           | 14%                  | \$1,612       | 113               | 86%               | \$11,688                     |
| MIDDLE TOWNSHIP        | 38           | 38           | 100%                 | \$4,593       | 0                 | 0%                | \$0                          |
| NORTH WILDWOOD CITY    | 25           | 25           | 100%                 | \$1,560       | 0                 | 0%                | \$0                          |
| NORTHFIELD CITY        | 3            | 3            | 100%                 | \$415         | 0                 | 0%                | \$0                          |
| OCEAN CITY             | 68           | 17           | 25%                  | \$799         | 51                | 75%               | \$5,296                      |
| PLEASANTVILLE CITY     | 121          | 109          | 90%                  | \$14,343      | 12                | 10%               | \$1,656                      |
| STONE HARBOR BOROUGH   | 187          | 105          | 56%                  | \$7,825       | 82                | 44%               | \$7,546                      |
| VENTNOR CITY           | 85           | 63           | 74%                  | \$3,123       | 22                | 26%               | \$1,414                      |
| WILDWOOD CITY          | 59           | 59           | 100%                 | \$4,153       | 0                 | 0%                | \$0                          |
| WILDWOOD CREST BOROUGH | 21           | 17           | 81%                  | \$2,222       | 4                 | 19%               | \$523                        |
| <b>Grand Total</b>     | 1041         | 721          | 69%                  | \$72,390      | 320               | 31%               | \$33,411                     |

Valued as of 3/1/2024 25



# Atlantic County Municipal JIF PPO Savings Report February 2024

|                    | Bill Count | Provider<br>Charges | Repriced<br>Amount | \$ Savings | %<br>Savings |
|--------------------|------------|---------------------|--------------------|------------|--------------|
| QualCare PPO       | 450        | \$679,762           | \$189,309          | \$490,454  | 72%          |
| Negotiated         | 3          | \$16,176            | \$8,288            | \$7,888    | 49%          |
| Out Of Network     | 10         | \$7,798             | \$7,024            | \$774      | 10%          |
| <b>Grand Total</b> | 463        | \$703,736           | \$204,621          | \$499,116  | 71%          |

|                            | QualCare<br>PPO | EPO | Negotiated | Out Of<br>Network | Grand<br>Total | \$ Savings |
|----------------------------|-----------------|-----|------------|-------------------|----------------|------------|
| Ambulance                  | 0               | 1   | 0          | 1                 | 2              | \$426      |
| Ambulatory Surgical Center | 17              | 0   | 0          | 0                 | 17             | \$70,318   |
| Anesthesiology             | 14              | 0   | 0          | 0                 | 14             | \$14,879   |
| Behavioral Health          | 0               | 2   | 2          | 2                 | 6              | \$1,040    |
| Durable Medical Equipment  | 0               | 1   | 0          | 2                 | 3              | \$1,022    |
| Emergency Medicine         | 1               | 0   | 0          | 4                 | 5              | \$99       |
| Hospital                   | 13              | 0   | 0          | 0                 | 13             | \$34,625   |
| MRI/Radiology              | 2               | 10  | 0          | 0                 | 12             | \$6,968    |
| Neurosurgery               | 0               | 10  | 0          | 0                 | 10             | \$8,805    |
| Occupational Medicine      | 0               | 11  | 0          | 0                 | 11             | \$1,909    |
| Orthopedic Surgery         | 0               | 68  | 0          | 0                 | 68             | \$207,650  |
| Other                      | 0               | 0   | 1          | 1                 | 2              | \$7,596    |
| Pain Management            | 0               | 3   | 0          | 0                 | 3              | \$3,096    |
| Physical Medicine & Rehab  | 0               | 7   | 0          | 0                 | 7              | \$13,766   |
| Physical therapy           | 0               | 269 | 0          | 0                 | 269            | \$99,838   |
| Physicians Fees            | 3               | 0   | 0          | 0                 | 3              | \$2,880    |
| Podiatry                   | 0               | 6   | 0          | 0                 | 6              | \$1,987    |
| Radiology                  | 1               | 0   | 0          | 0                 | 1              | \$16       |
| Sports Medicine            | 0               | 4   | 0          | 0                 | 4              | \$21,200   |
| Urgent Care Center         | 0               | 7   | 0          | 0                 | 7              | \$999      |
| Grand Total                | 51              | 399 | 3          | 10                | 463            | \$499,116  |



## Atlantic County Municipal JIF PPO Savings Report 1/1/2024 - 2/29/2024

|                    | Bill Count | Provider<br>Charges | Repriced<br>Amount | \$ Savings  | %<br>Savings |
|--------------------|------------|---------------------|--------------------|-------------|--------------|
| Negotiated         | 4          | \$16,368            | \$8,439            | \$7,929     | 48%          |
| Out Of Network     | 20         | \$19,265            | \$15,756           | \$3,509     | 18%          |
| QualCare PPO       | 998        | \$1,525,760         | \$431,925          | \$1,093,835 | 72%          |
| <b>Grand Total</b> | 1022       | \$1,561,393         | \$456,120          | \$1,105,274 | 71%          |

|                            | QualCare<br>PPO | EPO | Negotiated | Out Of<br>Network | Grand<br>Total | \$ Savings  |
|----------------------------|-----------------|-----|------------|-------------------|----------------|-------------|
| Ambulance                  | 0               | 1   | 0          | 1                 | 2              | \$426       |
| Ambulatory Surgical Center | 30              | 0   | 0          |                   | 30             | \$253,750   |
| Anesthesiology             | 22              | 0   | 0          |                   | 22             | \$24,600    |
| Behavioral Health          | 0               | 7   | 2          | 6                 | 15             | \$2,733     |
| Durable Medical Equipment  | 0               | 10  | 0          | 4                 | 14             | \$3,893     |
| Emergency Medicine         | 1               | 0   | 0          | 6                 | 7              | \$99        |
| Hospital                   | 22              | 0   | 0          | 0                 | 22             | \$49,461    |
| Medical Transportation     | 0               | 2   | 0          | 0                 | 2              | \$278       |
| MRI/Radiology              | 5               | 41  | 0          | 0                 | 46             | \$28,681    |
| Neurology                  | 0               | 1   | 0          | 0                 | 1              | \$1,850     |
| Neurosurgery               | 0               | 18  | 0          | 0                 | 18             | \$21,437    |
| Occupational Medicine      | 0               | 23  | 0          | 0                 | 23             | \$3,768     |
| Optometrists               | 3               | 0   | 0          | 0                 | 3              | \$94        |
| Orthopedic Surgery         | 0               | 149 | 1          | 1                 | 151            | \$363,433   |
| Other                      | 0               | 0   | 1          | 1                 | 2              | \$7,596     |
| Pain Management            | 0               | 8   | 0          | 0                 | 8              | \$7,131     |
| Physical Medicine & Rehab  | 0               | 18  | 0          | 0                 | 18             | \$47,662    |
| Physical therapy           | 1               | 574 | 0          | 0                 | 575            | \$206,983   |
| Physicians Fees            | 8               | 0   | 0          | 1                 | 9              | \$43,188    |
| Podiatry                   | 0               | 10  | 0          | 0                 | 10             | \$8,270     |
| Radiology                  | 1               | 0   | 0          | 0                 | 1              | \$16        |
| Sports Medicine            | 0               | 10  | 0          | 0                 | 10             | \$23,778    |
| Urgent Care Center         | 0               | 33  | 0          | 0                 | 33             | \$6,146     |
| Grand Total                | 93              | 905 | 4          | 20                | 1022           | \$1,105,274 |

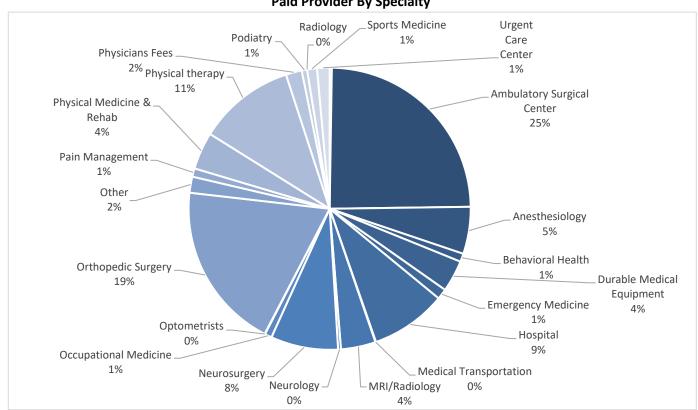


## **Atlantic County Municipal JIF Top 10 Providers And Paid Provider By Specialty** 1/1/2024 - 2/29/2024

#### **Top 10 Providers**

|   | Repriced Amount |
|---|-----------------|
| JERSEY SHORE AMBULATORY SURGICAL CENTER                     | \$68,542        |
| FERNANDO J. DELASOTTA MD                                    | \$32,185        |
| PREMIER ORTHOPAEDIC & SPORTS MEDICINE ASSOCIATES OF SNJ LLC | \$31,397        |
| ORTHONJ, LLC  | \$28,545        |
| ORTHO NJ, LLC   | \$22,438        |
| PREMIER ORTHO ASSOC SURG CENTER                             | \$22,009        |
| SOUTH JERSEY REHAB & SPINE INC                              | \$19,488        |
| ONE CALL CARE DIAGNOSTICS                                   | \$17,231        |
| STRIVE PHYSICAL THERAPY SPECIALISTS LLC                     | \$16,050        |
| TWIN BORO PHYSICAL THERAPY ASSOCIATES PA                    | \$14,609        |
| Grand Total   | \$272,495       |

#### **Paid Provider By Specialty**



#### **MANAGED CARE QUICK NOTES**

#### PHARMACY BENEFIT MANAGEMENT

Effective May 1, 2024 Qual-Lynx's will be partnering with ScriptAdvisor for Pharmacy Benefit Management (PBM)Enlyte ScriptAdvisor for Pharmacy Benefit Management (PBM) services. ScriptAdvisor is one of the largest PBM solution providers in the workers' compensation industry, processing millions of prescriptions annually. As part of our commitment to provide Qual-Lynx customers with the best claims outcomes, we are pleased to bring this workers' compensation-focused, fully integrated PBM program to our clients in New Jersey.

ScriptAdvisor maintains a pharmacy network of over 72,000 retail locations across the United States and a robust network of pharmacies in New Jersey including Walgreens, CVS, Rite Aid, Wal-Mart, and many other pharmacies for convenient, hassle-free access to facilitate filling work injury-related medication prescriptions.

Highlights of the PBM program include:

- Customized drug formularies focused on workers' compensation injuries and appropriate medications
- Opioid drug controls
- Compound and combined drug controls
- Pharmacist and clinical oversight
- 24/7/365 phone and online support
- Utilization and savings reporting
- A third-party billing solution and streamlined first fill process to ensure no out-ofpocket expense is incurred by any employee
- Automatic notification to pharmacies advising of the transition to ScriptAdvisor PBM ensuring continuity of appropriate medication processing
- A welcome letter and ID card will be sent to actively treating patients advising of the new PBM information

The transition will take place May 1, 2024, and we expect no interruption in providing patients with best-in-class clinical management, appropriate authorized medical treatment and the ability to fill necessary prescriptions. Qual-Lynx maintains the active First Fill letters, and will provide electronic copies of the First Fill letters to claims coordinators and claimants who can share with their local pharmacy to receive their approved medications, with no out-of-pocket expense.





**DATE**: March 06, 2024

**TO:** The Members of the Executive Board of the Atlantic County Municipal JIF

FROM: Christopher J. Winter L/E Risk Management Consultant

**RE**: ACM Activities (February)

**1. Policy/Procedures**: Policy and Procedure requests have been received and will be forwarded to requesting agencies that will contain current L/E best practices, NJ AG Guideline, NJ Police Licensing revisions and L/E Accreditation requirements.

#### 2. Agency Visits:

Avalon PD Assist w/ Police Licensing / policy revisions

North Wildwood PD Assist w/ Police Licensing / policy revisions Accreditation Linwood PD Accreditation, agency updates and Police Licensing.

Galloway PD Agency updates, JIFactivity, police licensing.

Additional agencies continue to be scheduled.

- Consultative Visits were provided to identify and discuss agency concerns, training, policy and procedures,trends and requests. L/E RMC services were outlined and provided to Chiefs and Command members present. Police agency's with Command changes were a priority and visited as well. Additional agency visits are being scheduled at this time to continue to build relationships with the Law Enforcement agencies within the ACM JIF. Activity Reports are being completed for distribution to the FUND Commissioners.
- **3. Training:** No training scheduled at this time. Dates are pending for Report Writing and Management of Aggressive Behavior (Use of Force situations). Additionally, a course is being discussed to assist agency Resiliency Officers, to be conducted by Dr.





Kelly, Ph.D., ABPP. A survey document has been distributed to Police Chiefs:in an effort to plan and strategize for the upcoming year. <u>Results continue to be collected.</u>

- **4. Law Enforcement Bulletins / Newsletters**: Bulletin 24-01 was distributed to all Chiefs in regards to Fatigue in Law Enforcement. (see attached).
- **5. ACM JIF Law Enforcement Committee:** A L/E Committee is being formulated with three (3) Police Chiefs from each county to represent (JIF) police agencies in Atlantic and Cape May County. I plan to meet with them on a quarterly basis virtually to discuss trends, concerns,training, policy and procedure assistance, potential risk and liability issues and L/E Accreditation guidance etc. This is being developed to maintain an ongoing forum throughout the year as an extension of the County Chiefs Associations, to identify areas as previously mentioned and to reduce potential risks. Chiefs selected to date are from Ventnor, Linwood and Millville Police Departments. *An <u>Initial meeting</u> has been scheduled for March*.

#### 6. Meetings Attended:

| L/E Consultant Meeting      | 02/02/2024 |
|-----------------------------|------------|
| ACM Executive Claim Meeting | 02/08/2024 |
| ACM Executive Meeting       | 02/21/2024 |
| ACM Safety Meeting          | 02/22/2024 |

Christopher J. Winter Sr., CPM Law Enforcement Risk Management Consultant ACM, BURLCO, and TRICO JIF 609-780-4769





#### chriswinter1429@gmail.com

**TO:** ACM JIF Police Departments

FROM Christopher J. Winter, L/E Risk Management Consultant

**DATE:** February 29, 2024

**SUBJECT:** Fatigue in law Enforcement

L/E Bulletin: 24-01

<u>Discussion:</u> The information is provided for guidance. The JIF has handled many cases involving police vehicle accidents and injuries, officer injuries due to arrest situations involving citizen aggression / resistance where officers are compelled to take action at a level of force dictated by the incident. The information below plays a huge part in the day-to-day operations of a police department. In regards to the motor vehicle accidents handled, the number is low as it applies to officers at fault, however for the cases where the officers are at fault, fatigue and distractions have been determined to have great impact. PTSD situations are on the rise as well and at times identified through their actions on the job as noted. For these reasons and others, the following information is provided.

Law enforcement is inherently a 24/7 profession. Calls for service mission-critical that a department's officers be alert and able to respond more efficiently. The nature of shift work and its often-unpredictable scheduling can lead to a substantial occurrence of fatigue in law enforcement, which in turn can manifest as a challenge to an agency's readiness as well as a genuine health concern for officers.

### **Effects of Fatigue in Law Enforcement**

Fatigue isn't always one discrete condition but rather can present feelings of tiredness, depression, other mood disorders, and reduction of sleep can also lead to memory impairment. irritability, stress and hypertension.

More than 90 percent of law enforcement officers report being routinely fatigued, and 85 percent report driving while drowsy. (*National Institute of Justice Journal*).





Effectively, officers are almost always doing their jobs while experiencing some degree of fatigue.

Beyond the health impacts, persistent fatigue creates real-world dangers for officers and the communities they serve. More officers are killed by unintended events like auto collisions, then events related to the commission of felonies. In recent years, up to a third of officer deaths have involved <u>automotive accidents</u>. while driving. The danger doesn't stop with the end of a shift either, as many officers endure substantial commutes to reach their homes.

## What is Contributing to Officer Fatigue?

Long workweeks with the possibility of overtime or moonlighting are the most attributable causes of officer fatigue. A study. published in the *National Institute of Justice Journal* looked at officer fatigue's underlying and less-obvious causes. Though it is difficult to establish specific causes and effects of a subject as complicated as fatigue, the research pointed to five(5) main areas of concern related to officer fatigue.

## **SHIFT LENGTH**

Shorter duration shifts that occur with greater frequency are shown to be more disruptive to sleep patterns. Research findings suggest that agencies that schedule a 40-hour workweek over less than five days reduce the fatigue felt by officers.

## **SHIFT POLICIES**

As we age, our ability to cope with fatigue diminishes. This is especially true for shift workers. As such, older officers tend to experience the effects of inconsistent shift scheduling more intensely than their younger colleagues.

## **COMMUTING**

As more officers live outside the communities they work in, commuting times are generally rising throughout the country. Longer commutes, compounded by the stress of heavy traffic in many metro areas, show a strong correlation with reported fatigue levels.

## **HOME LIFE**





Officers with young children experience profound fatigue at a greater rate than officers without children. This may be especially true for women in law enforcement.

Interestingly, though female officers' sleep quality is often <u>reported</u> as lower than their male counterparts, they tend to report less fatigue.

## SHIFT REGULARITY

Irregular shift schedules can play havoc with a person's circadian rhythms (the body's natural sleep-wake cycle). In contrast, fixed shift schedules do not seem to produce such a dramatic effect on reported fatigue.

## **STAFFING SHORTAGES**

As many as 86% of officers state their agencies do not have enough sworn and support staff. These shortfalls are causing severe strain in scheduling at agencies around the country.

## **Compassion Fatigue**

Though not a new concept, compassion fatigue is increasingly part of the conversation surrounding officer fatigue. Though much police work is relatively routine, most officers will respond to extreme situations like domestic violence, a mass-casualty event, or child exploitation at least once in their careers. Typically, officers are called to service by a desire to help their communities, and in these intense situations, they operate as caregivers as much as first-responders, comforting victims and working to restore a sense of order to otherwise chaotic situations.

A growing body of research suggests that repeated trauma occurs within an officer among law enforcement officers and other first responders and medical personnel, potentially leading them to have difficulty disengaging from a stressful shift. Compassion fatigue impacts cognitive processes, feelings of helplessness and hopelessness, and negative behavioral patterns that can often involve substance abuse. Recent survey data shows as many as 23% of officers report high levels of compassion fatigue. The anecdotal discussion suggests this number is likely growing.

## **Charting a Course of Action**





To combat officer fatigue, departments are moving past long-established law enforcement traditions and, instead, are following the data from research to inform their decision-making. Some departments are experimenting with and seeing results from four-day workweeks and compressed shifts as a part of broader wellness programming. Other departments limit officer overtime, capping them at no more than 20-25 hours per week to encourage rest and healthy sleep schedules. Giving officers a say in their shift schedule has also shown promise in reducing the effects of shift work, lending some predictability to an officer's schedule.

While structural forces constitute a significant driver of fatigue risk factors, officers can take action to reduce these risks for themselves. Good physical fitness can mitigate the effects of fatigue. Quitting smoking or nicotine use and moderating caffeine and alcohol intake are also positive steps, often supported by Employee Assistance Programs (EAPs). that promotes the healthy sleep and rest needed to fight fatigue.

The study of compassion fatigue is not as advanced as the study of other forms of fatigue. However, the ability of an officer to experience gratification from their service seems to be an essential factor in managing compassion fatigue. Agency leaders can help promote a feeling of gratification from service by inviting officers to share positive stories of their impact on the community in roll call or other ways. Peer-support programs, mental health support, and different facets of EAP offerings also show real promise in emphasizing the value of an officer's work.

The nature of policing will always create significant challenges to officer wellness. The combination of a 24- hour schedule with calls for service that can be emotionally intense poses real dangers to officers' mental and physical health. By understanding what causes fatigue, departmental leaders can follow the research to craft policies that can help reduce the prevalence of fatigue in law enforcement.

Posted in 21st Century Policing, Officer Wellness. Risk Management Fatigue in Law Enforcement by Nicholas Frankel

<u>Disclaimer:</u> The materials provided in this correspondence are for general informational and educational purposes only and are not intended to be and should not be considered legal

# Questions about employment issues? Call the New MEL Employment Practices Helpline

The MEL Safety Institute is pleased to announce the establishment of a NEW MEL Employment Practices Helpline (EPL), a dedicated resource to guide members on employment related issues.

The MEL EPL Helpline is staffed by attorneys that specialize in New Jersey employment law and understand the MEL JIF system. The three law firms staffing the EPL Helpline are affiliated with local Joint Insurance Funds (JIFs).

Who can use the EPL Helpline? MEL member municipalities will select and approve two individuals to use the helpline.

**What hours is the EPL Helpline available?** The helpline will be staffed during normal business hours, 9 a.m. – 5 p.m. Voicemail can be left afterhours for a callback.

**What kinds of issues can be addressed?** Any employment related topics or policies and procedures related to issues such as:

Hiring

Discrimination

- Termination
- Promotion/Demotion

Harassment

And more...

What are the MEL EPL Helpline numbers? MEL members can choose to call any of the MEL EPL Helpline firms listed below.

# MEL EPL HELPLINE: 732-583-7474

Jodi Howlett Cleary Giacobbe Alfieri Jacobs LLC 955 State Route 34, Suite 200 Matawan, NJ 07747955

## **MEL EPL HELPLINE:** 609-522-5599

David S. DeWeese The DeWeese Law Firm 3200 Pacific Avenue Wildwood, New Jersey 08260

## MEL EPL HELPLINE:

973-334-1900

Fred Semrau Dorsey & Semrau 714 Main Street Boonton, NJ 07005

What happens after the call? The attorney will provide the member with transcript of the call that includes recommendations. If the issue is beyond the scope of the MEL EPL Helpline the attorney will provide direction to the member on where to get appropriate assistance. All calls are confidential.





## **MEL EPL Helpline Authorized Contact Person(s)**

| TOWN               | AUTHORIZED CONTACT PERSON       | ADDITIONAL CONTACT PERSON(s)       |
|--------------------|---------------------------------|------------------------------------|
|                    |                                 |                                    |
| Absecon City       | Jessica Thompson                | N/A                                |
| Avalon Borough     | Scott Wahl                      | James Waldron                      |
| Brigantine City    | Mollye O'Neill                  | Tige Platt                         |
| Buena Borough      | Joseph Baruffi                  | Maryann Coraluzzo                  |
| Cape May City      | Paul Dietrich, City Mgr.        | Erin Burke, Clerk                  |
| Cape May Point     | Ed Grant                        | Elaine Wallace                     |
| Borough            |                                 |                                    |
| Commercial         | Heather Sparks (Miller)         | Pam Humphries                      |
| Township           |                                 |                                    |
| Deerfield Township | Dawn Marie Bascelli             | Karen Seifrit                      |
| Dennis Township    | Jessica Bishop, CFO             | Jacqueline Justice                 |
| Downe Township     | Rebecca Bertram                 | N/A                                |
| Estell Manor City  | Lisa Marcolongo, Clerk          | Nelson Dilg                        |
| Folsom Borough     | Patricia Gatto                  | Glenn Smith, Mayor                 |
| Galloway Township  | Christian Johansen              | Cyndi Spinelli                     |
| Hamilton Township  | Christine Wilsen                | N/A                                |
| Linwood City       | Leigh Ann Napoli, Clerk         | N/A                                |
| Longport Borough   | A. Scott Porter                 | Jenna Kelly/CFO                    |
| Lower Township     | Mike Laffey                     | Julie Picard, Clerk                |
| Margate City       | Johanna Casey                   | Dan Adams                          |
| Middle Township    | Varvara Keun                    | Suzanne Schumann                   |
| Millville City     | N/A                             | Pam Shaprio                        |
| Mullica Township   | Ralph Condo                     | Dawn Stollenwerk, CFO              |
| Newfield Borough   | Charles Grova Jr.               | Toni Van Camp, Clerk/Administrator |
| Northfield City    | Mary Canesi                     | Dawn Stollenwerk, CFO              |
| North Wildwood     | Jennifer VanSant                | Nicholas Long                      |
| City               |                                 |                                    |
| Ocean City         | Elizabeth Woods, HR Dir.        | N/A                                |
| Pleasantville City | Linda Peyton, Administrator     | James Williams, Chief              |
| Sea Isle City      | George Savastano, Administrator | Kellie Seib                        |
| Somers Point City  | Jason Frost                     | Lucy Samuelsen                     |
| Stone Harbor       | N/A                             | N/A                                |
| Borough            |                                 |                                    |
| Upper Deerfield    | Roy Spoltore, Clerk             | Amy Colaneri                       |
| Township           |                                 |                                    |
| Upper Township     | Rhonda Sharp                    | Gary DeMarzo                       |

## **Atlantic County Municipal Joint Insurance Fund**

P.O. Box 488, Marlton, New Jersey 08053 · P: 856-446-9100 · F: 856-446-9149 · www.acmjif.org



## **MEL EPL Helpline Authorized Contact Person(s)**

| TOWN             | AUTHORIZED CONTACT PERSON     | ADDITIONAL CONTACT PERSON(s) |
|------------------|-------------------------------|------------------------------|
| Ventnor City     | Lisa Hand                     | Tom Ciccarone                |
| Waterford        | Thomas Giangiulio, Jr., Mayor | Michael Dougherty            |
| Township         |                               |                              |
| West Cape May    | Lauren Vitelli                | Theresa Enteado              |
| Borough          |                               |                              |
| West Wildwood    | Donna Frederick, Clerk        | Carl O'Hala                  |
| Borough          |                               |                              |
| Weymouth         | Dorothy-Jo Ayres              | Kenneth Haeser               |
| Township         |                               |                              |
| Wildwood City    | Hope Pinto                    | Lisa Brown                   |
| Wildwood Crest   | Connie Mahon                  | Francine Springer            |
| Borough          |                               |                              |
| Woodbine Borough | Alex Bauer                    | William Pikolycky            |



## Executive Safety Committee Meeting Minutes February 22, 2024 @ 11:30 AM Via Microsoft Teams

An Executive Safety Committee meeting of the Atlantic County Municipal Joint Insurance Fund ("ACMJIF") was held via Microsoft Team on Thursday, February 22, 2024 at 11:30 AM. The meeting was called to order at 11:31AM.

#### Those in attendance were:

Scott Wahl, Chair, Avalon Borough
Kayla Lovello, Absecon City
Shantele Pollock, Hamilton Township
Pam Tomassi, Longport Borough
Karen Fournier, Lower Township
Kellie Seib, Sea Isle City
Carl O'Hala, West Wildwood City
Dave Miller, CJ Adams
Jaclyn Lindsey, Conner Strong & Buckelew
Katie Walters, Conner Strong & Buckelew
Dennis Brown, Glenn Insurance
Joe Henry, Hardenbergh Insurance
Jen Modica, Marsh & McLennan
Bill McMahon, McMahon Agency

J. Eugene Siracusa, **Siracusa Kaufman**Robert Garish, Assistant Director of Public Sector, **J. A. Montgomery Risk Consulting** 

Christopher J. Winter Sr. CPM, Law Enforcement Risk Management Consultant

Paul A. Forlenza, MGA, Executive Director, RPA a Division of Gallagher

Kamini Patel, MBA, CIC, CPCU, AIDA®, Deputy Executive Director, RPA a Division of Gallagher

### Those not in attendance were:

Bill Nimohay, **Buena Borough**Jared Marandino, **Newfield Borough**Roy Spoltore, **Upper Deerfield Township**Rob DeVanna, **Glenn Insurance**Keith Hummel, Safety Director, **J. A. Montgomery Risk Consulting** 

These minutes do not necessarily represent the order in which some items were discussed.

#### I. COMMITTEE VICE CHAIR

Mr. Forlenza explained that the Committee has a practice of appointing a Committee Vice Chair to run the meeting if the Chair is unavailable. He asked for volunteers and suggested Ms. Pollock for the role. Ms. Pollock agreed to serve as Committee Vice Chair. Mr. Forlenza thanked Ms. Pollock.

## II. COMMITTEE CHARTER

Mr. Forlenza explained that at the beginning of each year, the Committee reviews the Charter to ensure it accurately reflects the committee's role and responsibilities. He mentioned proposed changes related to removing references to the Wellness program, as it is currently on hold. He also suggest that the Executive Safety Committee Chair should be responsible for approving the meeting minutes, rather than the members. Mr. Forlenza inquired if everyone is comfortable with the proposed changes and encourages anyone with additional suggestions to reach out to his office or Mr. Wahl. The Committee was in agreement with the proposed revisions. He mentioned that the

Executive Safety Committee Meeting February 22, 2024 Page 2 of 8

revised Charter would be attached to the minutes of today's meeting for adoption at the next Executive Committee meeting.

Mr. Forlenza asked if there are any questions. No questions were entertained.

For details, please see the Committee Charter attached.

## III. MINUTES OF DECEMBER 01, 2023 SAFETY MEETING

Mr. Forlenza mentioned that a copy of December 01, 2023, Executive Safety Committee Meeting minutes were emailed on February 08, 2024 to all Committee members.

Mr. Forlenza asked if there were any questions. No questions were entertained.

#### IV. 2023 ANNUAL SAFETY DIRECTOR'S LOSS CONTROL REPORT

Mr. Garish referred the Committee to a copy of the 2023 Annual Safety Director's Loss Control Report that was emailed to the Committee on February 21, 2024 for their review. He then briefly reviewed an abridged version of the report with the Committee.

Mr. Garish noted that the Safety Director's contract called for a minimum of 127 loss control visits to the 41 members of the ACM JIF. He noted the service visits include fifteen (15) Renewal Surveys, seven (7) Boardwalk Surveys and Law Enforcement Surveys. He noted that the Safety Director's office completed 138 visits in 2023 to ACM JIF Members.

Mr. Garish reported that there are over 130 safety bulletins available. Mr. Garish briefly covered the various safety and training programs as follows:

- Safety Incentive Program
- Road, Sign & Walkway Program
- Law Enforcement Services
- S:ERVE & Attention and Distracted Driving
- Facility Checklist, Job Safety Observations, Tool-Box Safety Talks
- Regional Safety Training
- CDL Entry Level Driver Training

Mr. Garish asked if there were any questions. No questions were entertained.

For details, please see the 2023 Annual Safety Director's Loss Control Report attached.

#### V. SAFETY INTERVENTION/MONITORING

Mr. Forlenza asked Mr. Garish if there were any candidates for Safety Intervention or Monitoring at this time. Mr. Garish responded that there are no candidates for Safety Intervention or Monitoring at this time.

#### VI. MEMBERSHIP RENEWALS

Mr. Forlenza mentions that there are eleven (11) towns up for membership renewal this year. He acknowledged that Mr. Garish has been conducting Safety Directors' renewal visits and asked for any updates. Mr. Garish informed the Committee that out of the 11 renewals, nine have already been started, indicating progress in the renewal process. He expresses the hope of completing all renewals before the next meeting.

Mr. Forlenza also mentioned that the next meeting is scheduled for May, which aligns well with the timing of release of the renewal paperwork, which goes out in June. He noted that arrangements would be made to visit the towns up for renewal, with Mr. Miola, Ms. Patel and himself being involved in the process. He reminded the Committee that Mr. Miola was appointed as the MEL's South Jersey Marketing Representative for ACM, BURLCO and TRICO JIFs and he is currently

engaging with risk management consultants to gather insights on the current situation in different towns.

## VII. JIF LOSS RATIO REPORTS – September 30, 2023

Mr. Forlenza directed the Committee to a copy of the *JIF Six Year Average Loss Ratio Reports* valued as of September 30, 2023. The report reflects a six-year period for Fund Years 2017-2022. Mr. Forlenza noted that the six-year average loss ratio for the ACM JIF is 91.7%. He noted that the loss ratios reflect incurred losses, which is money paid on known claims and the reserve to be paid on the known claims versus the members' JIF loss funding assessment within the JIF's self-insured retention. Mr. Forlenza briefly reviewed the individual Fund Year loss ratios for 2017-2022 with the Committee.

Mr. Forlenza asked if there were any questions. No questions were entertained

## VIII. MEL LOSS RATIO REPORTS – September 30, 2023

Mr. Forlenza directed the Committee to a copy of the *MEL Six Year Average Loss Ratio Reports* valued as of September 30, 2023. The report reflects a six-year period for Fund Years 2017-2022. Mr. Forlenza noted that the six-year average loss ratio for the ACM JIF is 122.5% as of September 30, 2023. He noted that this information pertains to member claims that exceed the Fund's Self Insured Retention (SIR) where the MEL picks up the claim cost after the local JIF exhausts its retention on a claim. He noted that the loss ratios reflect incurred losses, which is money paid on known claims and the reserve to be paid on the known claims versus the members' MEL loss funding assessment for claims within the MEL's self-insured retention.

Mr. Forlenza asked if there were any additional questions. No questions were entertained.

## IX. JIF LOSS RATIO REPORTS – December 31, 2023

Mr. Forlenza directed the Committee to a copy of the *JIF Six Year Average Loss Ratio Reports* valued as of December 31, 2023. The report reflects a six-year period for Fund Years 2017-2022. Mr. Forlenza noted that the six-year average loss ratio for the ACM JIF is 92.1%. He noted that the loss ratios reflect incurred losses, which is money paid on known claims and the reserve to be paid on the known claims versus the members' JIF loss funding assessment within the JIF's self-insured retention. Mr. Forlenza briefly reviewed the individual Fund Year loss ratios for 2017-2022 with the Committee.

Mr. Forlenza asked if there were any questions. No questions were entertained

## X. MEL LOSS RATIO REPORTS – December 31, 2023

Mr. Forlenza directed the Committee to a copy of the *MEL Six Year Average Loss Ratio Reports* valued as of December 31, 2023. The report reflects a six-year period for Fund Years 2017-2022. Mr. Forlenza noted that the six-year average loss ratio for the ACM JIF is 127.9% as of December 31, 2023. He noted that this information pertains to member claims that exceed the Fund's Self Insured Retention (SIR) where the MEL picks up the claim cost after the local JIF exhausts its retention on a claim. He noted that the loss ratios reflect incurred losses, which is money paid on known claims and the reserve to be paid on the known claims versus the members' MEL loss funding assessment for claims within the MEL's self-insured retention.

Mr. Forlenza then explained that the MEL reviews the JIF's 10-year average loss ratio within the MEL layers to determine if the JIF should be experience rated by the MEL. He noted that due to the JIF's consistent high loss ratio within the MEL, the JIF is being experience rated in 2024. Mr. Forlenza briefly reviewed the individual Fund Year loss ratios for 2017-2022 with the Committee.

Mr. Forlenza asked if there were any additional questions. No questions were entertained.

#### XI. EXECUTIVE DIRECTOR – MONITORING REPORTS

## **Supervisory Investigation Reports**

Ms. Patel referred the Committee to page 35 of the agenda packet, which reflects the Supervisor Investigation Report for January 2024. She reported that there were four (4) incidences out of thirty-one (31) where Supervisor Investigation Reports were not provided.

Ms. Patel stated that the report is sent to J.A. Montgomery, who in turn uses it as a coaching tool when they visit with the member town. Ms. Patel reiterated the importance of completing the Accident Investigation Reports.

## **Police MVA: Workers Compensation Claims:**

Ms. Patel directed the Committee to page 36 of the agenda that depicts Workers Compensation claims for Police Officers involved in an automobile accident. She briefly reviewed the report highlighting that seventy-seven (77) claims have a total incurred of \$4,528,046.62.

## **Comorbidities Reports:**

Ms. Patel mentioned that several years ago, the Wellness Program kicked off due to national statistics showing that healthy employees are less likely to be injured and, when they are injured, recover more quickly. She noted that while ACM JIF has suspended the Wellness Program, it is still important to track this data to see financial impact on the JIF. She then reviewed the comorbidity statistics for all three (3) JIFs (ACM, BURLCO and TRICO) from December 2019 through December 31, 2023. She noted that the Total Claim Cost is 81% higher for those employees with co-morbidities, while Indemnity & Medical Cost is 108% higher for those with comorbidities vs. those without. Finally, Ms. Patel noted that the Lost Time Days per claim is 87% longer for those with comorbidities vs. those without.

Ms. Patel asked if there were any questions. No questions were entertained.

## XII. REGIONAL TRAINING SCHEDULE

Mr. Garish directed the Committee to pages 15-16 of the 2023 Annual Safety Director's report wherein he reviewed the Regional Training schedule for 2023 and provided a recap of each event. The training events included a Safety, Claims and, Wellness Coordinator Roundtable, Back Safety Training, summer seasonal training for managers and supervisors, CDL entry-level driver training, and indoor air quality training. The indoor air quality training was particularly important due to an uptick in complaints to PEOSH and the Department of Health. The training aimed to ensure employee protection and prevent costly claims. Mr. Garish also addressed liability concerns and explains that appointed individuals following internal policies are protected from additional liability. He then directed the Committee to pages 40-41 of the agenda that depicts the regional training plan for 2024, which includes safety, wellness, and claims roundtable, CDL entry-level driver training, indoor air quality training, accident investigations training, and the Lifeguard Symposium.

Mr. Garish asked if there were any questions. No questions were entertained.

#### XIII. SAFETY DIRECTOR'S BULLETINS

Mr. Garish stated that the MEL distributes Safety Bulletins that are released in a MSI Newsletter twice a month. The Newsletter recaps the bulletins and messages that are released from the Safety Director's office or the MEL via their Mobile App. Mr. Garish then directed the members to the list of Safety Bulletins that were released since the Committee's last meeting as included on the Safety Committee agenda and highlighted a few bulletins.

Mr. Garish asked if there were any questions. No questions were entertained.

#### XIV. MEL SAFETY INSTITUTE

Mr. Garish provided a brief review of the activity within the MEL Safety Institute for January 01, 2023 thru December 31, 2023:

- 1. MSINOW 2,531
- 2. MSI Live via Zoom / In-Person 1,243

Mr. Garish asked if there were any questions. No questions were entertained.

#### XV. S:ERVE

Mr. Garish advised the Committee that S:ERVE is available to Police, Fire, Public Works, and EMS personnel. He stated they have been getting lots of interest recently on this training. The Attention and Distracted Driving course is geared towards employees that drive municipal vehicles and is approximately 30 minutes in length. It is strongly recommended that all employees that drive municipally owned vehicles complete this course.

#### XVI. POLICE TOPICS

Mr. Forlenza provided an update on the Police Command Staff training as well as the Police Ad Hoc meetings held in 2023. He then reviewed the topics covered, which included the first-line supervisor course, Police Command Staff training, Below 100, implicit bias, and preparing for First Amendment audits. He then preceded to review the other topics discussed included legal considerations for agreements, firearms and the use of medical marijuana, injury reduction, litigation, incident command systems training, challenges related to facial hair for medical and religious reasons, and the importance of using the EPL helpline to mitigate future lawsuits.

Mr. Forlenza noted that Ms. Plavchak from his office sent the annual police accreditation incentives memorandum to the membership on January 25, 2024.

#### XVII. LAW ENFORCEMENT RISK MANAGEMENT CONSULTANT

Mr. Winter mentions that a Members agreement, specifically the MOA (Memorandum of Agreement), was distributed to Chiefs last year. This agreement was reviewed by the Fund Solicitor, Mr. DeWeese, and received positive feedback from the Chiefs. He emphasized the importance of keeping Chiefs informed and mentioned that agency visits are ongoing, with eight visits scheduled in both Atlantic and Cape May Counties.

Mr. Winter also discussed the Resiliency program for officers and the need for additional training. He mentioned that a proposal is currently under review for a course that will be led by Dr. Kelly and Captain Walsh from Voorhees, which will provide officers with additional information and support. This training is aimed at helping officers in their role of supporting and recommending their peers. He acknowledged the turnover in police officers and the need to bring new appointees up to speed with the resiliency program.

Additionally, Mr. Winter mentioned working with agencies such as Avalon, North Wildwood, and Wildwood Crest on police licensing policies. He stated that he is providing them with information on individual policies that are impacted by the police-licensing program. He noted that accredited agencies already have the necessary information in their policies, and he references New Jersey statutes to support the adoption of the police-licensing program.

He asked if there were any questions. No questions were entertained.

#### XVIII. MEL SAFETY & EDUCATION MEETING

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Mr. Forlenza noted that the MEL Safety & Education Committee met on February 09, 2024. He noted the minutes from the February 09, 2024 meeting are pending and would be included in the next meeting agenda.

Mr. Forlenza asked if there were any questions. No questions were entertained.

#### XIX. PEOSHA ADVISORY COMMITTEE UPDATES

Mr. Garish provided an update on the first quarter meeting, specifically highlighting the increase in indoor air quality citations and complaints received by the Department of Health. He emphasizes the importance of addressing indoor air quality issues and mentions the need for documentation and following appropriate procedures outlined in policies. Mr. Garish mentioned that the organization has a template for indoor air quality policies, which is a state requirement. He also mentions that Mr. Callahan and he have applied to be part of the Advisory Board to stay updated on the latest information.

Mr. Garish mentioned the positive relationships they have built with inspectors and consultants from the South Jersey Office. He noted that the inspectors often reference the MEL website and local JIF websites for resources. He also mentioned that the inspectors offer consultative visits where they provide guidance on what needs to be done without issuing citations. The visits help members improve their facilities and stay off the radar for a certain period. Mr. Garish concludes by inviting any members who need information or assistance to reach out.

#### XX. SMALL MUNICIPALITIES REGIONAL JOINT SAFETY COMMITTEE MEETING

Mr. Garish provided an update on the Small Municipalities Regional Joint Safety Committee, mentioning that the small municipalities group consists of Corbin City, Estell Manor, Folsom, Deerfield, and Weymouth. He notes that Corbin is no longer a member, but the remaining towns have been actively participating and taking safety seriously. He commends the strong leadership of Mr. Carroll from Weymouth and the dedication of the members. He mentions that the first meeting of 2024 is scheduled for March 14, 2024 in Woodbine. Mr. Brown adds that the advantage of these meetings is the participation and communication among the towns, allowing them to learn from each other and address their unique issues. Ms. Patel commented that she attended a meeting in December, and highlights the benefit of bringing in outside speakers to enhance learning.

Mr. Forlenza asked if there were any questions. No questions were entertained.

#### XXI. OPTIONAL SAFETY BALANCE

Mr. Forlenza directed the Committee to page 51 of the agenda packet, which depicts the optional safety budget balances. He mentioned that the 2023 optional safety budget has been utilized well, with all but \$160 out of the original \$28,000 being claimed by participating towns. He expressed satisfaction with the towns utilizing the funding as intended. Mr. Forlenza informed the Committee that survey letters were sent out on January 24 regarding participation in the 2024 program, and there were no changes to the program. All towns listed in the spreadsheet will be participating again this year. The combined optional safety budget and EPL Cyber Fund program letters were emailed to all members on February 13. Mr. Forlenza emphasized the importance of encumbering funds by December 31 and collecting them by February 1, 2025. He explained that this policy was implemented about 15 years ago to prevent towns from holding unclaimed funds for extended periods.

Mr. Forlenza asked if there were any questions. No questions were entertained.

#### XXII. SAFETY INCENTIVE PROGRAM

Mr. Forlenza directed the Committee to page 52 of the agenda packet that depicts the 2022 Safety Incentive Program Qualifies Award balances. He expressed disappointment that some towns did not

collect their funds despite encumbering them. He explained that the program requires towns to notify the JIF if they want the money in the form of a check, and if they do not respond, it is assumed they will use the reimbursement process. He mentions that the majority of members were paid in April and May, and the remaining balances were collected from July to the end of the year.

Mr. Forlenza then confirmed with Mr. Garish that all members would qualify for the safety incentive program in 2023. Mr. Forlenza mentioned that notification letters for members' awards will be sent out after the safety breakfast, and he emphasized the importance of encumbering funds by the end of December and claiming them by February 1, 2025. He notes that the 2024 program was emailed to all members on January 11 and mentions that the Safety Director's office has been receiving executed safety contracts, although there are still some pending. Mr. Garish assures that they will work with the towns to ensure all necessary documents are received.

Mr. Forlenza asked if there were any questions, no questions were entertained.

#### XXIII. REIMBURSEMENT PROGRAMS

Mr. Forlenza raised the issue of reimbursement programs and the challenges faced by smaller towns in utilizing the funds allocated to them for various programs such as safety, wellness, and EPL (Employment Practices Liability). He mentioned that in other JIFs they work with, there are discussions about whether it makes sense for small towns to be required to participate in these programs, especially if they have no full-time employees and minimal exposure. However, he noted that this is not currently an issue for the ACM JIF.

### XXIV. 2024 SAFETY KICKOFF BREAKFAST

Mr. Forlenza announced that the 2024 safety kickoff breakfast is scheduled for March 28 at Merighi's Savory Inn. He confirms that the facility has already been secured. He mentioned that Captain Walsh will be the guest speaker at the breakfast and will discuss the challenges faced by public employees and the higher standards to which they are held. Mr. Forlenza noted that he and Chief Hummel would also speak about global trends and the perception of the JIF as a "four-letter" word. Mr. Forlenza emphasized that the JIF does not mandate training and clarifies that their goal is to make compliance with programs as easy as possible. He discussed the Special Safety Awards program, where individuals or departments that have gone beyond in ensuring employee safety are recognized with a lunch award of up to \$1000. Mr. Forlenza requested authorization from the Committee to re-institute the Special Safety Award program, noting the funding is already in the budget. The Committee granted authorization to re-institute the Special Safety Award Program.

#### XXV. 2024 SAFETY, WELLNESS, & CLAIMS COORDINATOR ROUNDTABLE

Mr. Forlenza noted that the 2024 Safety Wellness and Claims Roundtable is scheduled for April 30, 2024. He mentioned that it would be held separately from the safety breakfast and will be conducted via Zoom or Microsoft Teams. Mr. Garish confirmed that an email has already been sent to professionals, and once the topics are finalized, the initial invite will be sent out.

## XXVI. NEXT MEETING

Mr. Forlenza reviewed the scheduled meetings for 2024, which are as follows:

May 16, 2024- 11:30am - Microsoft Teams

September 19, 2024 -11:30am – Avalon, NJ

December 05, 2024 – 11:30am – Microsoft Teams

Mr. Wahl from Avalon discussed the security measures implemented in their public spaces following a security check conducted by the County Prosecutors office in 2015. They recently had a meeting with Mr. Super and his staff to address security concerns in the building. Mr. Wahl recommended that anyone in Cape May County interested in improving workplace safety should seek assistance from these professionals, as they provide valuable services at no cost. He noted that

Executive Safety Committee Meeting February 22, 2024 Page 8 of 8

Avalon intends to utilize their safety funds to implement recommendations from a draft report they received.

Mr. Forlenza noted that the minutes of the meeting would be prepared and provided to Mr. Wahl for review before being included in the March agenda packet, along with the proposed amended Charter and the Safety Director's Report.

There being no further business, the meeting adjourned at 12:41 PM.

File: ACMJIF/2024/Safety Committee Tab: 02/22/2024



## **Safety Committee Charter**

The Atlantic County Municipal Joint Insurance Fund (ACMJIF) Executive Committee hereby constitutes and establishes a Safety Committee:

## Composition

- 1. Members of the Committee shall be appointed by the Chair and shall serve at the pleasure of the Chair.
- 2. A member of the Executive Committee shall serve on the Safety Committee.
- 3. Serving on the Committee shall be the Fund Safety Director, Wellness Director, and a representative from the Administrator's office.
- 4. Risk Management Consultants may serve as deemed appropriate by the Executive Committee Chair.
- 5. Members of the Committee may appoint a Vice Chair to serve in the absence of the Committee Chair.

## **Authority and Responsibility**

The Safety Committee is to serve as a focal point for communication between the ACMJIF, the Executive Director/Administrator, the Safety Director, and member municipalities.—The Safety Committee shall also serve as a focal point for communication between the ACMJIF, the Executive Director/Administrator, the Wellness Director, and member municipalities. The function of the Committee is advisory in nature and is not intended to infringe upon the responsibility of the Safety Director, Wellness Director, or employees of member towns.—The Safety Committee shall advise the Executive Committee on safety and wellness related policies, performance of municipalities in terms of safety and wellness, and of the individual firms responsible for reporting on same. The Safety Committee shall also work with the Executive Director, Wellness Director, and the Safety Director in attempting to identify services that may be provided by the Joint Insurance Fund to member municipalities in order to reduce the risks of accidents to member employees and volunteers and improve the overall health and wellness of member employees and volunteers to reduce the risk of accidents and decrease the severity of injuries associated with those accidents..

## **Safety Committee Bylaws**

The Safety Committee of the ACMJIF was established by charter approved by motion of the JIF's Executive Committee on April 19, 1995. The Committee's operational guidelines are set down herein and may be amended by majority vote of the Executive Committee.

## **Meetings**

The Committee is to meet as many times per year as the Committee Chair deems necessary, but no less than quarterly, at the discretion of the Chair.

## **Attendance**

Members of the Committee shall be present at all meetings. As necessary or desirable, the Chair may request that other Fund Commissioners, Fund Professionals or consultants attend to participate in discussions of particular issues.

A representative of the Administrator's, Wellness, and Safety Director's office shall attend all meetings and shall serve as staff to the Safety Committee.

#### **Minutes**

Minutes of each meeting are to be prepared and approved by the Safety Committee members Chair and provided to the Executive Committee.

## **Specific Duties**

The Safety Committee is to:

- (1) Develop with the Executive Director and the Safety Director on-going and annual safety programs, which shall provide for the planning, organization, control and leadership of the JIF's directed safety efforts.
- Develop with the Executive Director and the Wellness Director on going wellness programs that shall provide for the planning, organization, control, and leadership of the JIF's directed wellness efforts.
- (3)(2) Identify and analyze loss exposures and claims information for the JIF as a whole and for individual members to determine where resources should be directed to reduce claims.
- (4) Examine alternative risk techniques to determine the most efficient method for reducing the risk of loss.
- (5) Recommend to the Executive Committee any appropriate expenditures on programs or services which, in the opinion of the Committee, will likely result in long-term savings for the JIF.
- (6) Implement, monitor and evaluate all safety and wellness programs, services and vendors.
- (7) Recommend to the Executive Committee the retention or replacement of safety and/or wellness vendors and provide a written summary of the basis of such recommendations.
- (8) Apprise the Executive Committee, through minutes and special presentations as necessary, of significant developments in the course of performing the above duties.
- (9) Report at least annually to the Executive Committee on the discharge of the above responsibilities.
- (10)Evaluate the performance of the Fund Professionals under the jurisdiction of the Safety Committee including the Safety Director, Wellness Director, Police Law Enforcement Consultant and/or any other Fund Professional requested by the Executive Committee.
- (11)Perform additional duties as assigned by the Executive Committee related to this Charter and the discharge of duties as assigned above.



## **ATLANTIC COUNTY**

# MUNICIPAL JOINT INSURANCE FUND 2023

PREPARED BY

J. A. Montgomery Consulting
P.O. Box 99106
Camden, NJ 08101

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# ATLANTIC COUNTY MUNICIPAL JOINT INSURANCE FUND

# 2023 ANNUAL SAFETY DIRECTOR'S REPORT

## A. GENERAL DUTIES - EXECUTIVE SUMMARY

The Annual Safety Director's Report covers service activities from January through December of 2023. The 2023 Safety Director's contract calls for a minimum of 127 Loss Control Visits to the 41 Atlantic County Municipal Joint Insurance Fund members.

Service visits included (15) Renewal Surveys, (7) Boardwalk Surveys, and Law Enforcement Surveys. The remaining service visits included but were not limited to physical facility surveys, playground inspections, seasonal operations, Job Safety Observations, Safety Committee meetings, special training requests, PEOSH violation remediation assistance, and other services requested by the membership.

Renewal surveys were completed for the Fifteen (15) members renewing in 2024. The following members were visited; Absecon, Cape May City, Cape May Point, Corbin City, Deerfield Township, Egg Harbor Township, Estell Manor, Folsom Borough, Linwood, Mullica Township, Ocean City, Upper Township, West Wildwood, Weymouth, and Wildwood. During the surveys, all municipal operations are reviewed. Buildings more than 50 + years old or of significant value are visited. The following elements are reviewed: SIP participation, Suggestions for Improvement, any unusual exposures, and comments on their loss metrics.

The J. A. Montgomery, Risk Control Team, consisted of our Safety Director, Chief Keith Hummel (Ret.), and Loss Control Consultants, John Saville, Robert Garish, and Thomas Reilly. We will be your primary contact for all Loss Control / Safety related services. Keith is also available to provide Law Enforcement Risk Control Consultation Services as requested by the Joint Insurance Fund. The team is administratively supported by Melissa Meccariello.

Training support is administered by the MSI Learning Management System staff, Susan Kopec, Andrea Felip, and Natalie Dougherty.



## 1. Executive Safety Committee

The Safety Committee met four (4) times in 2023. The Safety Director and staff will continue to attend Safety Committee meetings to help establish local safety programs and assist in the effectiveness of the overall safety program. The Safety Director reviews loss metrics (LTAF Rate, Loss Ratio Reports), training participation, and SIP involvement.

Any member who shows deterioration in their results is brought to the attention of the Executive Safety Committee. We are happy to report that no members of the Atlantic JIF are on Safety Monitoring or Intervention currently.

## 2. Participation in Claims Process / Accident Investigation

Personnel from the Safety Director's Office attend the monthly Fund Claims Committee meetings and are available to offer technical and safety-related insight into claims under review. The Safety Director's Office is also available to conduct accident investigations related to claims against the Fund. The Safety Director's Office will collaborate with the Third-Party Administrator to help identify loss trends from claims to better focus on certain areas when needed.

## 3. Written Compliance Programs / Bulletin Updates

The Safety Director's Office has produced model safety plans to address regulatory compliance issues. These programs are available on the following website: NJ MEL Resource Center along with the Atlantic JIF Website. All MSI communications will be distributed exclusively through the N.J. M.E.L. app and an MSI Newsletter will be emailed to summarize the communications sent through the app 2x a month. A listing of all Notices and Bulletins distributed during the prior month is listed in the Safety Director's Report of the monthly agenda packet. There are over 130 available Safety Director's Bulletins covering diverse topics under Administration, Public Works / Public Authorities, Law Enforcement, Fire/Rescue, and Recreation. Over 30 bulletins related to COVID-19 have been issued by the Safety Director's Office.

## **B. PROGRAMS**

## 1. Safety Incentive Program (SIP)

The theme for the Safety Incentive Program is a "ZERO-HARM WORKPLACE." The presence of safety versus the absence of safety. By changing the way, we approach safety, we focus on avoiding Risk rather than relying on the lack of injury to determine how well our safety programs are working.

When we describe Zero Harm vs. Zero Incident, we must start by identifying Risk and avoiding the hazards through controls.



We avoid Risk when we <u>Plan</u> to reduce or eliminate hazards wherever we can. We <u>Do</u> what is necessary to eliminate hazards each time. We <u>Check</u> to ensure it is being done and <u>Act</u> by following through with our plan.

Elements of the 2023 Safety Incentive Program include but are not limited to:

- Uniform program. See the 2023 Safety Incentive Program (SIP) for additional details.
- Submit the 2023 Safety Committee meeting dates (2/24/2023) and return the 2023 Safety Contract (3/24/2023).
- Send a delegate to the Safety Kickoff Breakfast (3/23/2023)
- Each member is required to send a delegate to the Safety Coordinator/ Claims Coordinator/Wellness Coordinator Roundtable, which will be held on April 25, 2023, via Zoom (Virtual).
- Each member is required to send a delegate to at least one half-day session of the Annual Planning Retreat (October 18-19,2023)
- Required attendance at all applicable Regional Training events.
- Members will hold at a minimum quarterly Safety Committee meeting.
- Member towns are expected to participate in <u>all aspects</u> of the program. Safety records are kept at the workplace and maintained by the Safety Coordinator. Once or twice a year, the safety records will be reviewed onsite by the JIF Safety Consultants.
- Activities in the safety program are grouped into the "six (6) C's", Commitment, Controlling Hazards, Continuing Education, Communication, Coaching, and Claims Management. See Best Practices of 2023 SIP.
- JIF Safety Consultants are required to review program records. Safety Coordinators are encouraged to maintain these program records in a centrally located file. The file should contain the member's Safety Committee Minutes, Hazard Inspections, Training Records, Job Safety Observations, and any other documentation to objectively evaluate the member's program efforts. Maintenance of this file will ensure that the member receives full credit for their actions.
- During onsite record checks, all elements of the program will be reviewed. We will work with members to secure a commitment of participation for areas found to be lacking during the review. It is expected that written documentation will be available for review (Safety Committee Minutes, hazard inspections, training records, job safety observations, roadway, signs, and walkway logs, etc.).



- All safety elements are scored equally, and full participation requires activity and a significant demonstration of commitment in all aspects of the program to qualify for a Safety Incentive Award.
- Members will either qualify or not qualify (Pass or Fail) for a Safety Incentive Award. There are no qualification tiers.

## 2. Road, Sign, and Walkway Program

The Road, Sign, and Walkway program is posted to the JIF website and includes written guidelines to help minimize incidents and reduce litigation costs. It's important to emphasize the need for this program as one of the key components in protecting Title 59 Immunities. Good inspection reports are often successfully used to help defend liability cases.

## 3. Law Enforcement Services

Police Ad Hoc Committee meetings are held regularly throughout the year, depending on the need. Joint meetings with Atlantic, BURLCO, and TRICO JIFs allow for representation by agencies of various sizes to present and discuss Risk Management issues of interest to the members.

- April 27, 2023 (In-Person -Avalon)
- December 5, 2023 (Virtual)

Chief Hummel (Ret.) will provide Law Enforcement Consultative Visits to multiple agencies within the Atlantic JIF in 2023. These meetings aim to provide an in-depth review of services and identify members' needs and requests. Special attention is directed to members with changes to their Command Staff. The Safety Director's Office will continue to build strong relationships with the Law Enforcement community.

**Law Enforcement Training and Memorandums** are distributed electronically and are listed in the monthly Fund Agenda packet and posted to the JIF website. The following memorandums were sent out in 2023 as of this report:

MSI Law Enforcement

- Key to Agency Stability, Longevity, and Liability Resilience
- Attorney General Drug Testing Officer Safety and Wellness (Revision)
- Police Officer Licensure Regulations (Update)
- Law Enforcement Unique Role in Active Shooter / Mass Violence
- Newly Released Active Shooter Report Key Findings and Considerations
- Parade Risk Mitigation Considerations
- Crossing Guard Program Resources
- Traffic Controls During Roadway Incidents



Police Command Staff Training was administered by Chief Hummel (Ret.) and Chief Earle (Ret.) and offered to the fund on multiple dates/times. Officers only needed to attend either the AM or PM session on any of the available dates.

- Thursday, June 8, 2023 Merghi's Savoy Inn Vineland, NJ
- Monday, June 12, 2023 Indian Springs Country Club Marlton, NJ
- Thursday, June 22, 2023 Auletto's Catering Deptford, NJ

Additional opportunities were made available by Chief Hummel (Ret.) and Chief Earle (Ret.).

**Training for Special Law Enforcement Officers** (SLEO) was held in 2023, with reimbursement offered to members who participated.

## Additional Police Services available to members include but are not limited to:

- Sample Policies
- Useful Links
- Crossing Guard Resources
- Messages
- Alerts
- Police Risk Management Training
- Practical Leadership 21 Irrefutable Laws
- Building Trust and a Constitutionally Sound Police Through Training
- Violence Prevention and Risk Considerations for the CIT Trained Officer and Mental Health Professional
- Below 100 Training
- Career Survival for 911 Call Takers and Dispatchers
- Career Survival for First-Line Supervisors
- Law Enforcement Workzone Refresher Training
- Protecting Children from Abuse / Risk Management Training
- S:ERVE & Distracted Driving (Updated 2019)
- Coaching the Emergency Operator (CEVO)
- Defensive Driving (Online-State Approved)
- MEL Safety Institute (MSI LIVE & MSI NOW)
- Law Enforcement Video Toolbox Talks
  - o Introduction to Law Enforcement Resources
  - o Chiefs Message Post COVID-19 Homeless, Trespass, and Eviction
  - Preventing Officer Involved Domestic Violence
  - o Hand Sanitizers and Controlled Energy Device Risks

## 4. S:ERVE & Attention and Distracted Driving

S:ERVE - Safety: Emergency Responder Vehicle Education (S:ERVE) is an online driver simulation and curriculum that focuses on code three intersection negotiation scenarios created to educate law enforcement, firefighters, E.M.S., and other emergency responders. Courses are SCORM-compliant and designed to stand alone with minimal instructor participation. Each course is divided into six short lessons of



20-30 minutes, presenting techniques, concepts, rules, and procedural knowledge necessary for emergency responders to drive safely and effectively in emergency response situations. The following modules make up the S:ERVE program:

- Intersection Approach
- Intersection Assessment
- Clearing the Intersection (Basic)
- Clearing the Intersection (Advanced)
- Intersection Departure
- Distracted Driving for First Responders

Attention and Distracted Driving - Distracted driving is emerging as a major cause of work-related vehicle accidents. This online driver simulation program provides targeted and convenient safe driving training for all fleet drivers, regardless of vehicle type. The course is SCORM compliant and designed to function independently with basic instructor participation in a brief 20-30-minute lesson. This course includes:

- The adverse effects of looking away from the road for more than two seconds
- Strategies for eliminating controllable distractions
- How to make necessary adjustments for distractions that the driver cannot control

## 5. Facility Checklist, Job Safety Observations, Toolbox Safety Talks

Facility Checklist- Routine inspections help you ensure that safety and health policies and procedures are being followed. Identify and correct safety and health hazards before they cause injuries or illnesses. Determine the need for safety training while promoting compliance and showing employees we care about their safety and everyone else's.

Job Safety Observations – Helps identify Safe or At-Risk Actions. Reaffirms safe actions through positive reinforcement while helping identify skill sets, knowledge, and potentially unsafe actions. Through coaching and corrective actions, these observations can be a helpful resource for increasing employee safety.

**Toolbox Safety Talks** – Quick, effective, and easy-to-use tool that front-line staff can use to share information about potential safety problems and concerns daily. They help promote and reiterate important information and best practices for the task at hand.



## C. TRAINING

## 1. Regional Training Plan / Additional Training

Safety Breakfast was held on March 17, 2023 (In-Person) at Mergihi's Savoy Inn.

Safety / Claims / Wellness Coordinator's Roundtable was held on April 25, 2023, via Zoom.

**Back Safety** was made available to members via MSI LIVE (Zoom) on three separate dates for 2023:

- April 19, 2023
- July 11, 2023
- October 19, 2023

Summer Seasonal for Managers/Supervisors was held on June 5, 2023 (In-Person) at the Ocean City Library

## Managers and Supervisor Training

- 6/29/2023 9:00 AM 11:30 AM & 1:00 PM 3:30 PM
- 7/13/2023 9:00 AM 11:30 AM & 1:00 PM 3:30 PM
- 7/27/2023 9:00 AM 11:30 AM & 1:00 PM 3:30 PM
- 9/11/2023 9:00 AM 11:30 AM & 1:00 PM 3:30 PM
- 9/27/2023 9:00 AM 11:30 AM & 1:00 PM 3:30 PM
- 10/11/2023 9:00 AM 11:30 AM & 1:00 PM 3:30 PM

## **CDL-ELDT (Entry Level Driver Training)**

- 4/3/2023 9:00 AM 10:30 AM (Camden County)
- 6/26/2023 9:00 AM-10:30 AM (Burlington County)
- 11/29/2023 8:30 AM 10:00 AM (Virtual)

**Indoor Air Quality** – was made available to members via the MSI LIVE (Zoom) on two separate dates for 2023:

- June 7, 2023 @ 11:00 AM
- September 15, 2023 @ 11:00 AM
- December 11, 2023 @ 9:00 AM

Annual Retreat - October 18-19, 2023 (In-Person)



## 2. MSI Training and Participation

Traditionally there are approximately 70 different instructor-led training courses available to the membership and approximately 200 online training programs. Various safety topics from Employee Conduct, General Safety, Accident Investigation, Snow Removal, Safety Orientation for New Employees, Recreation, and a series on Camp Counselor Safety are available to the membership to name a few.

Newer training courses include but are not limited to:

- Employee Conduct and Violence Prevention in the Workplace
- Understanding and Preventing Microaggressions
- Cultural Competence
- Courageous Conservations
- Preparing for First Amendment Audits
- Implicit Bias in the Workplace

The Course Catalog and Class Request forms were made available on both the NJ MEL website and the Atlantic JIF website. Available training for our instructor-led courses is routinely provided. Approximately 50 instructor-led training sessions are occurring monthly. MSI Catalog

A "Training Needs Assessment Guide" is available to the membership on the Atlantic JIF / MEL websites. This "YES/NO Guide" is designed to assist members with determining safety training for each employee under various PEOSH and OSHA Standards and other occupational safety regulations.

Each MSI class has YES/NO questions concerning the duties or exposures that should be considered for each employee. A YES answer to a question would indicate some level of training or education on the topic is needed for that employee. Employers should consider MSI LIVE classes as an option to provide the training identified from using the guide. MSI Training Needs Assessment Guide

Training Administrators are an essential link for members to access the MSI Learning Management System. Administrators can run reports, register users, and update training records. All members are encouraged to check the accuracy of the Training Administrator list via the MEL Safety Institute.

MEL Safety Institute tutorials are available for both "User" and "Administrator" level capabilities through the MSI. Users can contact the MEL Helpline Monday – Friday 8:30 AM – 5:00 PM (866) 661-5120 if they need further assistance.

Training is being offered on the new system for administrators and students.

- Click here for the FAQ about the MSI LMS System.
- Click here for the Learner Guide.
- Click <u>here</u> for the MSI LMS Student Training Video.
- Click <u>here</u> for the MSI LMS Administrator Training Video.



The MEL Safety Institute has (2) main training platforms offered to members:

MSI LIVE: The MSI LIVE features real-time, instructor-led classes and webinars. Experienced instructors provide an interactive experience for the learner on a broad spectrum of safety and risk control topics. Most MSI LIVE offerings have been awarded continuing education credits for municipal designations and certifications. The MSI LIVE catalog provides a description of the course, the intended audience, and available credits.

## How do I know what courses are available?

The MSI LIVE Catalog provides a description of the course, the intended audience, and available continuing education credits. The schedule for upcoming classes is listed below.

## How do I register?

You can view the schedule and register by clicking on the date and topic of your choice in the schedule below.

What are the requirements to receive C.E.U. credits/certification of completion? To maintain the integrity of MSI classes and our ability to offer C.E.U.s, we must abide by the rules of the State agency that issued the designation. Chief among those rules is the attendee of the class must attend the whole session. Attendees who enter the class more than 5 minutes late or leave early will not be awarded C.E.U.s for the class or receive a certificate of completion.

MSI NOW: The MSI NOW provides on-demand streaming videos and online classes that can be viewed 24/7 by our members. Topics pertain to many aspects of safety, risk control, employment practices, and supervision and most can be viewed in under 20 minutes. The library has over 150 available streaming videos. Periodic reviews of this platform will occur to ensure the content is current and relevant. This will include the removal/addition of courses made available to the membership.

- To access the streaming videos, log in to the Learning Management System (L.M.S.), and select MSI NOW and Online Training College on the bottom right side of the page. When the College is opened, the steaming videos are on the page's right side, listed by ten categories.
- A drop-down menu of the available titles is shown when a category is selected. Online classes are still listed on the left side of the College.
- Individuals who log into the L.M.S. and take an online class or view a video in the MSI NOW library will have the session added to their learning histories. Group learning can be added to students' learning histories by the Training Administrator of the member.



MSI Video Briefings – These video briefings are designed to focus on one limited topic, in a brief time (5 Minutes). These video briefings are an excellent resource for Toolbox Talks for employees.

- Asbestos Safety Overview (10 Minutes)
- Fire Extinguisher Inspections (5 Minutes)
- G.H.S. Pictogram Review (5 Minutes)
- Investigating Slip and Trip Injuries (5 Minutes)
- OSHA Record Keeping (5 Minutes)
- Safely Backing Work Vehicles (5 Minutes)
- Voluntary Use of Respirators (5 Minutes)
- Responsibilities of an R.T.K. Coordinator (5 Minutes)
- Confined Space Demonstration (6 Minutes)
- Customer Service (12 Minutes)
- Investigating Slip and Trip Injuries
- Exiting and Entering Trucks (5 Minutes)
- Mark Out Safety (14 Minutes)
- Firefighter Pre-Hab (8 Minutes)
- Fire Prevention Week (6 Minutes)
- Finding Fentanyl at Recreational Facilities (3 Minutes)

## MSI Info Graphics -

- Work Zone Safety- Short-Term Stationary
- Roadway Safety
- Lift Safety
- Three Points of Contact
- Bench Grinder Safety
- Seatbelt Safety
- Entering Residences
- Road to Resolving Conflict
- Leader or Boss
- MSI Constructive Feedback 2023

**Virtual Leadership Skills Training** - The M.E.L. Safety Institute offered (3) virtual leadership skills classes for 2023. The 2-hour, live, interactive courses will offer insights and techniques to help supervisors deal with important workplace issues such as conflict resolution, communications, and the supervision of employees.

- Introduction to Management Skills
   JAN. 20, April 18, JULY 21, and OCT. 4
- Introduction to Communication Skills
   FEB. 17, May 23, AUG. 18, and NOV. 8
- Introduction to Understanding Conflict
- MARCH 10, JUNE 13, SEPT. 15, DEC. 6

To register for these courses, go to the MSI LIVE Schedule If a link is not present the class may not be offered yet, please check back.



MSI Leadership Academy - The MEL Safety Institute (MSI) has created the MSI Leadership Academy for Managers, Administrators, Department Heads, and Supervisors interested in sharpening and expanding communication, conflict resolution, stress management, and team-building skills. The goal is to enhance leadership skills by offering participants varied and in-depth training. MSI Leadership Academy

Classes will be offered through MSI LIVE and will include a combination of virtual and in-person options at various locations throughout New Jersey. Participants who successfully complete the requirements will receive a plaque to commemorate graduation from the MSI Leadership Academy. Click <a href="here">here</a> for the current flyer.

## Requirements:

Complete (6) mandatory classes and (4) elective classes of your choice. Classes must be completed within two years from the date the student starts the program.

## **Academy Open Enrollment:**

Open enrollment will be held for 3-weeks before each session. The enrollment form must be submitted during this timeframe, or the participant will not be eligible to start and will be required to wait for the next enrollment period. Participants only must enroll one time. Once enrolled they can register for mandatory and elective classes.

#### **Open Enrollment Dates:**

- June 1–22, 2023 (Start Date: July 1, 2023)
- December 1-22, 2023 (Start Date: January 1, 2024)

Additional MSI Resources but not limited to found at the Atlantic JIF website and M.E.L. website:

- MSI Bulletins
- MSI Briefings
- MSI Fire & EMS
- MSI Forms / DOCS (Safety Checklist, Tool-Box Talks, JSO's)
- Model Policies / Procedures
- Defensive Driving
- MSI Videos
- MSI Model Policies
- MSI Risk Management



## **Member Participation:**

Atlantic JIF members participated in the following training courses in 2023.

MSI LIVE: 1,243MSI NOW: 2,531

## D. ATTENDANCE / REPORTS

## 1. Attendance at Meetings of the Fund

J. A. Montgomery Consulting has representation at all JIF events, including but not limited to, Fund Commissioner Meetings, Claims Committee Meetings, and Annual Planning Retreats. J. A. Montgomery Consulting attends the MEL Safety and Education Committee meetings. Information presented at the MEL level is shared with the Executive Safety Committee. Additionally, J. A. Montgomery Consulting Staff attends quarterly PEOSH Meetings, Rutgers Crossing Guard Forum, and Safety/Risk Management-related events.

## 2. Monthly and Quarterly Reports Semi-Annual Loss Analysis

J. A. Montgomery Consulting provides monthly reports to the Fund on Risk Control activities completed during the prior month. Quarterly reports on MSI Attendance are distributed to the membership. Safety Director Reports are presented at the quarterly Executive Safety Committee meetings.





## 2023 Regional Training Plan

#1 Topic: Safety, Claims, and Wellness Coordinators' Roundtable

Date / Time: April 25, 2023, @ 9:00 AM

Location: Virtual (Zoom)

Target Audience: Safety Coordinators, Claims Coordinators, Wellness Coordinators, Risk Management

Consultants, and Other Interested Personnel

We will highlight the 2023 S.I.P., ZERO Harm / Presence of Safety, and review online resources available at the MEL/JIF websites, such as the Job Safety Observations, Tool-Box Talks, Safety Checklists, and the most recent additions to MSI Learning Management System. The Wellness Coordinator will highlight the 2023 theme and review the membership accomplishments. The Claims Coordinator will review the claims process and provide updates/resources.

#2 Topic: Back Safety Material Handling

Date / Time: April 19 @ 1 PM, July 11 @ 9 AM, October 19 @ 1 PM

Location: Virtual (Zoom)

Target Audience: Safety Coordinators, Claims Coordinators, Risk Management Consultants, and

Other Interested Personnel

The course will promote the WSL Model (Wide Stance, Set Back, Lift) technique. It reviews the structure of the spine and common back injury mechanisms. Students will be given the opportunity to discuss common manual labor tasks and best practices to minimize stress on the body.

#3 Topic: Summer Seasonal Employee Training for Supervisors

Date/Time: June 5, 2023 @ 9 AM Location: Ocean City Library

Target Audience: Supervisors, Safety Coordinators, Claims Coordinators, Risk Management

Consultants, and Other Interested Personnel

The summer season presents many new exposures for member towns. This workshop will review the JIF / MEL resources available for the orientation of part-time and summer seasonal employees, the protection of minors, and online summer camp training resources. We will also discuss child labor laws that pertain to safety and information on background checks — with special emphasis on safety and training tools. Participants are invited to submit topics for the agenda.

#4 Topic: Indoor Air Quality

Date / Time: June 7 @ 11:00 AM, September 15, @ 11:00 AM & December 11, @ 9:00 AM

Location: (Zoom)

Target Audience: Designated Person (IAQ), Safety Coordinators, Claims Coordinators, Risk

Management Consultants, and Other Interested Personnel



The NJ Indoor Air Quality (IAQ) standard requires that employers designate and train a staff member to act as the Designated Person. This training is designed to satisfy this requirement. This course is recommended for your agency's IAQ Designated person. Training should be completed before assuming the role of the IAQ Designated Person and every 3 years after that.

Attendance at all applicable Regional Training programs is mandatory and counts toward successful participation in the 2023 Safety Incentive Program.

Atlantic County Municipal Joint Insurance Fund
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## 2024 Regional Training Plan

#1 Topic: Safety, Claims, and Wellness Coordinators' Roundtable

Date / Time: April 30, 2024 @ 9AM-10:30AM

Location: Virtual (Zoom)

Target Audience: Safety Coordinators, Claims Coordinators, Wellness Coordinators, Risk Management

Consultants, and Other Interested Personnel

We will highlight the 2024 S.I.P., ZERO Harm / Presence of Safety, and review online resources available at the MEL/JIF websites, such as the Job Safety Observations, Tool-Box Talks, Safety Checklists, and the most recent additions to MSI Learning Management System. The Wellness Coordinator will highlight the 2024 theme and review the membership accomplishments. The Claims Coordinator will review the claims process and provide updates/resources.

#2 Topic: CDL: Entry Level Driver Training (ELDT) Train-the-Trainer Program Date / Time: 3/6 @ 9 AM , 6/21 @ 1 PM, 9/10 @ 9 AM, 11/6 @ 1PM

Location: (Zoom)

Target Audience: Designated Persons, Safety Coordinators, Risk Management Consultants, and

Other Interested Personnel

This class will prepare an experienced Commercial Driver's License Holder to conduct in-house training to satisfy the mandatory minimum Federal Curricula Requirements for Entry Level Driver Training, upgrade their current license, or add endorsements that were mandated to begin on February 7, 2022. Attendees will be provided with materials necessary to present an ELDT program to potential Commercial Motor Vehicle License applicants and satisfy the mandatory FMCSA curriculum.

#3 Topic: Accident Investigation

Date / Time: 3/21 @ 9 AM, 5/1 @ 1 PM, 9/6 @ 1PM, 12/6 8:30 AM

Location: Virtual (Zoom)

Target Audience: Safety Coordinators, Claims Coordinators, Risk Management Consultants, and

Other Interested Personnel

This course leads the student through the 3-step process of 1) collecting good information about the incident, 2) identifying the root cause and contributing factors and 3) creating an action plan to incorporate what was learned from the investigation.

#4 Topic: Lifeguard Symposium

Date/Time: TBD Location: TBD

Target Audience: Command Staff / Administration

The Lifeguard/Beach Patrol Symposium will provide an opportunity for Lifeguard Command Staff to exchange information on Workers' Compensation and General Liability issues related to beach operations. The presentation will include but is not limited to information on the Law Against Discrimination (L.A.D.), CEPA, Protection of Minors, and Life Saving Responsibilities. Safety programs and training tools will be discussed to assist with the goal of creating a safer environment for the lifeguards and the community.



#5 Topic: Indoor Air Quality

Date / Time: August 8 @ 8:30 AM-9:30 AM

Location: (Zoom)

Target Audience: Designated Person (IAQ), Safety Coordinators, Claims Coordinators, Risk

Management Consultants, and Other Interested Personnel

The NJ Indoor Air Quality (IAQ) standard requires that employers designate and train a staff member to act as the Designated Person. This training is designed to satisfy this requirement. This course is recommended for your agency's IAQ Designated person. Training should be completed before assuming the role of the IAQ Designated Person and every 3 years after that.

Attendance at all applicable Regional Training programs is mandatory and counts toward successful participation in the 2024 Safety Incentive Program.

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To: Fund Commissioners

From: Paul A. Forlenza, MGA, RMC, Executive Director

Date: March 20, 2024

**Re:** Executive Director's Report

## A. Lost Time Accident Frequency Report (pgs. 71-72)

The January 2024 Lost Time Accident Frequency Summary and the Statewide Recap for January 2024 are attached for your review.

## B. Certificates of Insurance (pgs. 73-107)

Summaries of the Certificates of Insurance issued during February 2024 are attached for your review.

## C. Financial Fast Track Report (pg. 108)

The Financial Fast Track Report for January 31, 2024 is attached for your review. This report is generated by the Administrative Consultant and provides a "snapshot" of the JIF's financial status. The JIF's surplus position as of January 31, 2024 was \$14,201,272

## D. Regulatory Filing Checklists (pgs. 109-110)

Enclosed please find two regulatory filing checklists that we provide each month as part of our due diligence reporting on behalf of the JIF. These checklists provide an outline of required reporting to the Departments of Banking and Insurance and Community Affairs on an annual and a monthly basis, and the status of the items outlined.

## E. 2023 Safety Incentive Program Awards

A letter from our office describing how to collect your 2023 Safety Award Money will be emailed to all members after the Safety Breakfast in March. Please note that the deadline to claim or encumber these funds is December 31, 2024. All encumbered funds had to be claimed by February 1, 2025.

## F. 2024 Optional Safety Budget (pg. 111)

A consolidated announcement letter including instructions on how to collect your 2024 Optional Safety Allowance was emailed to all members on or about February 13, 2024. If you have any questions on how to collect your 2024 Optional Safety Budget allowance, please contact our office Please note that the deadline to claim or encumber these funds is December 31, 2024. All encumbered funds have to be claimed by February 1, 2025.

## G. 2024 EPL/Cyber Risk Management Budget (pg. 112)

A consolidated announcement letter including instructions on how to collect your 2024 EPL/Cyber Risk Management Allowance was emailed to all members on or about February 13, 2024. If you have any questions on how to collect your 2024 EPL/Cyber Risk Management Allowance, please contact our office. Please note that the deadline to claim or encumber these funds is December 31, 2024. All encumbered funds have to be claimed by February 1, 2025.

## H. Employment Practices Liability Compliance Status (pg. 113)

Reports regarding each member's compliance status with the MEL EPL/POL Risk Management Plan is included in the agenda for your review. Each member should review this report carefully to insure its accuracy. If you believe the report to be inaccurate regarding the status of your compliance with the Program can be directed to Sandra Cantwell at <a href="mainto:scantwell@permainc.com">scantwell@permainc.com</a>.

## I. Statutory Bond Status (pgs. 114-116)

The latest listing of Statutory Bonds issued by the MEL for JIF members is included for your review. This list should be reviewed for accuracy. Please note that these bonds are written for the individual NOT the position to be bond. All applicants for a bond must complete an underwriting application and submit it to the Fund Underwriter for approval. Any questions on the status of an application or a bond listed on the report should be directed to Jonathon Tavares at 856-614-4493 or <a href="mailto:itavares@connerstrong.com">itavares@connerstrong.com</a>.

## J. Skateboard Park Approval Status (pg. 117)

Enclosed, pleased find a spreadsheet depicting the status of all approved skateboard parks or those currently under construction by a member municipality. The MEL has established a process, outlined in MEL Coverage Bulletin 2024-06, which must be followed by all members who wish to construct a skateboard park and have the Atlantic JIF and MEL provide said facility with coverage. Any member with a park currently under construction or in the review process should review the enclosed spreadsheet to be sure that it accurately depicts the status of your facility. All members considering construction of a skateboard park should contact the Executive Director's office prior to moving forward.

## K. Capehart & Scatchard Updates

Nothing to report this month

## L. Land Use Training Certification (pg. 118)

Attached for your review is a list of members that have provided a certification to the Fund Underwriter indicating that at least some of their Board Members have completed the Optional Land Use Training Program. Land Use Board members that complete the training program will be eligible for enhanced coverage should they be personally named in a Land Use claim. Please note that only those Board members that have completed the training are eligible for the enhanced coverage. If you would like additional copies of the Land Use Liability Training Booklets, please contact the Executive Director's office. If you have any questions regarding the individuals that have completed the training, please do not hesitate to contact Jonathon Tavares at 856-614-4493 or <a href="mailto:itatalta-itata-itatalta-itatalta-itatalta-itatalta-itatalta-itatalta-itatalta-itatalta-itatalta-itatalta-itatalta-itatalta-itata-itatalta-itat

## M. Monthly Activity Calendars (pgs. 119-120)

Attached for your review are the monthly activity calendars for the months of March/April 2024.

## N. Elected Officials Training (pgs. 121-122)

Once again, this year, the Fund will be sponsoring Elected Officials training via the MEL Safety Institute website. The MEL will reduce each member's 2024 MEL Assessment by \$250 for each municipal elected official who completes the training. This credit will also be extended to the member's CEO (i.e. Municipal Manager or Administrator) who completes the training. The total credit is limited to 5% of a member's 2024 MEL Assessment. Information on how to access the training was emailed to all Municipal Clerks, Fund Commissioners, & RMC's on January 3, 2024. If you have any questions, or need assistance with the training, please contact the MSI Helpline at 866-661-5120

## O. Payroll Audit

On or about February 15, 2024 a letter was e-mailed to all Municipal Clerks, with a copy to Fund Commissioners, advising that Bowman & Company will be performing workers' compensation exposure verification audits of members' 2023 payrolls. These payroll figures will serve as the basis for your 2025 workers' compensation excess premiums. Attached to the e-mail was a spreadsheet that included employee counts by payroll classification as reported during last year's payroll audit. As employee counts have a tendency to be the most time consuming part of the payroll audit process, members were asked to review and update this spreadsheet upon receipt. Members are asked to send the required payroll data to the auditors for processing either via mail or electronically no later than **March 12, 2024**. Details on how the data can be sent were included in the February 15, 2024 correspondence. Once the information is processed, the auditor will contact each town to discuss the results of the audit and clarify any questions. Members who still have questions following the audit can contact a representative from Bowman to set up a mutually convenient date and time to meet and discuss the audit results.

## P. Property Appraisals

On or about February 15, 2024, each member and their RMC's received a notification from our office asking that they review and update their property schedule located in the Origami Exposure Data Management System. Once a member responds, those that are going to receive a physical appraisal this year will be contacted by the Fund Property Appraiser, ASSETWORKS. Those that are not receiving a physical inspection in 2024 will have their building & contents values trended accordingly. All members are asked to complete the review and update process no later than **March 25, 2024**.

# Q. 2024 Safety Breakfast (pg. 123)

The JIF will hold the 2024 Safety Kickoff Breakfast on March 28, 2024 at Merighi's Savoy Inn, Vineland. The invitation was emailed to all Fund Commissioners and Alternates, as well as the Clerks, RMC's, Safety, and Claims Coordinators. We ask that you please respond no later than March 20, 2024.

#### R. Safety & Claims Coordinator Roundtable

The JIF is looking to hold the 2024 Safety Kickoff Breakfast & Safety, Claims, & Wellness Coordinator will be held online on April 30, 2024. Additional information will be forthcoming.

#### S. New Fund Commissioner Orientation

This year, the Executive Directors office will hold two (2) New Fund Commissioner Orientation sessions; one in May and the other later this Fall via Microsoft Teams. Anyone who would like an overview of the JIF is welcome to sign up and participate. An email notification with further details on how to participate in this training will be emailed to all members in April.

#### T. Financial Disclosure Statement Filing

The Division of Local Government Services utilizes an "on line" process for completion and submission of Financial Disclosure forms. Each Fund Commissioner has a unique PIN # for which to file for their position of Fund Commissioner with the JIF. Newly appointed Fund Commissioners receive their Filing PIN # from our office once we are notified of their appointment. Any newly appointed Fund Commissioner that has not yet received their PIN# from the Executive Director's office, or has any questions, should contact Kris Kristie at Kristi\_Kristie@rpadmin.com. Additional information will be sent to all Fund Commissioners once it is released by the Department of Community Affairs.

# **U.** Inclement Weather Policy

Please note that the Fund has adopted an Inclement Weather Policy, a copy of which is available on the JIF website, www.acmjif.org. Should it become necessary to cancel a meeting, pursuant to the policy, the Executive Director's office will attempt to contact the Fund Commissioners via e-mail, direct telephone contact or posting a message to the Fund's website (www.acmjif.org).

# V. Website (www.acmjif.org)

Please take a moment to explore the website, which contains a plethora of information in an easy to read format and navigate site. If you have any questions, comments, or feedback, please contact Megan Matro at 856-446-9141 or Megan Matro@rpadmin.com.

# W. New Member Activity

Nothing to report.

#### **Atlantic County Municipal JIF JOINT INSURANCE FUND** 2024 LOST TIME ACCIDENT FREQUENCY EXCLUDING SIR MEMBERS/ EXCLUDING COVID CLAIMS

DATA VALUED AS OF January 31, 2024

|      |      |                          |    | # CT AT TO | ***       |           |           |           |                             |             |
|------|------|--------------------------|----|------------|-----------|-----------|-----------|-----------|-----------------------------|-------------|
|      |      |                          |    | # CLAIMS   | Y.T.D.    | 2024      | 2023      | 2022      |                             | TOTAL       |
|      |      |                          | ** | FOR        | LOST TIME | LOST TIME | LOST TIME | LOST TIME |                             | RATE        |
|      |      | MEMBER                   | *  | 1/31/2024  | ACCIDENTS | FREQUENCY | FREQUENCY | FREQUENCY | MEMBER                      | 2024 - 2022 |
| 1    |      | Avalon Borough           |    | 0          | 0         | 0.00      | 1.76      | 1.70      | 1 Avalon Borough            | 1.67        |
| 2    |      | Brigantine City          |    | 0          | 0         | 0.00      | 2.46      | 0.41      | 2 Brigantine City           | 1.39        |
| 3    | 3    | Buena Borough            |    | 0          | 0         | 0.00      | 0.00      | 0.00      | 3 Buena Borough             | 0.00        |
| 4    | 5    | Cape May City            |    | 0          | 0         | 0.00      | 3.36      | 2.49      | 4 Cape May City             | 2.83        |
| 5    | 6    | Commercial Township      |    | 0          | 0         | 0.00      | 2.90      | 3.08      | 5 Commercial Township       | 2.86        |
| 6    | 7    | Deerfield Township       |    | 0          | 0         | 0.00      | 0.00      | 0.00      | 6 Deerfield Township        | 0.00        |
| 7    | 8    | Dennis Township          |    | 0          | 0         | 0.00      | 0.00      | 0.00      | 7 Dennis Township           | 0.00        |
| 8    | 11   | Estell Manor City        |    | 0          | 0         | 0.00      | 0.00      | 0.00      | 8 Estell Manor City         | 0.00        |
| 9    | 12   | Folsom Borough           |    | 0          | 0         | 0.00      | 0.00      | 0.00      | 9 Folsom Borough            | 0.00        |
| 10   | 13   | Galloway Township        |    | 0          | 0         | 0.00      | 1.62      | 1.98      | 10 Galloway Township        | 1.72        |
| 11   | 14   | Hamilton Township        |    | 0          | 0         | 0.00      | 2.87      | 1.77      | 11 Hamilton Township        | 2.20        |
| 12   | 16   | Longport Borough         |    | 0          | 0         | 0.00      | 0.90      | 0.00      | 12 Longport Borough         | 0.42        |
| 13   | 18   | Middle Township          |    | 0          | 0         | 0.00      | 2.02      | 1.67      | 13 Middle Township          | 1.75        |
| 14   | 19   | Millville City           |    | 0          | 0         | 0.00      | 2.26      | 3.25      | 14 Millville City           | 2.66        |
| 15   | 20   | Mullica Township         |    | 0          | 0         | 0.00      | 7.41      | 0.00      | 15 Mullica Township         | 3.50        |
| 16   | 21   | Newfield Borough         |    | 0          | 0         | 0.00      | 0.00      | 0.00      | 16 Newfield Borough         | 0.00        |
| 7    | 22   | North Wildwood City      |    | 0          | 0         | 0.00      | 0.71      | 1.08      | 17 North Wildwood City      | 0.85        |
| .8   | 23   | Northfield City          |    | 0          | 0         | 0.00      | 1.14      | 5.78      | 18 Northfield City          | 3.30        |
| 9    | 24   | Ocean City               |    | 0          | 0         | 0.00      | 1.89      | 2.19      | 19 Ocean City               | 1.96        |
| 20   | 25   | Pleasantville City       |    | 0          | 0         | 0.00      | 5.60      | 1.03      | 20 Pleasantville City       | 3.20        |
| 21   | 26   | Sea Isle City            |    | 0          | 0         | 0.00      | 1.22      | 4.03      | 21 Sea Isle City            | 2.52        |
| 22   | 27   | Somers Point City        |    | 0          | 0         | 0.00      | 2.33      | 1.48      | 22 Somers Point City        | 1.82        |
| 23   | 28   | Stone Harbor Borough     |    | 0          | 0         | 0.00      | 4.86      | 2.77      | 23 Stone Harbor Borough     | 3.68        |
| 24   | 29   | Upper Deerfield Township |    | 0          | 0         | 0.00      | 0.00      | 0.00      | 24 Upper Deerfield Township | 0.00        |
| 25   | 30   | Ventnor City             |    | 0          | 0         | 0.00      | 1.59      | 0.83      | 25 Ventnor City             | 1.16        |
| 26   | 31   | Waterford Township       |    | 0          | 0         | 0.00      | 1.13      | 1.08      | 26 Waterford Township       | 1.06        |
| 27   | 32   | West Cape May Borough    |    | 0          | 0         | 0.00      | 0.00      | 0.00      | 27 West Cape May Borough    | 0.00        |
| 28   |      | West Wildwood Borough    |    | 0          | 0         | 0.00      | 0.00      | 7.69      | 28 West Wildwood Borough    | 3.57        |
| 29   | 34   | · ·                      |    | 0          | 0         | 0.00      | 2.63      | 0.00      | 29 Weymouth Township        | 1.22        |
| 80   | 36   | Woodbine Borough         |    | 0          | 0         | 0.00      | 4.08      | 4.00      | 30 Woodbine Borough         | 3.88        |
| 31   |      | Cape May Point Borough   |    | 0          | 0         | 0.00      | 0.00      | 0.00      | 31 Cape May Point Borough   | 0.00        |
| 32   |      | Linwood City             |    | 0          | 0         | 0.00      | 1.32      | 1.32      | 32 Linwood City             | 1.28        |
| 33   |      | Wildwood City            |    | 0          | 0         | 0.00      | 2.50      | 2.20      | 33 Wildwood City            | 2.26        |
| 4    |      | Margate City             |    | 0          | 0         | 0.00      | 1.30      | 0.88      | 34 Margate City             | 1.04        |
| 35   |      | Absecon City             |    | 0          | 0         | 0.00      | 0.00      | 0.00      | 35 Absecon City             | 0.00        |
| 86   |      | Downe Township           |    | 0          | 0         | 0.00      | 0.00      | 0.00      | 36 Downe Township           | 0.00        |
| 37   |      | Wildwood Crest Borough   |    | 1          | 1         | 5.05      | 0.44      | 0.92      | 37 Wildwood Crest Borough   | 0.86        |
| 88   |      | Lower Township           |    | 1          | 1         | 5.39      | 2.20      | 1.37      | 38 Lower Township           | 1.94        |
| 19   |      | Upper Township           |    | 1          | 1         | 8.48      | 3.17      | 2.14      | 39 Upper Township           | 2.87        |
| -    | 515  | obber roamsmh            |    | 1          | 1         | 0.70      | 3.11      | 2.17      | o opper romanip             | 2.07        |
| Tota | als: |                          |    | 3          | 3         | 0.6       | 1 2.02    | 1.72      |                             | 1           |

 $Frequency = ((Y.T.D.\ LOST\ TIME\ ACCIDENT\ *\ 200,000)\ /\ ADJUSTED\ HOURS\ WORKED)$  \* Member does not participate in the FUND for Workers' Comp coverago

2023 Loss Time Accident Frequency as of

January 31, 2023

0.00

<sup>\*\*</sup> Member has a higher Self Insured Retention for Workers' Comp and is EXCLUDED from this report

<sup>\*\*\*</sup> MEMBER WAS NOT ACTIVE FOR THIS FUND YEAR

# 2024 LOST TIME ACCIDENT FREQUENCY ALL JIFS EXCLUDING SIR MEMBERS/ EXCLUDING COVID CLAIMS

January 31, 2024

|                                | 2024             | 2023      | 2022             | TOTAL       |
|--------------------------------|------------------|-----------|------------------|-------------|
|                                | LOST TIME        | LOST TIME | LOST TIME        | RATE *      |
| FUND                           | <b>FREQUENCY</b> | FREQUENCY | <b>FREQUENCY</b> | 2024 - 2022 |
| Monmouth County                | 0.00             | 0.58      | 0.82             | 0.67        |
| NJ Public Housing Authority    | 0.00             | 1.58      | 2.01             | 1.73        |
| NJ Utility Authorities         | 0.00             | 1.51      | 1.35             | 1.37        |
| Ocean County                   | 0.00             | 1.30      | 0.90             | 1.05        |
| Suburban Metro                 | 0.00             | 1.34      | 1.25             | 1.24        |
| Suburban Municipal             | 0.00             | 1.17      | 1.32             | 1.19        |
| Morris County                  | 0.17             | 1.54      | 0.82             | 1.14        |
| Central New Jersey             | 0.23             | 2.04      | 1.89             | 1.89        |
| Bergen County                  | 0.23             | 1.38      | 1.29             | 1.29        |
| South Bergen County            | 0.32             | 2.41      | 1.99             | 2.13        |
| Gloucester, Salem, Cumberland  | 0.38             | 1.29      | 1.17             | 1.20        |
| Burlington County Municipal JI | 0.58             | 1.25      | 0.90             | 1.06        |
| Atlantic County Municipal JIF  | 0.61             | 2.02      | 1.72             | 1.82        |
| Professional Municipal Manage  | 1.37             | 1.60      | 1.62             | 1.60        |
| Camden County                  | 1.84             | 1.08      | 1.43             | 1.28        |
|                                |                  |           |                  |             |
| AVERAGE                        | 0.38             | 1.47      | 1.36             | 1.38        |

<sup>\*</sup> NOTE : lost days may include claims with reserves - where claimant may not yet have had lost time

# **Conner Strong - Report by Insured**

| COLID | Insured                          | Named Insured               | Description of Operations   | Cert Holder - Name                            | Cert Holder - Address | Cert Holder - Address | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType                                    |
|-------|----------------------------------|-----------------------------|---|---|-----------------------|-----------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|---|
| 4L52J | Atlantic County Municipal JIF    | Borough of West<br>Cape May | RE: Use of Facility  The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written contract as respect to use of facility during the current calendar year. |   | 687 Route 9           |                       | Cape May           | NJ                  | 08204                        | 02/07/2024      | 01/30/2023         | Automobile Liability                          |
|       |                                  |                             |   |   |                       |                       |                    |                     |                              |                 |                    | Commercial General Liability                  |
|       |                                  |                             |   |   |                       |                       |                    |                     |                              |                 |                    | Excess Liability                              |
|       |                                  |                             |   |   |                       |                       |                    |                     |                              |                 |                    | Property                                      |
|       |                                  |                             |   |   |                       |                       |                    |                     |                              |                 |                    | Workers Compensation and Employers' Liability |
| 4LD9G | Atlantic County<br>Municipal JIF | Borough of West<br>Cape May |   | Lower Cape May<br>Regional School<br>District | 687 Route 9           |                       | Cape May           | NJ                  | 08204                        | 02/07/2024      | 07/19/2023         | Automobile Liability                          |
|       |                                  |                             |   |   |                       |                       |                    |                     |                              |                 |                    | Commercial General Liability                  |
|       |                                  |                             |   |   |                       |                       |                    |                     |                              |                 |                    | Crime   |
|       |                                  |                             |   |   |                       |                       |                    |                     |                              |                 |                    | Excess Liability                              |
|       |                                  |                             |   |   |                       |                       |                    |                     |                              |                 |                    | Workers Compensation and Employers' Liability |
|       |                                  |                             |   | Regional School District                      | 687 Route 9           |                       | Cape May           | NJ                  | 08204                        | 02/07/2024      | 07/19/2023         | Automobile Liability                          |

| COLID             | Insured                     | Named Insured      | Description of Operations  | Cert Holder - Name | Cert Holder - Address | Cert Holder - Address<br>2      | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType                            |
|-------------------|-----------------------------|--------------------|--|--------------------|-----------------------|---------------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|---------------------------------------|
|                   |                             |                    | Liability and Excess Liability Policies if required by written contract as respect to transportation of the US Coast Guard to and from the WCM Annual Christmas Parade.  |                    |                       |                                 |                    |                     |                              |                 |                    |                                       |
|                   |                             |                    |  |                    |                       |                                 |                    |                     |                              |                 |                    | Commercial General<br>Liability       |
|                   |                             |                    |  |                    |                       |                                 |                    |                     |                              |                 |                    | Crime                                 |
|                   |                             |                    |  |                    |                       |                                 |                    |                     |                              |                 |                    | Excess Liability Workers              |
|                   |                             |                    |  |                    |                       |                                 |                    |                     |                              |                 |                    | Compensation and Employers' Liability |
| 4LE85 Atla<br>Mur | antic County<br>nicipal JIF | Township of Middle | Re: 2019 Commander Chassis SN: 54F3DF716KWM123 64. Value \$999,039.00 Lease #40145108  The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability Automobile Liability Automobile Liability Policies and Loss Payee on the Property Policy if required by written contract as respects to 2019 Commander Chassis SN: 54F3DF716KWM123 64. Value \$999,039.00. Lease #40145108 | Finance, Inc       |                       | 12000 Horizon Way,<br>4th Floor | Mt. Laurel         | NJ                  | 08054                        | 02/14/2024      | 07/19/2023         | Automobile Liability                  |

| COLID | Insured                          | Named Insured     | Description of Operations   | Cert Holder - Name | Cert Holder - Address                    | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType  |
|-------|----------------------------------|-------------------|---|--------------------|--|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|---|
|       |                                  |                   | Thirty (30) days notice of cancellation will be provided, except ten (10) days for non-payment of premium |                    |  |                            |                    |                     |                              |                 |                    | Commercial General Liability  Excess Liability  Property  Workers  Compensation and  Employers' Liability |
|       | Atlantic County<br>Municipal JIF | Township of Upper |   | Investment, Inc.   | dba VCI Emergency<br>Vehicle Specialists | 43 Jefferson Avenue        | Berlin             | NJ                  | 08009                        | 02/14/2024      | 07/19/2023         | Automobile Liability  |
|       |                                  |                   |   |                    |  |                            |                    |                     |                              |                 |                    | Commercial General<br>Liability   |
|       |                                  |                   |   |                    |  |                            |                    |                     |                              |                 |                    | Excess Liability  Property  |
|       |                                  |                   |   |                    |  |                            |                    |                     |                              |                 |                    | Property  |

| COLID | Insured                        | Named Insured     | Description of Operations   | Cert Holder - Name | Cert Holder - Address                    | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-------|--------------------------------|-------------------|---|--------------------|--|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--|
|       |                                |                   |   |                    |  |                            |                    |                     |                              |                 |                    | Compensation and<br>Employers' Liability   |
| 4LEA7 | Atlantic County Municipal JIF  | City of Cape May  | RE: Loan #10432304.  The certificate holder named as additional insured/loss payee/ and mortgagee ATIMA as respect to varies location city wide with blanket coverage on replacement cost bases- and covers all direct and physical loss caused tot he property with respect to Loan #10432304.  Notice of Cancellation 10 days for non-payment and 30 days for all other | Mortgage LLC       | Berkadia Loan # 10432304                 | P. O. Box 557              | Ambler             | PA                  | 19002                        | 02/15/2024      | 07/19/2023         | Commercial General Liability  Excess Liability  Property  Workers  Compensation and Employers' Liability |
| 4LEDP | Atlantic County  Municipal JIF | Township of Upper | RE: Ford E-350 #1FDWE35P55HA90 379 value \$22,000.  The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written   | Investments, Inc.  | dba VCI Emergency<br>Vehicle Specialists | 43 Jefferson Avenue        | Berlin             | NJ                  | 08009                        | 02/14/2024      | 07/19/2023         | Automobile Liability   |

| COLID | Insured                        | Named Insured       | Description of Operations   | Cert Holder - Name          | Cert Holder - Address | Cert Holder - Address | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType                      |
|-------|--------------------------------|---------------------|---|-----------------------------|-----------------------|-----------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|---------------------------------|
|       |                                |                     | contract as respect to<br>Loaner Vehicle 2005<br>Ford E-350<br>#1FDWE35P55HA90<br>379 value \$22,000. |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     | 0, y va.iac y 22,000:   |                             |                       |                       |                    |                     |                              |                 |                    | Commercial General<br>Liability |
|       |                                |                     |   |                             |                       |                       |                    |                     |                              |                 |                    | Excess Liability                |
|       |                                |                     |   |                             |                       |                       |                    |                     |                              |                 |                    | Property                        |
|       |                                |                     |   |                             |                       |                       |                    |                     |                              |                 |                    | Workers Compensation and        |
|       |                                |                     |   |                             |                       |                       |                    |                     |                              |                 |                    | Employers' Liability            |
| 4LEMM | Atlantic County  Municipal JIF | Borough of Newfield | The Certificate   | Newfield Board of Education | 212 Catawba Avenue    |                       | Newfield           | NJ                  | 08344                        | 02/12/2024      | 07/19/2023         | Automobile Liability            |
|       |                                |                     | Holder is an Additional Insured on  |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     | the above-referenced  |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     | Commercial General<br>Liability and Excess  |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     | Liability Policies if   |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     | required by written contract as respects  |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     | to use of premises for  |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     | any Borough   |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     | sponsored events during the current   |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     | calendar year-  |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     | including but not limited to Newfield   |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     | Day, Movies in the  |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     | Park, Newfield Day<br>Clean Up, Easter Egg  |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     | Hunt, etc.  |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     |   |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     | Does not include amusements or  |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     | fireworks.  |                             |                       |                       |                    |                     |                              |                 |                    |                                 |
|       |                                |                     |   |                             |                       |                       |                    |                     |                              |                 |                    | Commercial General<br>Liability |
|       |                                |                     |   |                             |                       |                       |                    |                     |                              |                 |                    | Excess Liability                |

| COLID | Insured                          | Named Insured | Description of<br>Operations                                       | Cert Holder - Name                                   | Cert Holder - Address | Cert Holder - Address<br>2 | Cert Holder - City      | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-------|----------------------------------|---------------|--|--|-----------------------|----------------------------|-------------------------|---------------------|------------------------------|-----------------|--------------------|--|
|       |                                  |               |  |  |                       |                            |                         |                     |                              |                 |                    | Workers Compensation and Employers' Liability  |
| 4LENQ | Atlantic County<br>Municipal JIF |               | Liability exclusion in   | Municipal Joint<br>Insurance                         | Fund PO Box 488       |                            | Marlton                 | NJ                  | 08053                        | 01/23/2024      | 07/19/2023         | Commercial General Liability  Excess Liability  Workers  Compensation and Employers' Liability |
|       | Atlantic County<br>Municipal JIF |               | RE: Atlantic JIF Member Towns  Certificate Holder is amended to be | County of Cape May<br>Board of Chosen<br>Freeholders | Crest Haven Complex   |                            | Cape May Court<br>House | NJ                  | 08210                        | 02/01/2024      | 07/19/2023         | Automobile Liability   |

| COLID | Insured | Named Insured | Description of         | Cert Holder - Name | Cert Holder - Address | Cert Holder - Address | Cert Holder - City | Cert Holder - State |      | Last Share Date | Initial Share Date | PolicyType |
|-------|---------|---------------|------------------------|--------------------|-----------------------|-----------------------|--------------------|---------------------|------|-----------------|--------------------|------------|
|       |         |               | Operations             |                    |                       | 2                     |                    |                     | Code |                 |                    |            |
|       |         |               | included as additional |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | insured the person(s)  |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | or organization(s)as   |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | shown in the           |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | description section of |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | this certificate of    |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | insurance for General  |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | Liability & Excess     |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | Liability pursuant to  |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | the terms, conditions, |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | limitations, and       |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | exclusions of the      |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | ACMJIF Casualty        |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | Insurance Policy (but  |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | only with respect to   |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | liability caused in    |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | whole or in part by    |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | the acts or omissions  |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | of the named           |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | insured). However,     |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | the designation as an  |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | additional insured     |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | shall only apply to    |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | claims which arise out |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | of or are caused or    |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | alleged to have been   |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | caused in any manner   |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | from the member        |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | municipality's sole    |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | negligent acts while   |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | engaging in the        |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | activities of street   |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | openings, street and   |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | road closings,         |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | parades, and hanging   |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | of banners by a        |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | member municipality    |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | of the Atlantic        |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | County Municipal       |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | Joint Insurance Fund   |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | as per the ACMJIF      |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | membership list        |                    |                       |                       |                    |                     |      |                 |                    |            |
|       |         |               | below.                 |                    |                       |                       |                    |                     |      |                 |                    |            |

| COLID | Insured                          | Named Insured     | Description of Operations | Cert Holder - Name       | Cert Holder - Address | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-------|----------------------------------|-------------------|---------------------------|--------------------------|-----------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--|
|       |                                  |                   |                           |                          |                       |                            |                    |                     |                              |                 |                    | Commercial General Liability  Excess Liability  Workers  Compensation and Employers' Liability |
| 4LF2R | Atlantic County<br>Municipal JIF |                   | Facilities/Fields for     | Regional School District | 687 Route 9           |                            | Cape May           | NJ                  | 08204                        | 02/07/2024      | 07/19/2023         | Commercial General Liability  Excess Liability  Workers Compensation and Employers' Liability  |
| 4LF47 | Atlantic County<br>Municipal JIF | Township of Lower | Police Training           | Regional School District | 687 Route 9           |                            | Cape May           | NJ                  | 08204                        | 02/07/2024      | 07/19/2023         | Automobile Liability   |

| COLID | Insured                          | Named Insured     | Description of Operations  | Cert Holder - Name                          | Cert Holder - Address | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType                                     |
|-------|----------------------------------|-------------------|--|---|-----------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--|
|       |                                  |                   | Commercial General Liability and Excess Liability Policies if required by written contract as respect to use of premises by Lower Township Police to hold training during the current calendar year. |   |                       |                            |                    |                     | Code                         |                 |                    | Commercial General Liability  Excess Liability |
|       |                                  |                   |  |   |                       |                            |                    |                     |                              |                 |                    | Workers Compensation and Employers' Liability  |
| 4LTUT | Atlantic County  Municipal JIF   | Township of Upper |  |   | 100 Route 50          |                            | Seaville           | NJ                  | 08230                        | 01/26/2024      | 01/26/2024         | Automobile Liability                           |
|       |                                  |                   |  |   |                       |                            |                    |                     |                              |                 |                    | Commercial General Liability Excess Liability  |
|       |                                  |                   |  |   |                       |                            |                    |                     |                              |                 |                    | Workers Compensation and Employers' Liability  |
| 4LUYU | Atlantic County<br>Municipal JIF | Borough of Avalon |  | VCI Emergency<br>Vehicle Specialists<br>LLC | 43 Jefferson Avenue   |                            | Berlin             | NJ                  | 08009                        | 02/14/2024      | 02/14/2024         | Automobile Liability                           |
|       |                                  |                   |  |   |                       |                            |                    |                     |                              |                 |                    | Commercial General<br>Liability                |
|       |                                  |                   |  |   |                       |                            |                    |                     |                              |                 |                    | Excess Liability                               |

| COLID | Insured                        | Named Insured | Description of Operations   | Cert Holder - Name         | Cert Holder - Address | Cert Holder - Address<br>2           | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType  |
|-------|--------------------------------|---------------|---|----------------------------|-----------------------|--------------------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|---|
|       |                                |               |   |                            |                       |                                      |                    |                     |                              |                 |                    | Property  Workers  Compensation and  Employers' Liability |
|       |                                |               | RE: 2010 Ford E-450, VIN: 1FDXE4FPXADA138 56 The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies and Loss Payee on the Property Policy if required by written contract as respects to the 2010 Ford E-450, VIN: 1FDXE4FPXADA138 56, Value: \$29,000.00 | Vehicle Specialists<br>LLC | 43 Jefferson Avenue   |                                      | Berlin             | NJ                  | 08009                        | 02/14/2024      | 02/14/2024         | Automobile Liability                                      |
|       |                                |               |   |                            |                       |                                      |                    |                     |                              |                 |                    | Commercial General Liability  Excess Liability            |
|       |                                |               |   |                            |                       |                                      |                    |                     |                              |                 |                    | Property  Workers  Compensation and Employers' Liability  |
| 4LX1S | Atlantic County  Municipal JIF |               | RE: NFL Flag Football<br>League<br>RCV Sports LLC, the<br>National Football<br>League, it's thirty two<br>professional member<br>clubs, NFL Ventures,<br>Inc., NFL Ventures,  |                            | Attn: NFL Flag        | 250 Hembree Park<br>Drive, Suite 100 | Roswell            | GA                  | 30076                        | 02/16/2024      | 02/16/2024         | Automobile Liability                                      |

| COLID | Insured                          | Named Insured           | Description of Operations   | Cert Holder - Name | Cert Holder - Address            | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-------|----------------------------------|-------------------------|---|--------------------|----------------------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--|
|       |                                  |                         | LP, National Football League Foundation, NFL Properties LLC and any of their respective related subsidiaries entities and affiliates are an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written contract as respect to the City of Pleasantville participating in the NFL Flag Football League during the current calendar year: |                    |                                  |                            |                    |                     |                              |                 |                    | Commercial General Liability  Excess Liability  Workers  Compensation and Employers' Liability |
| 4M66T | Atlantic County<br>Municipal JIF | Township of<br>Hamilton |   |                    | 1876 Dr. Dennis<br>Foreman Drive |                            | Mays Landing       | NJ                  | 08330                        | 01/26/2024      | 01/26/2024         | Automobile Liability   |

| COLID | Insured                          | Named Insured                       | Description of Operations   | Cert Holder - Name   | Cert Holder - Address                    | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-------|----------------------------------|-------------------------------------|---|----------------------|--|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--|
|       |                                  |                                     | William Davis Middle<br>School.   |                      |  |                            |                    |                     |                              |                 |                    | Commercial General<br>Liability<br>Excess Liability  |
|       |                                  |                                     |   |                      |  |                            |                    |                     |                              |                 |                    | Property   |
|       |                                  |                                     |   |                      |  |                            |                    |                     |                              |                 |                    | Workers Compensation and Employers' Liability  |
| FQIIM | Atlantic County Municipal JIF    |                                     | RE: 2007 Ford E450  The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies and Loss Payee on the Property Policy if required by written contract as respects to 2007 Ford E450 vin#l FDXE45P97DA7322 0 value \$29,000.00. | Investments Inc.     | dba VCI Emergency<br>Vehicle Specialists | 43 Jefferson Avenue        | Berlin             | NJ                  | 08009                        | 02/14/2024      | 07/19/2023         | Commercial General Liability  Excess Liability  Property  Workers  Compensation and Employers' Liability |
|       | Atlantic County<br>Municipal JIF | Member Towns of the Atlantic County |   | County of Cumberland | 60 West Broad St                         |                            | Bridgeton          | NJ                  | 08302                        | 01/23/2024      | 07/19/2023         | Automobile Liability   |
|       |                                  |                                     | The Certificate Holder is an Additional Insured on the above-referenced   |                      |  |                            |                    |                     |                              |                 |                    |  |

| COLID  | Insured         | Named Insured       | Description of Operations          | Cert Holder - Name   | Cert Holder - Address   | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType           |
|--------|-----------------|---------------------|------------------------------------|----------------------|-------------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|----------------------|
|        |                 |                     | Commercial General                 |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | Liability and Excess               |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | Liability Policies if              |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | required by written                |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | contract.                          |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     |                                    |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | The Professional                   |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | Liability exclusion in             |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | the General Liability              |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | does not apply to nurses, EMTs,    |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | paramedics, first aid              |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | squads, rescue squads              |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | or emergency                       |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | response teams while               |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | acting in the scope of             |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | their duties on behalf             |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | of the insured,                    |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | including volunteers               |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | of the insured's first             |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | aid squads, rescue                 |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | squads and                         |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | emergency response                 |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | teams arising out of               |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | the rendering or failure to render |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | medical emergency                  |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | services at the scene              |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | of a medical                       |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | emergency                          |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | immediately                        |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | following the                      |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | occurrence of such                 |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     | emergency.                         |                      |                         |                            |                    |                     |                              |                 |                    |                      |
|        |                 |                     |                                    |                      |                         |                            |                    |                     |                              |                 |                    | Commercial General   |
|        |                 |                     |                                    |                      |                         |                            |                    |                     |                              |                 |                    | Liability            |
|        |                 |                     |                                    |                      |                         |                            |                    |                     |                              |                 |                    | Excess Liability     |
|        |                 |                     |                                    |                      |                         |                            |                    |                     |                              |                 |                    | Workers              |
|        |                 |                     |                                    |                      |                         |                            |                    |                     |                              |                 |                    | Compensation and     |
|        |                 |                     |                                    |                      |                         |                            |                    |                     |                              |                 |                    | Employers' Liability |
| COLLID | Atlantic County | Member Towns of the | DE: Member Towns                   | County of Gloucester | 1 North Broad Stroot    |                            | Deptford           | NJ                  | 08096                        | 01/23/2024      | 07/19/2023         | Automobile Liability |
|        | Municipal JIF   | Atlantic County     | IVE. MEHIDEL TOMIS                 | County of Gloucester | I Noi tii bi oau Street |                            | Deptiora           |                     | 00070                        | 01/23/2024      | 07/17/2023         | Automobile Liability |
|        | amoipui sii     | , telalitie Coulity |                                    |                      |                         | 95                         |                    |                     |                              |                 |                    |                      |

| COLID | Insured | Named Insured | Description of Operations                 | Cert Holder - Name | Cert Holder - Address | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType         |
|-------|---------|---------------|---|--------------------|-----------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--------------------|
|       |         |               | The Certificate                           |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | Holder is an                              |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | Additional Insured on                     |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | the above-referenced                      |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | Commercial General                        |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | Liability and Excess                      |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | Liability Policies if required by written |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | contract.                                 |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               |   |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | The Professional                          |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | Liability exclusion in                    |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | the General Liability                     |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | does not apply to                         |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | nurses, EMTs,                             |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | paramedics, first aid                     |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | squads, rescue squads                     |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | or emergency response teams while         |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | acting in the scope of                    |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | their duties on behalf                    |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | of the insured,                           |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | including volunteers                      |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | of the insured's first                    |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | aid squads, rescue                        |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | squads and                                |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | emergency response                        |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | teams arising out of                      |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | the rendering or failure to render        |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | medical emergency                         |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | services at the scene                     |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | of a medical                              |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | emergency                                 |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | immediately                               |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | following the                             |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | occurrence of such                        |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               | emergency.                                |                    |                       |                            |                    |                     |                              |                 |                    |                    |
|       |         |               |   |                    |                       |                            |                    |                     |                              |                 |                    | Commercial General |
|       |         |               |   |                    |                       |                            |                    |                     |                              |                 |                    | Liability          |
|       |         |               |   |                    |                       |                            |                    |                     |                              |                 |                    | Excess Liability   |
|       |         |               |   |                    |                       |                            |                    |                     |                              |                 |                    | Workers            |
|       |         |               |   |                    |                       | 86                         |                    |                     |                              |                 |                    | Compensation and   |

| COII      | ) Insured                     | Named Insured       | Description of Operations  | Cert Holder - Name       | Cert Holder - Address | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-----------|-------------------------------|---------------------|--|--------------------------|-----------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--|
|           |                               |                     |  |                          |                       |                            |                    |                     |                              |                 |                    | Employers' Liability   |
| G2HV<br>U | Atlantic County Municipal JIF | City of Margate     | RE: Police Bicycle Training  | Borough of Avalon        | 3100 Dune Drive       |                            | Avalon             | NJ                  | 08202                        | 02/15/2024      | 07/19/2023         | Automobile Liability   |
|           |                               |                     | The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written contract as respect to officers from the City of Margate attending Police Bicycle Training Program during the current policy period. |                          |                       |                            |                    |                     |                              |                 |                    | Commercial General Liability  Excess Liability  Workers  Compensation and Employers' Liability |
| G2IF1     | Atlantic County Municipal JIF | Borough of Newfield | RE: Newfield Day Fall Festival  The Certificate Holder is an Additional Insured on the above referenced Commercial General Liability and Excess Liability Policies if required by written contract as respect to Newfield Day Fall Festival.   | Improvement<br>Authority | 109 Budd Boulevard    |                            | Woodbury           | NJ                  | 08096                        | 01/26/2024      | 07/19/2023         | Automobile Liability   |
|           |                               |                     | Does not include amusements or   |                          |                       |                            |                    |                     |                              |                 |                    |  |

| COLID | Insured                          | Named Insured        | Description of Operations  | Cert Holder - Name | Cert Holder - Address                    | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-------|----------------------------------|----------------------|--|--------------------|--|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--|
|       |                                  |                      | fireworks.   |                    |  |                            |                    |                     |                              |                 |                    | Commercial General Liability  Excess Liability  Workers  Compensation and                      |
| G2IFS | Atlantic County<br>Municipal JIF | Township of Hamilton | RE: One Day Rabies Clinic  The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written contract as respect to the One Day Rabies Clinic. | Hospital           | 195 S. New Road                          |                            | Absecon            | NJ                  | 08201                        | 02/12/2024      | 07/19/2023         | Commercial General Liability  Excess Liability  Workers  Compensation and Employers' Liability |
|       | Atlantic County<br>Municipal JIF | Township of Upper    |  | Investments, Inc.  | dba VCI Emergency<br>Vehicle Specialists | 43 Jefferson Avenue        | Berlin             | NJ                  | 08009                        | 02/14/2024      | 07/19/2023         | Automobile Liability   |

| COLID | Insured                          | Named Insured       | Description of Operations   | Cert Holder - Name          | Cert Holder - Address  | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType                                    |
|-------|----------------------------------|---------------------|---|-----------------------------|------------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|---|
|       |                                  |                     | Loaner Vehicle is<br>2014 Mercedes Benz<br>Transit VIN<br>WDAPF3CC4E95710<br>02 valued at \$50,000.   |                             |                        |                            |                    |                     |                              |                 |                    |   |
|       |                                  |                     |   |                             |                        |                            |                    |                     |                              |                 |                    | Commercial General<br>Liability               |
|       |                                  |                     |   |                             |                        |                            |                    |                     |                              |                 |                    | Excess Liability                              |
|       |                                  |                     |   |                             |                        |                            |                    |                     |                              |                 |                    | Property                                      |
|       |                                  |                     |   |                             |                        |                            |                    |                     |                              |                 |                    | Workers Compensation and Employers' Liability |
| G2ZC8 | Atlantic County<br>Municipal JIF | City of Wildwood    | Holder is an Additional Insured on the general and excess liability policies.   | Borough of West<br>Wildwood | 701 Glenwood<br>Avenue |                            | Wildwood           | NJ                  | 08260                        | 02/09/2024      | 02/09/2024         | Automobile Liability                          |
|       |                                  |                     |   |                             |                        |                            |                    |                     |                              |                 |                    | Commercial General<br>Liability               |
|       |                                  |                     |   |                             |                        |                            |                    |                     |                              |                 |                    | Excess Liability                              |
|       |                                  |                     |   |                             |                        |                            |                    |                     |                              |                 |                    | Workers Compensation and Employers' Liability |
| G2ZV1 | Atlantic County<br>Municipal JIF | City of Absecon     | Evidence of insurance<br>as respects the use of<br>facilities for a Senior<br>Citizens Brunch   |                             | 100 Pitney Road        |                            | Absecon            | NJ                  | 08201                        | 02/15/2024      | 02/15/2024         | Commercial General<br>Liability               |
|       |                                  |                     |   |                             |                        |                            |                    |                     |                              |                 |                    | Excess Liability                              |
| OSW51 | Atlantic County<br>Municipal JIF | Borough of Newfield |   | Newfield Board of Education | 212 Catawba Avenue     |                            | Newfield           | NJ                  | 08344                        | 02/12/2024      | 06/09/2023         | Automobile Liability                          |
|       |                                  |                     | The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written |                             |                        |                            |                    |                     |                              |                 |                    |   |

| COLID | Insured                          | Named Insured      | Description of Operations   | Cert Holder - Name       | Cert Holder - Address               | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType  |
|-------|----------------------------------|--------------------|---|--------------------------|-------------------------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|---|
|       |                                  |                    | After Dinner Play Date at the Edgarton Christian Academy.  DOES NOT INCLUDE AMUSEMENTS OR FIREWORKS |                          |                                     |                            |                    |                     |                              |                 |                    | Commercial General Liability Excess Liability Workers             |
|       |                                  |                    |   |                          |                                     |                            |                    |                     |                              |                 |                    | Compensation and Employers' Liability                             |
|       | Atlantic County Municipal JIF    |                    |   | Regional School District | 687 Route 9                         |                            | Cape May           | NJ                  | 08204                        | 02/07/2024      | 07/19/2023         | Automobile Liability  |
|       |                                  |                    |   |                          |                                     |                            |                    |                     |                              |                 |                    | Commercial General<br>Liability                                   |
|       |                                  |                    |   |                          |                                     |                            |                    |                     |                              |                 |                    | Excess Liability  Workers  Compensation and  Employers' Liability |
|       | Atlantic County<br>Municipal JIF | Township of Dennis | RE: Rental Equipment  CTOS Rentals, LLC  and its subsidiaries                                       |                          | and its subsidiaries and affiliates | 7701 Independence<br>Ave   | Kansas City        | МО                  | 64125                        | 02/07/2024      | 10/13/2023         | Automobile Liability  |

| COLID | Insured                          | Named Insured      | Description of Operations  | Cert Holder - Name        | Cert Holder - Address | Cert Holder - Address | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-------|----------------------------------|--------------------|--|---------------------------|-----------------------|-----------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--|
|       |                                  |                    | and affiliates are named as Additional Insured on the above- referenced Commercial General Liability and Excess Liability Policies and Loss Payee on the Property Policy if required by written contract as respects to rental equipment Cat/Class: 202-1325 55' BUCKET TRK (TC55) MH (AWD) 2023 Freightline Equip #224925 Model #M2106 VN555-MHI Cost \$173,592 |                           |                       |                       |                    |                     |                              |                 |                    | Commercial General Liability Excess Liability Property Workers Compensation and Employers' Liability                           |
|       | Atlantic County<br>Municipal JIF | City of Northfield |  | The Bancorp Bank,<br>N.A. | PO Box 4307           |                       | Timonium           | MD                  | 21094                        | 02/12/2024      | 02/09/2024         | Automobile Liability  Commercial General Liability  Excess Liability  Property  Workers  Compensation and Employers' Liability |
|       |                                  |                    |  | The Bancorp Bank,<br>N.A. | PO Box 4307           |                       | Timonium           | MD                  | 21094                        | 02/12/2024      | 02/09/2024         | Automobile Liability   |
|       |                                  |                    | The Certificate  |                           |                       |                       |                    |                     |                              |                 |                    |  |

| COLID     | Insured                       | Named Insured             | Description of Operations   | Cert Holder - Name   | Cert Holder - Address | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-----------|-------------------------------|---------------------------|---|----------------------|-----------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--|
|           |                               |                           | Holder is an Additional Insured on the above-referenced Commercial General Liability, Automobile Liability and Excess Liability Policies and Loss Payee on the Property Policy if required by written contract as respects to the following vehicles: -2023 Chevrolet Malibu LS Sedan #1G1ZB5ST1PF2125 25 -2023 Chevrolet Malibu LS Sedan #1G1ZB5ST0PF2124 97 -2023 Chevrolet Malibu LS Sedan #1G1ZB5ST9PF2124 82 |                      |                       |                            |                    |                     |                              |                 |                    | Commercial General Liability Excess Liability Property Workers Compensation and Employers' Liability |
| OTPB<br>W | Atlantic County Municipal JIF | Township of<br>Commercial | Clinic  | Department of Health | 309 Buck Street       |                            | Millville          | NJ                  | 08332                        | 02/16/2024      | 02/16/2024         | Automobile Liability   |

| COLID | Insured                       | Named Insured | Description of Operations   | Cert Holder - Name | Cert Holder - Address        | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-------|-------------------------------|---------------|---|--------------------|------------------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--|
|       |                               |               | required by written contract as respect to the annual Rabies Clinic.  |                    |                              |                            |                    |                     |                              |                 |                    |  |
|       |                               |               |   |                    |                              |                            |                    |                     |                              |                 |                    | Commercial General<br>Liability                                  |
|       |                               |               |   |                    |                              |                            |                    |                     |                              |                 |                    | Excess Liability  Workers  Compensation and Employers' Liability |
| P4ZV3 | Atlantic County Municipal JIF |               | RE: Member Towns  The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written contract.  The Professional Liability exclusion in the General Liability does not apply to nurses, EMTs, paramedics, first aid squads, rescue squads or emergency response teams while acting in the scope of their duties on behalf of the insured, including volunteers of the insureds first |                    | 233 John F. Kennedy<br>Blvd. |                            | Sea Isle City      | NJ                  | 08243                        | 01/23/2024      | 07/19/2023         | Automobile Liability   |
|       |                               |               | aid squads, rescue<br>squads and<br>emergency response<br>teams arising out of<br>the rendering or<br>failure to render   |                    |                              |                            |                    |                     |                              |                 |                    |  |

| COLID | Insured                          | Named Insured      | Description of Operations  | Cert Holder - Name | Cert Holder - Address | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-------|----------------------------------|--------------------|--|--------------------|-----------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--|
|       |                                  |                    | medical emergency services at the scene of a medical emergency immediately following the occurrence of such emergency. |                    |                       |                            |                    |                     |                              |                 |                    | Commercial General Liability  Excess Liability  Workers Compensation and |
| P5LZP | Atlantic County<br>Municipal JIF | City of Ocean City |  | Attachments        | 74 State Route 73     |                            | Hammonton          | NJ                  | 08037                        | 02/07/2024      | 02/07/2024         | Automobile Liability   |
|       |                                  |                    |  |                    |                       |                            |                    |                     |                              |                 |                    | Commercial General Liability   |
|       |                                  |                    |  |                    |                       |                            |                    |                     |                              |                 |                    | Crime  Excess Liability  |
|       |                                  |                    |  |                    |                       |                            |                    |                     |                              |                 |                    | Property Property  |

| COLID | Insured                          | Named Insured | Description of Operations  | Cert Holder - Name          | Cert Holder - Address                         | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType                                    |
|-------|----------------------------------|---------------|--|-----------------------------|---|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|---|
|       |                                  |               |  |                             |   |                            |                    |                     |                              |                 |                    | Workers Compensation and Employers' Liability |
| P5M9M | Atlantic County<br>Municipal JIF |               | RE: 60 (Sixty) - 2019 E -Z-Go TXT 48V Electric Golf Carts  Certificate Holder is an Additional Insured on the above- referenced Commercial General Liability and Excess Liability Policies and Loss Payee on the Property Policy if required by written contract as respects to 60 (Sixty) - 2019 E- Z-Go TXT 48V Electric Golf Carts valued at \$255,000. | Golf Cart Services,<br>Inc. | 4296 York Road                                |                            | New Oxford         | PA                  | 17350                        | 02/06/2024      | 02/06/2024         | Excess Liability  Excess Liability            |
| XVMYJ | Atlantic County<br>Municipal JIF |               | RE: Using county premises and/or facilities (Blanket)  The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written contract.  The Professional Liability exclusion in the General Liability does not apply to  |                             | Atlantic County Board of County Commissioners | 133 Atlantic Avenue        | Atlantic City      | NJ                  | 08401                        | 01/23/2024      | 07/19/2023         | Automobile Liability                          |

| COLID | Insured                        | Named Insured                       | Description of Operations   | Cert Holder - Name | Cert Holder - Address | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType  |
|-------|--------------------------------|-------------------------------------|---|--------------------|-----------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|---|
|       |                                |                                     | nurses, EMTs, paramedics, first aid squads, rescue squads or emergency response teams while acting in the scope of their duties on behalf of the insured, including volunteers of the insured's first aid squads, rescue squads and emergency response teams arising out of the rendering or failure to render medical emergency services at the scene of a medical emergency immediately following the occurrence of such emergency. |                    |                       |                            |                    |                     | Couc                         |                 |                    | Commercial General Liability Excess Liability Workers |
|       |                                |                                     |   |                    |                       |                            |                    |                     |                              |                 |                    | Compensation and Employers' Liability                 |
| XVMZE | Atlantic County  Municipal JIF | Member Towns of the Atlantic County | Township  The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written contract.   |                    | 520 Market Street     |                            | Camden             | NJ                  | 08102                        | 01/23/2024      | 07/19/2023         | Automobile Liability                                  |

| COIII | ) Insured                       | Named Insured | Description of Operations   | Cert Holder - Name  | Cert Holder - Address | Cert Holder - Address<br>2         | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType  |
|-------|---------------------------------|---------------|---|---------------------|-----------------------|------------------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|---|
|       |                                 |               | The Professional Liability exclusion in the General Liability does not apply to nurses, EMTs, paramedics, first aid squads, rescue squads or emergency response teams while acting in the scope of their duties on behalf of the insured, including volunteers of the insured's first aid squads, rescue squads and emergency response teams arising out of the rendering or failure to render medical emergency services at the scene of a medical emergency immediately following the occurrence of such emergency. |                     |                       |                                    |                    |                     |                              |                 |                    | Commercial General Liability Excess Liability Workers Compensation and Employers' Liability |
| XVNA  | A Atlantic County Municipal JIF |               | RE: using county premises and/or facilities  The Certificate Holder is an Additional Insured on   | PHI Service Company |                       | 1075 Broad Ripple<br>Ave., Ste 313 | Indianapolis       | IN                  | 46220                        | 01/23/2024      | 07/19/2023         | Automobile Liability  |

| COLID | Insured         | Named Insured      | Description of Operations               | Cert Holder - Name | Cert Holder - Address | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType           |
|-------|-----------------|--------------------|---|--------------------|-----------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|----------------------|
|       |                 |                    | the above-referenced                    |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | Commercial General                      |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | Liability and Excess                    |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | <b>Liability Policies if</b>            |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | required by written                     |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | contract.                               |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | The Professional                        |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | Liability exclusion in                  |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | the General Liability                   |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | does not apply to                       |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | nurses, EMTs,                           |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | paramedics, first aid                   |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | squads, rescue squads or emergency      |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | response teams while                    |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | acting in the scope of                  |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | their duties on behalf                  |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | of the insured,                         |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | including volunteers                    |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | of the insured's first                  |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | aid squads, rescue                      |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | squads and                              |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | emergency response                      |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | teams arising out of                    |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | the rendering or                        |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | failure to render                       |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | medical emergency services at the scene |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | of a medical                            |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | emergency                               |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | immediately                             |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | following the                           |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | occurrence of such                      |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    | emergency.                              |                    |                       |                            |                    |                     |                              |                 |                    |                      |
|       |                 |                    |   |                    |                       |                            |                    |                     |                              |                 |                    | Commercial General   |
|       |                 |                    |   |                    |                       |                            |                    |                     |                              |                 |                    | Liability            |
|       |                 |                    |   |                    |                       |                            |                    |                     |                              |                 |                    | Excess Liability     |
|       |                 |                    |   |                    |                       |                            |                    |                     |                              |                 |                    | Workers              |
|       |                 |                    |   |                    |                       |                            |                    |                     |                              |                 |                    | Compensation and     |
|       |                 |                    |   |                    |                       |                            |                    |                     |                              |                 |                    | Employers' Liability |
| XVNO6 | Atlantic County | Township of Dennis | RE: Fire Drill at 1906                  | B & L Marine       | c/o Frank Gripp       | 701 Old Avalon Blvd.       | Avalon             | NJ                  | 08202                        | 02/15/2024      | 07/19/2023         | Automobile Liability |
|       |                 |                    |   |                    |                       | 08                         |                    |                     |                              |                 |                    |                      |

| COLID | Insured                       | Named Insured   | Description of Operations   | Cert Holder - Name | Cert Holder - Address              | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-------|-------------------------------|-----------------|---|--------------------|------------------------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--|
|       | Municipal JIF                 |                 | The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written contract as respect to Ocean View Volunteer Fire Company/Fire District #1 fire drill located at 1906 Route 9, Clermont, Dennis Township, NJ                         |                    |                                    |                            |                    |                     |                              |                 |                    | Commercial General Liability Excess Liability Property Workers Compensation and Employers' Liability |
| XVNQT | Atlantic County Municipal JIF | City of Linwood | RE: Linwood Board of Recreation RCX Sports LLC,  The National Football League, it's thirty two professional member clubs, NFL Ventures, Inc., NFL Ventures, LP, National Football League Foundation, NFL Properties LLC and any of their respective related subsidiaries entities and affiliates are an Additional Insured on |                    | 1333 North<br>Kingsbury, 4th floor |                            | Chicago            | IL                  | 60642                        | 02/16/2024      | 07/19/2023         | Automobile Liability   |

| COLID | Insured                          | Named Insured     | Description of Operations  | Cert Holder - Name | Cert Holder - Address | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType  |
|-------|----------------------------------|-------------------|--|--------------------|-----------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|---|
|       |                                  |                   | the above-referenced<br>Commercial General<br>Liability and Excess<br>Liability Policies if<br>required by written<br>contract as respect to<br>Linwood Board of<br>Recreation as an<br>approved organizer |                    |                       |                            |                    |                     |                              |                 |                    |   |
|       |                                  |                   | approved organizer   |                    |                       |                            |                    |                     |                              |                 |                    | Commercial General Liability                                      |
|       |                                  |                   |  |                    |                       |                            |                    |                     |                              |                 |                    | Excess Liability  Workers  Compensation and  Employers' Liability |
|       | Atlantic County<br>Municipal JIF | City of Millville |  | City of Millville  | 12 S. High Street     | City Hall                  | Millville          | NJ                  | 08332                        | 02/02/2024      | 07/19/2023         | Crime   |
|       |                                  |                   |  |                    |                       |                            |                    |                     |                              |                 |                    | Statutory Bond  |
|       |                                  |                   | Evidence of insurance as respects to Statutory Bond coverage for Tracey L. Gregoire - Tax Collector, effective 03/01/2018; and Susan Quinones - CFO, effective 01/01/2024.                                 | City of Millville  | 12 S. High Street     | City Hall                  | Millville          | NJ                  | 08332                        | 02/02/2024      |                    | Crime Statutory Bond  |
|       | Atlantic County<br>Municipal JIF |                   | RE: Planned Purchase Agreement for 3117 Shunpike Road, Middle Township, Cape May County, New Jersey The Certificate Holder is an Additional Insured on the above-referenced Commercial General             | Elizabeth C.       | 25 Laurel Avenue      |                            | Rio Grande         | NJ                  | 08242                        | 02/15/2024      | 07/19/2023         | Automobile Liability  |

| COLID | Insured                          | Named Insured     | Description of Operations  | Cert Holder - Name | Cert Holder - Address | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-------|----------------------------------|-------------------|--|--------------------|-----------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--|
|       |                                  |                   | Liability and Excess Liability Policies if required by written contract as respects to Planned Purchase Agreement for 3117 Shunpike Road, Middle Township, Cape May County, New Jersey |                    |                       |                            |                    |                     |                              |                 |                    | Commercial General Liability Excess Liability Workers Compensation and |
| Y7N8L | Atlantic County<br>Municipal JIF | Borough of Avalon | RE: Intransit Tags for 10EX, VP83, and WZ94 Tags  Evidence of Insurance as respects to registration of equipment Intransit Tags for 10EX, VP83, and WZ94 tags                          | of Motor Vehicle   | 109 Route 36          |                            | Eatontown          | NJ                  | 07724                        | 02/05/2024      | 07/19/2023         | Employers' Liability  Automobile Liability  Commercial General         |
|       |                                  |                   |  |                    |                       |                            |                    |                     |                              |                 |                    | Liability  Excess Liability  |
|       |                                  |                   |  |                    |                       |                            |                    |                     |                              |                 |                    | Workers Compensation and Employers' Liability                          |
|       | Atlantic County Municipal JIF    | City of Cape May  | by PAL Program   |                    | 687 Route 9           |                            | Cape May           | NJ                  | 08204                        | 02/07/2024      | 07/19/2023         | Automobile Liability   |

| COLID | Insured | Named Insured | Description of Operations   | Cert Holder - Name | Cert Holder - Address | Cert Holder - Address | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-------|---------|---------------|---|--------------------|-----------------------|-----------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--|
|       |         |               | Liability Policies if required by written contract as respect to use of the facilities by Cape May City PAL Program for various events and activities during the calendar year.   |                    |                       |                       |                    |                     | Code                         |                 |                    | Commercial General<br>Liability                                |
|       |         |               |   |                    |                       |                       |                    |                     |                              |                 |                    | Excess Liability Workers Compensation and Employers' Liability |
|       |         |               | RE: Atlantic JIF Member Towns  The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written contract.  The Professional Liability exclusion in the General Liability does not apply to nurses, EMTs, paramedics, first aid squads, rescue squads or emergency response teams while acting in the scope of their duties on behalf of the insured, |                    | 1333 Atlantic Avenue  |                       | Atlantic City      | NJ                  | 08401                        | 01/23/2024      | 07/19/2023         | Automobile Liability   |

| COLID | Insured                          | Named Insured         | Description of Operations   | Cert Holder - Name           | Cert Holder - Address            | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType  |
|-------|----------------------------------|-----------------------|---|------------------------------|----------------------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|---|
|       |                                  |                       | aid squads, rescue squads and emergency response teams arising out of the rendering or failure to render medical emergency services at the scene of a medical emergency immediately following the occurrence of such emergency. |                              |                                  |                            |                    |                     | Code                         |                 |                    | Commercial General Liability Excess Liability Workers Compensation and Employers' Liability |
| Y7NRN | Atlantic County<br>Municipal JIF | City of Sea Isle City | Liability exclusion in the General Liability  | Municipal Joint<br>Insurance | 6000 Sagemore Dr.,<br>Suite 6203 |                            | Marlton            | NJ                  | 08053                        | 01/23/2024      | 07/19/2023         | Automobile Liability  |

| COLID | Insured | Named Insured | Description of Operations             | Cert Holder - Name | Cert Holder - Address | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType |
|-------|---------|---------------|---------------------------------------|--------------------|-----------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|------------|
|       |         |               | of a medical                          |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | emergency                             |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | immediately                           |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | following the                         |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | occurrence of such                    |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | emergency.                            |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | The following                         |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | member                                |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | municipalities of the                 |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | Atlantic County                       |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | Municipal Joint                       |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | Insurance Fund are                    |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | Named Insureds and                    |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | limits shown on this                  |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | certificate of                        |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | insurance apply                       |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | separately to each                    |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | member municipality                   |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | and not jointly:<br>Borough of Avalon |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | Borough of Buena                      |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | Borough of Folsom                     |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | Borough of Longport                   |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | Borough of Newfield                   |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | Borough of Stone                      |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | Harbor                                |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | Borough of West                       |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | Cape May                              |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | Borough of                            |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | Woodbine                              |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | Cape May Point                        |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | City of Absecon                       |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | City of Brigantine                    |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | City of Cape May                      |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | City of Corbin City                   |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | City of Estelle Manor                 |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | City of Linwood                       |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | City of Margate                       |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | City of Millville                     |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | City of North<br>Wildwood             |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | City of Northfield                    |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | oity of Northillela                   |                    |                       |                            |                    |                     |                              |                 |                    |            |
|       |         |               | -                                     | 1                  | 1                     | 104                        |                    | 1                   |                              |                 |                    |            |

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| COLID | Insured                       | Named Insured           | Description of Operations  | Cert Holder - Name | Cert Holder - Address           | Cert Holder - Address<br>2 | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType  |
|-------|-------------------------------|-------------------------|--|--------------------|---------------------------------|----------------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|---|
|       |                               |                         | City of Ocean City City of Pleasantville City of Sea Isle City City of Somers Point City of Ventnor Commercial Township Egg Harbor Township Lower Township Middle Township Mullica Township Township of Deerfield Township of Dennis Township of Downe Township of Galloway Township of Hamilton Upper Deerfield Township Upper Township Waterford Township Weymouth Township Wildwood City Wildwood Crest |                    |                                 |                            |                    |                     |                              |                 |                    | Commercial General Liability Excess Liability Workers Compensation and Employers' Liability |
|       | Atlantic County Municipal JIF | Township of<br>Galloway | Re: 1998 Dodge Ram  The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies and Loss Payee on the   | Finance            | 12000 Horizon Way,<br>4th Floor |                            | Mt. Laurel         | NJ                  | 08054                        | 02/14/2024      | 07/19/2023         | Automobile Liability  |

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Thu Feb 22 2024 21:15:32 GMT

| COLID | Insured                          | Named Insured      | Description of Operations  | Cert Holder - Name | Cert Holder - Address | Cert Holder - Address | Cert Holder - City | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-------|----------------------------------|--------------------|--|--------------------|-----------------------|-----------------------|--------------------|---------------------|------------------------------|-----------------|--------------------|--|
|       |                                  |                    | Property Policy if required by written contract as respects to 1998 Dodge Ram light rescue vin #22242 valued at \$34,500   |                    |                       |                       |                    |                     |                              |                 |                    | Commercial General Liability Excess Liability Property Workers Compensation and Employers' Liability |
|       | Atlantic County<br>Municipal JIF | City of Northfield | RE: 2020 Chevrolet Tahoe Lease # 21413- 77041  The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability, Automobile Liability and Excess Liability Policies and Loss Payee on the Property Policy if required by written contract as respects to Lease # 21413- 77041 for a 2020 Chevrolet Tahoe PPV Serial Number 256302 valued at \$21,593 |                    | PO Box 4307           |                       | Timonium           | MD                  | 21094                        | 02/09/2024      | 07/19/2023         | Automobile Liability   |
|       |                                  |                    |  |                    |                       |                       |                    |                     |                              |                 |                    | Commercial General Liability   |
|       |                                  |                    |  |                    |                       |                       |                    |                     |                              |                 |                    | Excess Liability Property  |
|       |                                  |                    |  |                    |                       |                       |                    |                     |                              |                 |                    | Workers  |

Conner Strong - Report by Insured

Thu Feb 22 2024 21:15:32 GMT

| COLID | Insured                          | Named Insured      | Description of Operations   | Cert Holder - Name | Cert Holder - Address | Cert Holder - Address<br>2 | Cert Holder - City      | Cert Holder - State | Cert Holder - Postal<br>Code | Last Share Date | Initial Share Date | PolicyType   |
|-------|----------------------------------|--------------------|---|--------------------|-----------------------|----------------------------|-------------------------|---------------------|------------------------------|-----------------|--------------------|--|
|       |                                  |                    |   |                    |                       |                            |                         |                     |                              |                 |                    | Compensation and<br>Employers' Liability               |
|       | Atlantic County<br>Municipal JIF | Township of Middle | RE: Additional Insured  The Certificate Holder is an Additional Insured on the above-referenced Commercial General Liability and Excess Liability Policies if required by written contract. |                    | 6 South Main Street   |                            | Cape May Court<br>House | NJ                  | 08210                        | 02/15/2024      | 07/19/2023         | Automobile Liability                                   |
|       |                                  |                    |   |                    |                       |                            |                         |                     |                              |                 |                    | Commercial General Liability Excess Liability          |
|       |                                  |                    |   |                    |                       |                            |                         |                     |                              |                 |                    | Property Workers Compensation and Employers' Liability |

#### ATLANTIC COUNTY MUNICIPAL FUND FINANCIAL FAST TRACK REPORT AS OF January 31, 2024

|  | ASOF                 | Oanuary 01, 2024     |                        |                        |
|--|----------------------|----------------------|------------------------|------------------------|
|  | THIS                 | YTD                  | PRIOR                  | FUND                   |
|  | MONTH                |                      | YEAR END               | BALANCE                |
| 1. UNDERWRITING INCOME 2. CLAIM EXPENSES | 2,305,907            | 2,305,907            | 556,747,494            | 559,053,402            |
| Paid Claims                              | 753,679              | 753,679              | 264,544,150            | 265,297,829            |
| Case Reserves                            | (15,085)             | (15,085)             | 20,569,615             | 20,554,530             |
| IBNR                                     | 326,531              | 326,531              | 15,883,072             | 16,209,602             |
| Recoveries                               | (15,591)             | (15,591)             | (1,145,316)            | (1,160,907)            |
| TOTAL CLAIMS                             | 1,049,534            | 1,049,534            | 299,851,520            | 300,901,054            |
| . EXPENSES                               |                      |                      |                        |                        |
| Excess Premiums                          | 738,503              | 738,503              | 125,206,928            | 125,945,431            |
| Administrative                           | 281,937              | 281,937              | 88,306,418             | 88,588,355             |
| TOTAL EXPENSES                           | 1,020,441            | 1,020,441            | 213,513,345            | 214,533,786            |
| UNDERWRITING PROFIT (1-2-3)              | 235,933              | 235,933              | 43,382,629             | 43,618,562             |
| INVESTMENT INCOME                        | 183,023              | 183,023              | 23,868,806             | 24,051,830             |
| DIVIDEND INCOME                          | 0                    | 0                    | 2,749,272              | 2,749,272              |
| STATUTORY PROFIT (4+5+6)                 | 418,956              | 418,956              | 70,000,707             | 70,419,663             |
| DIVIDEND                                 | 0                    | 0                    | 52,088,945             | 52,088,945             |
| RCF & MEL Additional Assessments         | 0                    | 0                    | 4,129,447              | 4,129,447              |
| O. STATUTORY SURPLUS (7-8-9)             | 418,956              | 418,956              | 13,782,315             | 14,201,272             |
|  | •                    | •                    |                        |                        |
|  | SURPLUS (DEFICITS)   |                      | _                      |                        |
| Closed                                   | 58,923               | 58,923               | 9,603,536              | 9,662,458              |
| MEL Unencumbered Surplus Account         | 9,059                | 9,059                | 1,307,264              | 1,316,323              |
| 2020                                     | 13,845               | 13,845               | 1,344,423              | 1,358,268              |
| 2021                                     | 17,606               | 17,606               | (1,079,633)            | (1,062,026             |
| 2022                                     | 33,605               | 33,605               | 2,168,787              | 2,202,391              |
| 2023<br>2024                             | 50,413<br>235,506    | 50,413<br>235,506    | 437,938                | 488,351<br>235,506     |
| OTAL SURPLUS (DEFICITS)                  | 418,956              | 418,956              | 13,782,315             | 14,201,272             |
| OTAL CASH                                | 410,930              | 410,330              | 13,762,313             | 47,321,854             |
| OTAL CASH                                |                      |                      |                        | 47,321,034             |
|  | CLAIM ANALYSIS B     | Y FUND YEAR          | _                      |                        |
| TOTAL CLOSED YEAR CLAIMS                 | (427)                | (427)                | 246,177,676            | 246,177,249            |
| FUND YEAR 2020                           |                      |                      |                        |                        |
| Paid Claims                              | 86,074               | 86,074               | 9,195,198              | 9,281,27               |
| Case Reserves                            | (44,410)             | (44,410)             | 2,678,415              | 2,634,005              |
| IBNR                                     | (26,073)             | (26,073)             | 895,937                | 869,864                |
| Recoveries                               | (15,591)             | (15,591)             | (1,145,316)            | (1,160,907             |
| TOTAL FY 2020 CLAIMS                     | 0                    | 0                    | 11,624,234             | 11,624,234             |
| FUND YEAR 2021                           |                      |                      |                        |                        |
| Paid Claims                              | 178,089              | 178,089              | 8,311,412              | 8,489,50               |
| Case Reserves                            | (6,452)              | (6,452)              | 3,968,342              | 3,961,890              |
| IBNR                                     | (171,637)            | (171,637)            | 1,878,690              | 1,707,05               |
| Recoveries                               |                      | 0                    | 0                      |                        |
| TOTAL FY 2021 CLAIMS                     | 0                    | 0                    | 14,158,444             | 14,158,44              |
| FUND YEAR 2022                           | 120.776              | 120 776              | F 404 F4F              | F 240 20               |
| Paid Claims<br>Case Reserves             | 128,776              | 128,776              | 5,181,515              | 5,310,292              |
| IBNR                                     | (91,789)<br>(36,987) | (91,789)<br>(36,987) | 3,742,941<br>3,101,820 | 3,651,157<br>3,064,833 |
| Recoveries                               | (30,367)             | 0                    | 0                      | 3,004,03               |
| TOTAL FY 2022 CLAIMS                     |                      | 0                    | 12,026,277             | 12,026,277             |
| FUND YEAR 2023                           |                      |                      | ,, ,,                  | , , ,                  |
| Paid Claims                              | 343,951              | 343,951              | 2,863,285              | 3,207,237              |
| Case Reserves                            | (26,550)             | (26,550)             | 3,926,347              | 3,899,796              |
| IBNR                                     | (317,401)            | (317,401)            | 9,075,258              | 8,757,857              |
| Recoveries                               | -                    | 0                    | 0                      |                        |
| TOTAL FY 2023 CLAIMS                     | 0                    | 0                    | 15,864,890             | 15,864,890             |
| FUND YEAR 2024                           |                      |                      |                        |                        |
| Paid Claims                              | 17,216               | 17,216               |                        | 17,21                  |
| Case Reserves                            | 154,117              | 154,117              |                        | 154,111                |
| IBNR<br>Posovorios                       | 878,628              | 878,628              |                        | 878,628                |
| Recoveries TOTAL FY 2024 CLAIMS          | 1,049,961            | 0<br>1,049,961       | ŀ                      | 1,049,961              |
| OMBINED TOTAL CLAIMS                     | 1,049,534            | 1,049,534            | 299,851,520            | 200 001 054            |
|  | 1,U49,534            | , ,                  | , ,                    | 300,901,054            |

This report is based upon information which has not been audited nor certified by an actuary and as such may not truly represent the condition of the fund.

Fund Year 2020 Claims reflect anticipated recoverable amounts from the MEL of \$1,553,752 (Paid: \$1,160,907 Reserves: \$392,845)

#### Atlantic County Municipal Joint Insurance Fund

#### **Monthly Regulatory Filing Check List**

#### Fund Year 2024 for Month of February

| ITEM  | FILING STATUS |
|---|---------------|
| Meeting Minutes                                   | 3/21/24       |
| Bylaws Amendments                                 | N/A           |
| Risk Management Program Changes                   | 2/28/24       |
| New Member Filings                                | N/A           |
| Supplemental Assessments/Contributions            | N/A           |
| Budget Amendments (transfers, etc.)               | N/A           |
| Surplus Distribution (refunds/dividends)          | N/A           |
| Changes/Amendments/Additions to Service Providers | N/A           |
| Executive Committee Changes                       | N/A           |

# Atlantic County Municipal Joint Insurance Fund Annual Regulatory Filing Check List

Year: January 1, 2024 - December 31, 2024

| ITEM   | FILING STATUS |
|--|---------------|
| Ethics Filings (Notification emailed to FC's and Prof's)           |               |
| Renewal Resolutions and Indemnity & Trust Agreements               |               |
| Budget and Actuarial Certification/Opinion Letter                  | 1/6/24        |
| Annual Assessments/Contributions                                   | 1/6/24        |
| Supplemental Assessments/Contributions                             |               |
| Risk Management Program  | 1/19/24       |
| Annual Certified Audit   |               |
| List of Fund Commissioners & Executive Committee                   | 1/19/24       |
| Identity of Administrator  | 1/19/24       |
| Identity of Treasurer  | 1/19/24       |
| Excess Insurance / Group Purchase Insurance / Reinsurance Policies | 1/19/24       |
| Withdrawals  |               |
| Exhibit A – Certification of JIF Fund Professionals                | 1/19/24       |
| Exhibit B – Certification of JIF Data Forms                        |               |
| Exhibit D – New Member Filings                                     |               |
| New Service Providers  | 1/19/24       |
| Annual Reorganization Resolutions, including Cash Management Plan  | 1/19/24       |

| Professionals                          | Contract | Gen Ins. | Fidelity | E & O    | Surety   |
|--|----------|----------|----------|----------|----------|
| Actuary – Actuarial Advantage          | X        | 1/1/25   | N/A      | 1/1/25   | N/A      |
| Administrative Consultant              | X        | 12/10/23 | N/A      | 12/10/23 | N/A      |
| PERMA                                  |          |          |          |          |          |
| Administrator – RPA                    | X        | 10/1/24  | 5/1/20   | 10/1/24  | N/A      |
| Asset Manager – Wilmington Trust       | X        | 5/1/23   | JIF      | 10/1/22  | N/A      |
| Banking – M & T                        | X        | N/A      | 5/1/23   | N/A      | N/A      |
| Attorney – DeWeese                     | X        | 9/1/23   | N/A      | 9/1/23   | N/A      |
| Attorney (Subrogation) – DeWeese       | X        | 9/1/23   | N/A      | 9/1/23   | N/A      |
| Auditor- Bowman                        | X        | 1/1/24   | N/A      | N/A      | N/A      |
| Claims Administrator – Qual-Lynx       | X        | 6/30/23  | 4/3/23   | 6/30/23  | 12/31/18 |
| Managed Care – QualCare                | X        | 6/30/23  | N/A      | 6/30/23  | N/A      |
| Payroll Auditor – Bowman               | X        | 1/1/24   | N/A      | 1/1/24   | N/A      |
| <b>Property Appraiser</b> – Assetworks | X        | 9/27/24  | N/A      | 9/27/24  | N/A      |
| Safety Director – JA Montgomery        | X        | 12/10/23 | N/A      | 12/10/23 | N/A      |
| Underwriting Manager – Conner Strong   | X        | 12/10/23 | N/A      | 12/10/23 | N/A      |
| Technology Risk Svcs – Wintsec         | X        | 4/11/24  | N/A      | 4/11/24  | N/A      |
| Website – Joyce Media                  | X        | N/A      | N/A      | N/A      | N/A      |
| Treasurer – J. Hansen                  | X        | N/A      | 5/1/18   | N/A      | N/A      |
| Recording Secretary - T. Forlenza      | X        | N/A      | N/A      | N/A      | N/A      |
| Law Enforcement RMC – Chris Winter     | X        | 3/31/23  | N/A      | N/A      | N/A      |
| Wellness Director – Jordan Simone      | X        | N/A      | N/A      | N/A      | N/A      |

|                          |             |         |          |        |        | Atla   |        | Municipal o |        |           |         |          |          |        |           |             |            |
|--------------------------|-------------|---------|----------|--------|--------|--------|--------|-------------|--------|-----------|---------|----------|----------|--------|-----------|-------------|------------|
| Member                   | Opening     | January | February | March  | April  | May    | June   | July        | August | September | October | November | December | Paid   | Total YTD | Remaining   | Date       |
| Municipality             | Balance     | 2024    | 2024     | 2024   | 2024   | 2024   | 2024   | 2024        | 2024   | 2024      | 2024    | 2024     | 2024     | 2025   | Paid      | Balance     | Encumbered |
| Absecon City             |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Avalon Borough           | \$1,500.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$1,500.00  |            |
| Brigantine City          | \$2,000.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$2,000.00  |            |
| Buena Borough            |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Cape May City            | \$1,500.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$1,500.00  |            |
| Cape May Point Borough   | \$1,000.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$1,000.00  |            |
| Commercial Township      | \$1,500.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$1,500.00  |            |
| Deerfield Township       |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Dennis Township          |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Downe Township           |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Estell Manor City        |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Folsom Borough           |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Galloway Township        |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Hamilton Township        | \$2,000.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$2,000.00  |            |
| Linwood City             | \$1,500.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$1,500.00  |            |
| Longport Borough         |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Lower Township           | \$2,000.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$2,000.00  |            |
| Margate City             |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Middle Township          |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Millville City           |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Mullica Township         |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Newfield Borough         | \$1,000.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$1,000.00  |            |
| North Wildwood City      |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Northfield City          | \$1,500.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$1,500.00  |            |
| Ocean City               | \$2,500.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$2,500.00  |            |
| Pleasantville City       | \$2,500.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$2,500.00  |            |
| Sea Isle City            |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Somers Point City        |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Stone Harbor Borough     | \$1,500.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$1,500.00  |            |
| Upper Township           |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Upper Deerfield Township |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Ventnor City             |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Waterford Township       | \$1,500.00  |         |          |        |        |        |        |             |        | 1         |         |          |          |        | \$0.00    | \$1,500.00  |            |
| West Cape May Borough    | \$1,000.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$1,000.00  |            |
| West Wildwood Borough    |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Weymouth Township        | \$1,000.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$1,000.00  |            |
| Wildwood City            | \$2,500.00  |         |          |        |        |        |        |             |        |           |         |          |          |        | \$0.00    | \$2,500.00  |            |
| Wildwood Crest Borough   |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Woodbine Borough         |             |         |          |        |        |        |        |             |        |           |         |          |          |        |           | N/A         |            |
| Total By Line            | \$28,000.00 | \$0.00  | \$0.00   | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00      | \$0.00 | \$0.00    | \$0.00  | \$0.00   | \$0.00   | \$0.00 | \$0.00    | \$28,000.00 |            |

Must be Claimed or Encumbered by December 31, 2024. All Encumbered Funds Must be Claimed by February 1, 2025

|                         |             |         |          |            |        |        | nt Insurance<br>agement Bu |        |        |        |         |          |          |         |            |             |            |
|-------------------------|-------------|---------|----------|------------|--------|--------|----------------------------|--------|--------|--------|---------|----------|----------|---------|------------|-------------|------------|
| Member                  | Opening     | January | February | March      | April  | May    | June                       | July   | August | Sept.  | October | November | December | Paid in | Total YTD  | Ending      | Date       |
| Municipality            | Balance     | 2024    | 2024     | 2024       | 2024   | 2024   | 2024                       | 2024   | 2024   | 2024   | 2024    | 2024     | 2024     | 2025    | Expenses   | Balance     | Encumbered |
| Absecon City            | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Avalon Borough          | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Brigantine City         | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Buena Borough           | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Cape May City           | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Cape May Point Borough  | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Commercial Township     | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Deerfield Township      | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Dennis Township         | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Downe Township          | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Estell Manor City       | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Folsom Borough          | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Galloway Township       | 725.00      |         |          | 725.00     |        |        |                            |        |        |        |         |          |          |         | 725.00     | \$0.00      |            |
| Hamilton Township       | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Linwood City            | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Longport Borough        | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Lower Township          | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Margate City            | 725.00      |         |          | 725.00     |        |        |                            |        |        |        |         |          |          |         | 725.00     | \$0.00      |            |
| Middle Township         | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Millville City          | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Mullica Township        | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Newfield Borough        | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| North Wildwood City     | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Northfield City         | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Ocean City              | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Pleasantville City      | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Sea Isle City           | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Somers Point City       | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Stone Harbor Borough    | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Upper Township          | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Upper Deerfield Townshi | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Ventnor City            | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Waterford Township      | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| West Cape May Borough   | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| West Wildwood Borough   | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Weymouth Township       | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Wildwood City           | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Wildwood Crest Borough  | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Woodbine Borough        | 725.00      |         |          |            |        |        |                            |        |        |        |         |          |          |         | 0.00       | \$725.00    |            |
| Total By Line           | \$28,275.00 | \$0.00  | \$0.00   | \$1,450.00 | \$0.00 | \$0.00 | \$0.00                     | \$0.00 | \$0.00 | \$0.00 | \$0.00  | \$0.00   | \$0.00   | \$0.00  | \$1,450.00 | \$26,825.00 |            |

Must be Claimed or Encumbered by December 31, 2024. All Encumbered Claims Must be Claimed by February 1, 2025

| EMPLOYMENT PRACTICES CO     |             |               | ic county on |                                      |    |           |                       |                                     |
|-----------------------------|-------------|---------------|--------------|--------------------------------------|----|-----------|-----------------------|-------------------------------------|
| Data Valued As of :         |             | March 6, 2024 |              |                                      |    |           |                       |                                     |
| Total Participating Members |             | 39            |              |                                      |    |           |                       |                                     |
| Complaint                   |             | 37            |              |                                      |    |           |                       |                                     |
| Percent Compliant           |             | 94.87%        |              |                                      |    |           |                       |                                     |
| - 1                         |             |               |              |                                      |    |           |                       |                                     |
|                             |             |               |              |                                      |    |           |                       |                                     |
|                             |             |               | 01/01/24     |                                      |    | 2024      | Amondod               |                                     |
|                             | Checklist   | Compliant     | EPL          |                                      |    | POL       | Amended<br>Deductible | Co-Insurance                        |
| Member Name                 | * Submitted | Compilant     | Deductible   |                                      | D  | eductible | Date                  | 01/01/24                            |
| ABSECON                     | Yes         | Yes           | \$ 10,000    |                                      | \$ | 10,000    |                       | 0%                                  |
| AVALON                      | Yes         | Yes           | \$ 20,000    |                                      | \$ | 20,000    |                       | 20% of 1st 250K                     |
| BRIGANTINE                  | Yes         | Yes           | \$ 20,000    |                                      | \$ | 20,000    |                       | 20% of 1st 250K                     |
| BUENA                       | Yes         | Yes           | \$ 20,000    |                                      | \$ | 20,000    |                       | 20% of 1st 250K                     |
| CAPE MAY                    | Yes         | Yes           | \$ 20,000    | Police have \$100,000 EPL deductible | \$ | 20,000    |                       | 20% of 1st 250K                     |
| CAPE MAY POINT              | Yes         | Yes           | \$ 2,500     |                                      | \$ | 2,500     |                       | 0%                                  |
| COMMERCIAL                  | Yes         | Yes           | \$ 5,000     |                                      | \$ | 5,000     |                       | 0%                                  |
| DEERFIELD                   | Yes         | Yes           | \$ 10,000    |                                      | \$ | 10,000    |                       | 0%                                  |
| DENNIS                      | Yes         | Yes           | \$ 50,000    |                                      | \$ | 50,000    |                       | 20% of 1st 250K                     |
| DOWNE TOWNSHIP              | No          | No            | \$ 100,000   |                                      | \$ | 20,000    |                       | 20% of 1st 2Mil for EPL/0% for POL  |
| ESTELL MANOR                | Yes         | Yes           | \$ 50,000    |                                      | \$ | 50,000    |                       | 20% of 1st 250K                     |
| FOLSOM                      | Yes         | Yes           | \$ 20,000    |                                      | \$ | 20,000    |                       | 20% of 1st 250K                     |
| GALLOWAY                    | Yes         | Yes           | \$ 50,000    |                                      | \$ | 50,000    |                       | 20% of 1st 100K                     |
| HAMILTON                    | Yes         | Yes           | \$ 10,000    |                                      | \$ | 10,000    |                       | 20% of 1st 100K                     |
| LINWOOD                     | Yes         | Yes           | \$ 10,000    |                                      | \$ | 10,000    |                       | 0%                                  |
| LONGPORT                    | Yes         | Yes           | \$ 10,000    |                                      | \$ | 10,000    |                       | 20% of 1st 100K                     |
| LOWER                       | Yes         | Yes           | \$ 50,000    |                                      | \$ | 50,000    |                       | 20% of 1st 250K                     |
| MARGATE                     | Yes         | Yes           | \$ 10,000    |                                      | \$ | 10,000    |                       | 20% of 1st 100K                     |
| MIDDLE                      | Yes         | Yes           | \$ 20,000    |                                      | \$ | 20,000    |                       | 20% of 1st 250K                     |
| MILLVILLE                   | Yes         | Yes           | \$ 50,000    |                                      | \$ | 50,000    |                       | 20% of 1st 250K                     |
| MULLICA                     | Yes         | Yes           | \$ 50,000    |                                      | \$ | 50,000    |                       | 20% of 1st 250K                     |
| NEWFIELD                    | Yes         | Yes           | \$ 10,000    |                                      | \$ | 10,000    |                       | 0%                                  |
| NORTH WILDWOOD              | Yes         | Yes           | \$ 20,000    |                                      | \$ | 20,000    |                       | 0%                                  |
| NORTHFIELD                  | Yes         | Yes           | \$ 20,000    |                                      | \$ | 20,000    |                       | 20% of 1st 250K                     |
| OCEAN CITY                  | Yes         | Yes           | \$ 50,000    |                                      | \$ | 50,000    |                       | 20% of 1st 250K                     |
| PLEASANTVILLE               | Yes         | Yes           | \$ 20,000    |                                      | \$ | 20,000    |                       | 20% of 1st 250K                     |
| SEA ISLE CITY               | Yes         | Yes           | \$ 5,000     |                                      | \$ | 5,000     |                       | 0%                                  |
| SOMERS POINT                | Yes         | Yes           | \$ 20,000    |                                      | \$ | 20,000    |                       | 20% of 1st 100K                     |
| STONE HARBOR                | Yes         | Yes           | \$ 20,000    |                                      | \$ | 20,000    |                       | 0%                                  |
| UPPER                       | Yes         | Yes           | \$ 50,000    |                                      | \$ | 50,000    |                       | 20% of 1st 250K                     |
| UPPER DEERFIELD             | Yes         | Yes           | \$ 20,000    |                                      | \$ | 20,000    |                       | 0%                                  |
| VENTNOR                     | Yes         | Yes           | \$ 10,000    |                                      | \$ | 10,000    | 01/01/24              | 20% of 1st 100K                     |
| WATERFORD                   | Yes         | Yes           | \$ 20,000    |                                      | \$ | 20,000    |                       | 20% of 1st 250K                     |
| WEST CAPE MAY               | Yes         | Yes           | \$ 2,500     |                                      | \$ | 2,500     |                       | 0%                                  |
| WEST WILDWOOD               | Yes         | Yes           | \$ 20,000    | \$75K Police Deductible              | \$ | 20,000    |                       | 20% of 1st 250K                     |
| WEYMOUTH                    | Yes         | Yes           | \$ 20,000    |                                      | \$ | 20,000    |                       | 20% of 1st 250K                     |
| WILDWOOD CITY               | Yes         | Yes           | \$ 20,000    |                                      | \$ | 20,000    |                       | 20% of 1st 250K                     |
| WILDWOOD CREST              | Yes         | Yes           | \$ 20,000    |                                      | \$ | 20,000    |                       | 20% of 1st 250K                     |
| WOODBINE                    | No          | No            | \$ 100,000   |                                      | \$ | 20,000    |                       | 20% of 1st 2Mil/20% of 1st 250K POL |
|                             |             |               |              |                                      |    |           |                       |                                     |
|                             |             |               |              |                                      | l  |           |                       |                                     |

# MEL STATUTORY BONDs as of 3/6/24

| Abscon City Abscon Borough Abscon City Abscon Borough Abscon Borough Abscon Borough Abscon Borough Abscon City Abscon Borough Abscon City Aproved Abscon City Aproved Abscon City Aproved Abscon City Aproved Abscon City Abscon City Aproved Abscon City Aproved Absc | Name                   | Applicant             | Active Sta | tutory Bond Position 1          | :tive Date Position 1 Approval Status Po | osi te Date Position 1 Second Pos Bond Position 2 | Effective Date Po Approval Status F Delete Date   Status |
|--|------------------------|-----------------------|------------|---------------------------------|--|---|--|
| Marcian Comp.   Approved   Marcian Promptor   Yes   Col (Approved   Coloration      | Absecon City           | Jessica Snyder        | Yes        | Tax Collector                   | 06/01/2019 Approved                      |   | Approved   |
| Marth Morbody   James   Vorfit   Pay   Of Officering   1986/2007 Approved   1986/2007 Appro   | Absecon City           | ·                     | Yes        | CFO (Assuming Treasurer Duties) | 01/01/2020 Approved                      |   |  |
| Name      | ,                      |                       |            | , ,                             |  |   | · · ·  |
| Variety   Vari   | -                      |                       |            |                                 |  |   |  |
| Mode Roangh   Ales Care   No   To Colester   00/01/2012 Agenoved   01/01/2012   0   | •                      |                       |            | •                               |  | 01/01/2017  | ·  |
| More Particular   More Parti   | •                      |                       |            |                                 |  | • •   | ·  |
|  | •                      |                       |            |                                 |  | 01/31/2021  |  |
| Magnetic City   Rounte Toxio   No  | •                      | •                     |            |                                 |  |   | ·  |
|  | • ,                    |                       |            |                                 |  | 01/01/2022  |  |
| Sear-Barbongh   Sear-Barbong   | ,                      |                       |            | , ,                             |  | 01/01/2023  |  |
| Series Barough   Cymin Holland   Var   Teasurer   100/1002 Approved   100/1002 Appro   | • ,                    | ,                     |            | , ,                             |  | 01/01/2022  | ·  |
| Silens Brongh   Silens Brongh   Silens Brongh   Silens Brongh   Partick Higgs   Yes   Tax Collector   SAL1/1222 Agroved   SAL1/12222 Agroved   SAL1/1222 Agroved   SAL1/1222 Agroved   SAL1/1222 Agroved   SAL1/12222 Agroved      | •                      | •                     |            |                                 |  | 01/01/2022  |  |
| Seam Barongh   Park Negarry   Park Collector   04/11/1002 Agroved   05/08/2023   04/09/2023      | •                      | ,                     |            |                                 |  | 02/24/2022  | •                  |
| Team   | •                      |                       |            |                                 |  | 03/31/2022  |  |
|  | •                      | • ,                   |            |                                 |  |   |  |
| Approved   Park   Nacional   No  |                        | •                     |            |                                 |  |   | · ·  |
| Case May City         Deboat Infinithom         Yes         Tax Collector         01/11/2013 Agroved   |                        | ,                     |            |                                 |  |   |  |
| Lipe May City         Ken'i Hanle         Yes         CFO (Assuming Teasurer Dutles)         OS/13/2023 Approved         Lapproved         Approved         Approved </td <td>Cape May City</td> <td></td> <td></td> <td></td> <td></td> <td>02/07/2017</td> <td></td>  | Cape May City          |                       |            |                                 |  | 02/07/2017  |  |
| jame May Point Borough         Jame Scrift         Yes         Treasurer         0,1/11/2013         Approved           jame May Point Borough         David Carrick         Yes         Utility Clerk         0,2/5/2014         Approved           jame May Point Borough         Saain Jackson         No         Tax Collector         0,1/12/2012         Approved           commercial Township         Lesile A. Kraus         Yes         Tax Collector         0,9/12/2019         Approved           perferied Township         Lesile A. Kraus         Yes         Tax Collector         0,9/12/2019         Approved           perferied Township         Cymina Border         No         CT O, (Sasuming Treasurer Duties)         0,1/12/2003         Approved           perferied Township         Cymina Border         No         CT O, (Sasuming Treasurer Duties)         0,1/12/2003         Approved           Jemis Township         Jessias Battled         No         CT O, (Sasuming Treasurer Duties)         0,6/12/2018         Approved           Jemis Township         Jessias Battled         No         Tax Collector         0,1/12/2009         Approved           Jestial Manor City         Jaison More         No         Tax Collector         0,1/12/2009         Approved           Stell Manor City         T   | Cape May City          |                       |            |                                 |  |   |  |
| Lape May Powith Boroungh         Suy Aud Carrick         Yes         Utility Clerk         07/75/2014 Agnoved         36/70/2018         Approved           Lape May Powith Boroungh         Susan Jackson         Ne         Tax Collector         03/13/2007 Agnoved         36/70/2018         Approved           Commercial Township         Lesiles A. Krass         Yes         Tax Collector         03/13/2007 Agnoved         Use Collector         Approved           Described Township         Lorrison Brownship         Lorrison Brownship         Lorrison Brownship         Coll Collector         05/13/2009 Agnoved         Use Collector         Approved           Demins Township         Monta Letture         No         CFO (Assuming Tressurer Duties)         06/13/2009 Agnoved         Use Collector         05/13/2009 Agnoved         Approved           Demins Township         Jasca Collector         No         CFO (Assuming Tressurer Duties)         08/13/2009 Agnoved         S/33/2018         Approved           Jack Line Station         No         CFO (Assuming Tressurer Duties)         08/13/2009 Agnoved         No         Approved           Jose Line Station Station         No         Tax Collector         08/13/2009 Agnoved         No         Approved           Jose Line Station Station         Line Station Station         Approved  | Cape May City          | Kevin Hanie           | Yes        | CFO (Assuming Treasurer Duties) | 05/03/2023 Approved                      |   | Approved   |
| Lape May Point Borough         Suban Jackson         No         Ta Collector         1/12/12/007 Approved         3/01/2018         Approved   | Cape May Point Borough | James Craft           | Yes        | Treasurer                       | 01/01/2013 Approved                      |   | Approved   |
| Same May Point Borough   Kimberly Stevenson   Yes   Tax Collector   03/01/2018 Approved   Approve   | Cape May Point Borough | David Carrick         | Yes        | Utility Clerk                   | 02/25/2014 Approved                      |   | Approved   |
| Selle A, Kraus   Selle A, Kraus   Yes   Tax Collector   09/12/201 Approved    | Cape May Point Borough | Susan Jackson         | No         | Tax Collector                   | 12/31/2007 Approved                      | 03/01/2018  | Approved   |
| Maria Schiano Barason   Yes   Tax Collector   Circ   Cir   | Cape May Point Borough | Kimberly Stevenson    | Yes        | Tax Collector                   | 03/01/2018 Approved                      |   | Approved   |
| Described Township   Craine Boyer   No   CP O'Assuming Treasurer Dutles   0,101/2002 Approved   0,101/2002    | Commercial Township    | Leslie A. Kraus       | Yes        | Tax Collector                   | 09/01/2010 Approved                      |   | Approved   |
| Perfect forwaship   Cynthia Holland   Yes   CFO (Assuming Treasure Dubes)   Approved   Approved   Permis Township   Monica Helim   Yes   Tax Collector   20/20/2020 Approved   05/11/2018   Approved   05/11/2018   Approved   O5/11/2018     | Deerfield Township     | Maria Schiano Branson | Yes        | Tax Collector                   | 06/01/2009 Approved                      |   | Approved   |
| Peerfield fownship   Cynthis Holland   Yes   FO (Assuming Treasure Dubles)   Approved   Approved   Peeris Township   Alona Helm   Yes   Tax Collector   20/2/2020 Approved   05/31/2018   Approved   Peeris Township   Jesis Bishop   Yes   CFO (Assuming Treasure Dubles)   05/31/2018   Approved   O5/31/2018   Approved   Peeris Township   Jesis Bishop   Yes   CFO (Assuming Treasure Dubles)   05/31/2018   Approved   O5/31/2018   Approved   O5/31/2018   Approved   Peeris Township   Jesis Bishop   Yes   CFO (Assuming Treasure Dubles)   05/31/2019 Peerding   08/17/2021   Approved   Peerding Township   Jesis Bishop   Yes   CFO (Assuming Treasurer Dubles)   05/31/2018   Approved   O5/31/2018   Approved   O5/31/2018   Approved   O5/31/2018   O5/31   |                        |                       |            |                                 |  | 01/01/2020  | · · ·  |
| Pemis Township   Monica Heim   Yes   Tax Collector   CD/Q12020 Approved   O5/31/2018   Approved   Approved   Pemis Township   Lessca Bibhop   Yes   CFO (Assuming Treasurer Duties)   O5/31/2018   Approved   O5/31/2018   Approved     |                        | · ·                   |            |                                 |  |   |  |
| Demis Township   |                        |                       |            |                                 |  |   |  |
| Pennis Township   Jessia Bishop   Yes   CFO   Assuming Treasurer Duties   O5/31/2018   Approved   O5/31/2019   Pending   O8/17/2011   P   |                        |                       |            |                                 |  | 05/31/2018  | · ·  |
| Pennis powering   Lisa Garrison   No   Tax Collector   03/01/2019 Pending   08/17/2021   29/000000000000000000000000000000000000   |                        |                       |            |                                 |  | 03/01/2010  |  |
| Downe Township Jennafer Hernandez Yes Tax Collector 0,701/2009 Approved Stell Manor City Judon Moore Yes CFO (Assuming Treasurer Duties) 0,701/2008 Approved O4/04/2012 Approved O4/04/2012 Approved O4/04/2012 Approved O4/04/2012 Approved O5/05 MB Drough Bertha Cappuccio No Tax Collector 0,701/2012 Approved O4/04/2012 Approved O5/05 MB Drough Bertha Cappuccio No Tax Collector 0,701/2012 Approved O4/04/2012 Approved O5/05 MB Drough Bertha Cappuccio No Tax Collector 0,701/2012 Approved O4/01/2012 Approved O5/05 MB Drough Bertha Cappuccio No Tax Collector 0,701/2014 Approved O5/05 MB Drough Renee DeSalvo Yes Tax Collector 0,701/2014 Approved O5/05 Approved O5/05 MB Drough Christian Johansen Yes Tax Collector 0,701/2014 Approved O5/05/05/05 Approved O5/05/05/05/05/05/05/05/05/05/05/05/05/05  |                        | •                     |            | , ,                             |  | 09/17/2021  |  |
| Sizell Manor City Terence S Graff Yes Tax Collector 04/04/2012 Approved Colsom Borough Bertha Cappuccio No Tax Collector 04/04/2012 Approved 04/01/202 Approved 04/01/202 Approved 05/05/05/05/05/05/05/05/05/05/05/05/05/0  |                        |                       |            |                                 |  | 00/17/2021  |  |
| Estell Many City Terence S Graff Yes Tax Collector 04/04/2012 Approved Folsom Borough Bertha Cappuccio No Tax Collector 01/01/2007 Approved 04/01/2022 Approved Folsom Borough Dawn Stollenwerk Yes CFO (Assuming Treasurer Duties) 01/01/2018 Approved Polsom Borough Rome DeSalvo Yes Tax Collector 04/01/2022 Approved Approved Approved Galloway Township Christian Iohansen Yes Tax Collector 04/01/2022 Approved Approved Galloway Township Rome DeSalvo Yes Tax Collector 04/01/2012 Approved Approved Hamilton Township Rome DeSalvo Yes Tax Collector 04/01/2004 Approved O1/01/2014 Approved Hamilton Township Rome DeSalvo Yes Tax Collector 04/01/2007 Approved O1/01/2014 App |                        |                       |            |                                 |  |   |  |
| Fictions Borough Dawn Stollemerk Pis CFO (Assuming Treasurer Duties) 01/01/2018 Approved O4/01/2022 Approved O5/05/05/05/05/05/05/05/05/05/05/05/05/05   | ,                      |                       |            | , ,                             |  |   | · · ·  |
| For Borough Dawn Stollenwerk Ves CFO (Assuming Treasurer Dutles) 01/01/2018 Approved Forloam Borough Renee DeSalvo Ves Tax Collector 04/01/2012 Approved Approved Approved Salloway Township Christian Johansen Ves Tax Collector 07/01/2014 Approved Approved Salloway Township Kristen Manning Ves Treasurer 03/09/2015 Approved Approved Hamilton Township Dorothy Gallagher No CFO (Assuming Treasurer Dutles) 01/01/2020 Approved Univox Office Ves Treasurer 01/01/2020 Approved Univox Office Ves Treasurer 01/01/2020 Approved Univox Office Ves Treasurer Univox Office V | ·                      |                       |            |                                 |  | 0.4/0.4/2022                                      |  |
| Folsom Borough Renee DeSalvo Yes Tax Collector 04/01/2012 Approved O7/01/2014 O7/ | •                      | **                    |            |                                 |  | 04/01/2022  | · ·  |
| Salloway Township Christian Johansen Yes Tax Collector 07/01/2014 Approved Approved Salloway Township Kristen Manning Yes Treasurer 03/09/2015 Approved Approved Approved Amilton Township Renee DeSalvo Yes Tax Collector 01/01/2007 Approved O1/01/2007 Approved Amilton Township Dorothy Gallagher No CFO (Assuming Treasurer Duties) 01/01/2020 Approved 01/01/2021 Approved O1/01/2021 Approv | •                      |                       |            |                                 |  |   |  |
| Galloway Township Kristen Manning Yes Treasurer 03/09/2015 Approved 4 Approved 4 Amilton Township Renee DeSalvo Yes Tax Collector 01/01/2007 Approved 4 Amilton Township Dorothy Gallagher No CFO (Assuming Treasurer Duties) 01/01/2002 Approved 01/01/2021 Approved 01/0 | •                      |                       |            |                                 |  |   |  |
| Hamilton Township Renee DeSalvo Yes Tax Collector 01/01/2007 Approved damilton Township Dorothy Gallagher No CFO (Assuming Treasurer Duties) 01/01/2020 Approved 01/01/2021 Approved 14milton Township Cynthia Lindsay Yes CFO (Assuming Treasurer Duties) 01/01/2021 Approved 10/101/2021 Approved 10/101/2022 Approved 11/01/2022 Approved 11/01/20 |                        |                       |            |                                 |  |   | · · ·  |
| Hamilton Township Dorothy Gallagher No CFO (Assuming Treasurer Duties) 01/01/2020 Approved 01/01/2021 Approved 14milton Township Cynthia Lindsay Yes CFO (Assuming Treasurer Duties) 01/01/2021 Approved 10/13/2017 Approved 10/13/2019 Approved 10/13 |                        | •                     |            |                                 |  |   |  |
| Hamilton Township Cynthia Lindsay Yes CFO (Assuming Treasurer Duties) 01/01/2021 Approved inwood City Kacey Johnson No Tax Collector 09/29/2015 Approved 10/13/2017 Approved 10/13/2017 Approved inwood City Albert Stanley No Tax Collector 06/02/2014 Approved 07/31/2015 Incomplete 10/18/2021 Incomplete 10/18/2023 Incomplete 10/18/2 |                        |                       |            |                                 |  |   | ·  |
| inwood City Kacey Johnson No Tax Collector 09/29/2015 Approved 10/13/2017 Approved 10/13/2015 Approved 10/13/2016 Approved 10/ |                        |                       |            |                                 |  | 01/01/2021  |  |
| Linwood City Albert Stanley No Tax Collector 06/02/2014 Approved 07/31/2015 Approved 10/18/2021 Incomplete 10/ | Hamilton Township      | Cynthia Lindsay       | Yes        | CFO (Assuming Treasurer Duties) | 01/01/2021 Approved                      |   | Approved   |
| Linwood City Silvia Washington No Tax Collector 10/18/2021 Incomplete 10/18/2021 10/18/2023 10/10/1909 10/10/10/1909 10/10/10/1909 10/10/10/1909 10/10/10/1909 10/10/10/1909 10/10/10/1909 10/10/10/1909 10/10/10/1909 10/10/10/1909 10/10/10/1909 10/10/10/1909 10/10/10/1909 10/10/10/10/1909 10/10/10/10/1909 10/10/10/10/1909 10/10/10/10/1909 10/10/10/10/1909 10/10/10/10/1909 10/10/10/10/10/1909 10/10/10/10/1909 10/10/10/10/10/1909 10/10/10/10/10/1909 10/10/10/10/10/10/10/10/10/10/10/10/10/1  | inwood City            | Kacey Johnson         | No         | Tax Collector                   | 09/29/2015 Approved                      | 10/13/2017  | Approved   |
| Longport Borough Pamela Tomassi Yes Tax Collector 01/01/2016 Approved 01/01/1900 01/01/1900 Approved 01/01/1900 01/01/190 | inwood City            | Albert Stanley        | No         | Tax Collector                   | 06/02/2014 Approved                      | 07/31/2015  | Approved   |
| Longport Borough Donna O'Brien No Tax Collector 02/02/2015 Approved 01/01/209  | Linwood City           | Silvia Washington     | No         | Tax Collector                   | 10/18/2021 Incomplete                    | 10/18/2021  | Incomplete   |
| Longport Borough Patricia C. English No Treasurer 01/01/2019 Approved 11/01/2023 Approved 10/01/2023 Approved 10/01/2023 Approved 11/01/2023 Appro | ongport Borough        | Pamela Tomassi        | Yes        | Tax Collector                   | 01/01/2016 Approved                      |   | Approved   |
| ongport Borough Jenna Kelly Yes CFO (Assuming Treasurer Duties) 11/01/2006 Approved Approved Ongport Borough Joanne Clayton Yes Library Treasurer 11/01/2003 Approved Approved Approved Ower Township Lauren Read Yes CFO (Assuming Treasurer Duties) 11/01/2007 Approved Ower Township Susan Jackson No Tax Collector 11/01/2007 Approved Ower Township Kathleen L. Brown Yes Tax Collector 03/01/2018 Approved Ower Township Bruce A Macleod No Tax Collector 09/04/2018 Approved Ower Township Bruce A Macleod No Tax Collector 09/04/2018 Approved Of/01/2019 Approved Ower Township Bruce A Macleod No Tax Collector 09/04/2018 Approved Of/01/2019 Of/01/ | ongport Borough        | Donna O'Brien         | No         | Tax Collector                   | 02/02/2015 Approved                      | 01/01/1900  | Approved   |
| ongport Borough Jenna Kelly Yes CFO (Assuming Treasurer Duties) 11/01/2006 Approved Approved Ongport Borough Joanne Clayton Yes Library Treasurer 11/01/2003 Approved Approved Approved Ower Township Lauren Read Yes CFO (Assuming Treasurer Duties) 11/01/2007 Approved Ower Township Susan Jackson No Tax Collector 11/01/2007 Approved Ower Township Kathleen L. Brown Yes Tax Collector 03/01/2018 Approved Ower Township Bruce A Macleod No Tax Collector 09/04/2018 Approved Ower Township Bruce A Macleod No Tax Collector 09/04/2018 Approved Of/01/2019 Approved Ower Township Bruce A Macleod No Tax Collector 09/04/2018 Approved Of/01/2019 Of/01/ | ongport Borough        | Patricia C. English   | No         | Treasurer                       | 01/01/2019 Approved                      | 11/01/2023  | Approved   |
| Longport Borough Joanne Clayton Yes Library Treasurer 11/01/2023 Approved Approved Lower Township Lauren Read Yes CFO (Assuming Treasurer Duties) 11/01/2007 Approved 03/01/2018 Approved Approved Approved Approved Oswer Township Susan Jackson No Tax Collector 11/01/2007 Approved 03/01/2018 Approved Oswer Township Kathleen L. Brown Yes Tax Collector 03/01/2018 Approved Oswer Township Bruce A Macleod No Tax Collector 09/04/2018 Approved 06/01/2019 Approved Oswer Township Bruce A Macleod No Tax Collector 09/04/2018 Approved Oswer Township Linda A. Morgan No Tax Collector 01/01/2015 Approved 09/01/2020 Approved Oswer Township Lisa McLauglin Yes CFO (Assuming Treasurer Duties) 01/01/2015 Approved Oswer Township Lisa McLauglin Yes CFO (Assuming Treasurer Duties) 01/01/2015 Approved Oswer Township Oswer Township Struck American No Tax Collector Oswer Township Oswer Township Struck American No Tax Collector Oswer Township Oswer Tow | 0.                     | •                     |            | CFO (Assuming Treasurer Duties) |  |   | •                  |
| ower Township Lauren Read Yes CFO (Assuming Treasurer Duties) 11/01/2007 Approved 03/01/2018 Og/01/2018 Approved 03/01/2018 Approved 03/01/2018 Approved 03/01/2018 Approved 09/01/2019 Og/01/2019 Og/ |                        | •                     |            |                                 |  |   |  |
| Lower Township Susan Jackson No Tax Collector 11/01/2007 Approved 03/01/2018 Approved 03/01/2018 Approved 03/01/2018 Approved 03/01/2018 Approved 04/01/2019 Approved 05/01/2019 Approved  |                        | ,                     |            | •                               |  |   |  |
| Lower Township     Kathleen L. Brown     Yes     Tax Collector     03/01/2018 Approved       Lower Township     Bruce A Macleod     No     Tax Collector     09/04/2018 Approved     06/01/2019     Approved       Alargate City     Linda A. Morgan     No     Tax Collector     01/01/2015 Approved     09/01/2020     Approved       Very CFO (Assuming Treasurer Duties)     01/01/2015 Approved     01/01/2015 Approved   | •                      |                       |            |                                 |  | 03/01/2018  |  |
| ower Township Bruce A Macleod No Tax Collector 09/04/2018 Approved 06/01/2019 Approved<br>Margate City Linda A. Morgan No Tax Collector 01/01/2015 Approved 09/01/2020 Approved<br>Margate City Lisa McLauglin Yes CFO (Assuming Treasurer Duties) 01/01/2015 Approved Approved  |                        |                       |            |                                 |  | 35/31/2010  |  |
| Margate City Linda A. Morgan No Tax Collector 01/01/2015 Approved 09/01/2020 Approved Margate City Lisa McLauglin Yes CFO (Assuming Treasurer Duties) 01/01/2015 Approved Approved   | •                      |                       |            |                                 |  | 06/01/2019  |  |
| Margate City Lisa McLauglin Yes CFO (Assuming Treasurer Duties) 01/01/2015 Approved Approved   |                        |                       |            |                                 |  |   |  |
|  |                        | •                     |            |                                 |  | 03/01/5050  |  |
| Margate City I ara Mazza Yes Tax Collector 09/01/2020 Approved Aproved   |                        | -                     |            |                                 |  |   |  |
|  | Margate City           | Tara Mazza            | Yes        | Tax Collector                   | 09/01/2020 Approved                      |   | Approved   |

# MEL STATUTORY BONDs as of 3/6/24

| Name                                 | Applicant                      | Active St | atutory Bond Position 1                       | :tive Date Position 1 Approval Status Posite | Date Position 1 Second | d Pos Bond Position 2           | Effective Date Po Approval Stat | us F Delete Date I Status    |
|--------------------------------------|--------------------------------|-----------|---|--|------------------------|---------------------------------|---------------------------------|------------------------------|
| Middle Township                      | Sandra Beasley                 | Yes       | Tax Collector                                 | 06/30/2007 Approved                          |                        |                                 |                                 | Approved                     |
| Middle Township                      | Susan Anastasio-Quinones       | No        | CFO (Assuming Treasurer Duties)               | 08/15/2016 Approved                          | 12/31/2021             |                                 |                                 | Approved                     |
| 1iddle Township                      | John L. Clifford, Jr.          | No        | CFO (Assuming Treasurer Duties)               | 12/24/2014 Approved                          | 08/15/2016             |                                 |                                 | Approved                     |
| liddle Township                      | David Elliott                  | No        | CFO (Assuming Treasurer Duties)               | 01/01/2022 Approved                          | 01/01/2023             |                                 |                                 | Approved                     |
| 1iddle Township                      | Francine Springer              | No        | CFO (Assuming Treasurer Duties)               | 09/09/2022 Approved                          | 12/31/2022             |                                 |                                 | Approved                     |
| 1iddle Township                      | Neil Young                     | Yes       | CFO (Assuming Treasurer Duties)               | 01/01/2023 Approved                          | , , , ,                |                                 |                                 | Approved                     |
| Millville City                       | Sherri J. Ball                 | No        | Tax Collector                                 | 07/01/2010 Approved                          | 03/01/2018             |                                 |                                 | Approved                     |
| Aillville City                       | Marcella D Shepard             | No        | CFO (Assuming Treasurer Duties)               | 01/01/2018 Approved                          | 12/31/2023             |                                 |                                 | Approved                     |
| Aillville City                       | Tracey L Gregoire              | Yes       | Tax Collector                                 | 03/01/2018 Approved                          | ,,                     |                                 |                                 | Approved                     |
| Aillville City                       | Susan Quinones                 | Yes       | CFO (Assuming Treasurer Duties)               | 01/01/2024 Approved                          |                        |                                 |                                 | Approved                     |
| Aullica Township                     | Bertha Cappuccio               | No        | Tax Collector                                 | 01/01/2007 Approved                          | 03/31/2022             |                                 |                                 | Approved                     |
| Aullica Township                     | Dawn Stollenwerk               | Yes       | CFO (Assuming Treasurer Duties)               | 01/01/2019 Approved                          | ,,                     |                                 |                                 | Approved                     |
| Aullica Township                     | Sharon Riley                   | No        | Tax Collector                                 | 04/01/2022 Approved                          | 12/31/2023             |                                 |                                 | Approved                     |
| Aullica Township                     | Corie Hendrickson              | Yes       | Tax Collector                                 | 01/01/2024 Approved                          | 12,01,2020             |                                 |                                 | Approved                     |
| Newfield Borough                     | Robert E. Scharle              | Yes       | CFO (Assuming Treasurer Duties)               | 01/01/2007 Approved                          |                        |                                 |                                 | Approved                     |
| Newfield Borough                     | Kathleen K. Rivers-Rambone     | No        | Tax Collector                                 | 01/01/2015 Approved                          | 12/15/2016             |                                 |                                 | Approved                     |
| Newfield Borough                     | Lawrence J. Nightlinger Jr.    | No        | Tax Collector                                 | 01/01/2008 Approved                          | 02/12/2020             |                                 |                                 | Approved                     |
| Newfield Borough                     | Maria Schiano Branson          | No        | Tax Collector                                 | 12/15/2016 Approved                          | 02/01/2020             |                                 |                                 | Approved                     |
| Newfield Borough                     | Mark Godfrey                   | Yes       | Tax Collector                                 | 02/13/2020 Approved                          | 02/01/2020             |                                 |                                 | Approved                     |
| North Wildwood City                  | Todd N. Burkey                 | Yes       | CFO (Assuming Treasurer Duties)               | 01/01/2013 Approved                          |                        |                                 |                                 | Approved                     |
| North Wildwood City                  | Todd N. Burkey                 | Yes       | Tax Collector                                 | 08/16/2007 Approved                          |                        |                                 |                                 | Approved                     |
| Northfield City                      | Dawn Stollenwerk               | Yes       | CFO (Assuming Treasurer Duties)               | 02/15/2012 Approved                          |                        |                                 |                                 | Approved                     |
| Northfield City                      | Cynthia L. Stafford            | No        | Library Treasurer                             | 06/29/2016 Approved                          | 06/26/2020             |                                 |                                 | Approved                     |
| Forthfield City                      | Michele L. Kirtsos             | No        | Tax Collector                                 | 10/05/2015 Approved                          | 09/07/2022             |                                 |                                 | Approved                     |
| Forthfield City                      | Cindy A. Ruffo                 | No        | Tax Collector                                 | 05/10/2007 Approved                          | 10/05/2015             |                                 |                                 | Approved                     |
| Forthfield City                      | Elaine Meglathery              | No        | Library Treasurer                             | 11/08/2007 Approved                          | 06/19/2016             |                                 |                                 | Approved                     |
| Forthfield City                      | Melanie Brozosky               | No        | Library Treasurer                             | 06/26/2020 Approved                          | 03/16/2023             |                                 |                                 | Approved                     |
| Northfield City                      | Laura Cohen                    | Yes       | Tax Collector                                 | 09/07/2022 Approved                          | 03/10/2023             |                                 |                                 | Approved                     |
| Northfield City                      | Wayne Palaia                   | Yes       | Library Treasurer                             | 03/16/2023 Approved Advanced                 |                        |                                 |                                 | Approved Ac                  |
| Ocean City                           | Terence S Graff                | Yes       | Tax Collector                                 | 02/23/2015 Approved                          |                        |                                 |                                 | Approved At                  |
| ·                                    | Frank Donato III               | Yes       | CFO (Assuming Treasurer Duties)               | 01/01/2010 Approved                          |                        |                                 |                                 | Approved                     |
| Ocean City<br>Ocean City             | Constance Jenkins Pritchard    | Yes       | Library Treasurer                             |  |                        |                                 |                                 | Approved                     |
| ,                                    |                                | No        | '   | 01/01/2016 Approved                          | 09/03/2015             |                                 |                                 |                              |
| Ocean City<br>Pleasantville City     | Jon D. Batastini<br>Flor Roman | Yes       | Library Treasurer<br>Tax Collector            | 01/14/2013 Approved<br>01/01/2007 Approved   | 09/03/2013             |                                 |                                 | Approved<br>Approved         |
| Pleasantville City                   |                                | Yes       | Treasurer                                     | 03/04/2013 Approved                          |                        |                                 |                                 | Approved                     |
| •                                    | Barry Ludy                     |           |   |  | 02/01/2022 V           | CEO (Assuming Terrorian Butine) | 07/01/2010                      |                              |
| ea Isle City<br>ea Isle City         | Paula G. Doll<br>Maureen Conte | No<br>Yes | Tax Collector<br>Tax Collector                | 01/01/2007 Approved                          | 02/01/2022 Yes         | CFO (Assuming Treasurer Duties) | 07/01/2010                      | 02/01/2022 Approved Approved |
| •                                    | Jennifer McIver                | Yes       |   | 02/08/2022 Approved<br>03/07/2022 Approved   |                        |                                 |                                 |                              |
| ea Isle City                         | William E. Swain               | No        | CFO (Assuming Treasurer Duties)               |  | 12/31/2020             |                                 |                                 | Approved                     |
| omers Point City<br>omers Point City | Lisa King                      | Yes       | CFO (Assuming Treasurer Duties) Tax Collector | 03/22/2014 Approved                          | 12/31/2020<br>Yes      | Utility Clerk                   | 01/01/2015 Approved             | Approved<br>Approved         |
| omers Point City<br>omers Point City | Shana Kestrel                  | Yes       | CFO (Assuming Treasurer Duties)               | 01/01/2015 Approved<br>01/01/2021 Approved   | res                    | Othinty Clerk                   | 01/01/2015 Approved             | Approved                     |
|                                      |                                |           | , ,   |  |                        |                                 |                                 |                              |
| tone Harbor Borough                  | James Craft                    | Yes       | Treasurer                                     | 05/05/2014 Approved                          |                        |                                 |                                 | Approved                     |
| tone Harbor Borough                  | Deborah Candelore              | Yes       | Tax Collector                                 | 04/01/2011 Approved                          | 00/20/2020             |                                 |                                 | Approved                     |
| pper Deerfield Township              | Andrea A. Penny                | No        | Tax Collector                                 | 01/01/2007 Approved                          | 09/30/2020             |                                 |                                 | Approved                     |
| pper Deerfield Township              | Amy L. Colaneri                | Yes       | Treasurer                                     | 07/01/2009 Approved                          |                        |                                 |                                 | Approved                     |
| pper Deerfield Township              | Janeen Rossi                   | Yes       | Tax Collector                                 | 10/01/2020 Approved                          |                        |                                 |                                 | Approved                     |
| pper Township                        | Barbara Ludy                   | Yes       | Treasurer                                     | 06/23/2008 Approved                          |                        |                                 |                                 | Approved                     |
| pper Township                        | Rhonda L. Sharp                | Yes       | Tax Collector                                 | 07/01/2009 Approved                          | 04/04/2040             |                                 |                                 | Approved                     |
| entnor City                          | Pamela Tomassi                 | No        | Tax Collector                                 | 10/21/2016 Approved                          | 01/01/2018             |                                 |                                 | Approved                     |
| entnor City                          | Adetoro O. Aboderin            | No        | Treasurer                                     | 01/01/2009 Approved                          | 02/18/2019             |                                 |                                 | Approved                     |
| entnor City                          | Julie Harron                   | No        | Tax Collector                                 | 04/01/2008 Approved                          | 06/01/2016             |                                 |                                 | Approved                     |
| entnor City                          | Margaret Pacanowski            | Yes       | Tax Collector                                 | 01/01/2018 Approved                          |                        |                                 |                                 | Approved                     |
| entnor City                          | Albert Stanley                 | No        | CFO (Assuming Treasurer Duties)               | 01/24/2019 Approved                          | 12/31/2023             |                                 |                                 | Approved                     |
| /entnor City                         | Amy Stover                     | Yes       | CFO (Assuming Treasurer Duties)               | 11/21/2023 Approved                          |                        |                                 |                                 | Approved                     |

# MEL STATUTORY BONDs as of 3/6/24

| Name                   | Applicant              | Active Sta | tutory Bond Position 1          | :tive Date Position 1 Approval Status Po | si te Date Position 1 Second Po | os Bond Position 2 | Effective Date Po Approval Stat | us F Delete Date I Status |
|------------------------|------------------------|------------|---------------------------------|--|---------------------------------|--------------------|---------------------------------|---------------------------|
| Waterford Township     | Anita M. Wilson        | No         | Tax Collector                   | 01/01/2009 Approved                      | 12/31/2020                      |                    |                                 | Approved                  |
| Waterford Township     | Francine Grubb         | No         | Library Treasurer               | 07/01/2017 Approved                      | 12/31/2021                      |                    |                                 | Approved                  |
| Waterford Township     | Brian Pollock          | No         | Library Treasurer               | 06/24/2009 Approved                      | 07/01/2017                      |                    |                                 | Approved                  |
| Waterford Township     | Maria Yeatman          | No         | Library Treasurer               | 01/01/2016 Approved                      | 06/30/2017                      |                    |                                 | Approved                  |
| Waterford Township     | Stacia Regn            | No         | Treasurer                       | 02/01/2020 Approved                      | 09/01/2022                      |                    |                                 | Approved                  |
| Waterford Township     | Lisa Eggert            | Yes        | Tax Collector                   | 01/01/2021 Approved                      |                                 |                    |                                 | Approved                  |
| Waterford Township     | Dorene Szeker          | No         | Library Treasurer               | 04/01/2022 Approved                      | 06/30/2022                      |                    |                                 | Approved                  |
| Waterford Township     | Carl Lange             | Yes        | Library Treasurer               | 06/30/2022 Approved                      |                                 |                    |                                 | Approved                  |
| Waterford Township     | Dawn Sayers            | Yes        | Treasurer                       | 01/01/2023 Approved                      |                                 |                    |                                 | Approved                  |
| West Cape May Borough  | Todd N. Burkey         | Yes        | Tax Collector                   | 01/01/2009 Approved                      |                                 |                    |                                 | Approved                  |
| West Cape May Borough  | Frank Donato III       | Yes        | CFO (Assuming Treasurer Duties) | 06/01/2009 Approved                      |                                 |                    |                                 | Approved                  |
| West Cape May Borough  | David S. Carrick       | Yes        | Utility Clerk                   | 01/01/2007 Approved                      |                                 |                    |                                 | Approved                  |
| Vest Wildwood Borough  | Elaine Brunkel-Crowley | Yes        | CFO (Assuming Treasurer Duties) | 03/04/2011 Approved                      |                                 |                    |                                 | Approved                  |
| West Wildwood Borough  | Terence S Graff        | Yes        | Tax Collector                   | 07/01/2012 Approved                      |                                 |                    |                                 | Approved                  |
| West Wildwood Borough  | Maureen Mitchell       | No         | Tax Collector                   | 03/04/2011 Approved                      | 07/12/2016 Yes                  | Utility Clerk      | 03/04/2011 Approved             | 07/12/2016 Approved       |
| Weymouth Township      | Debra A. D'Amore       | Yes        | Tax Collector                   | 01/01/2007 Approved                      |                                 |                    |                                 | Approved                  |
| Wildwood City          | Donna Dennis           | No         | Utility Clerk                   | 06/28/2011 Approved                      | 11/01/2022                      |                    |                                 | Approved                  |
| Wildwood City          | Jeanette J Powers      | No         | CFO (Assuming Treasurer Duties) | 01/27/2007 Approved                      | 03/01/2021                      |                    |                                 | Approved                  |
| Wildwood City          | Lori J. Rosensteel     | Yes        | Tax Collector                   | 09/01/2012 Approved                      |                                 |                    |                                 | Approved                  |
| Wildwood City          | Susan Plaza            | Yes        | CFO (Assuming Treasurer Duties) | 07/14/2021 Approved                      |                                 |                    |                                 | Approved                  |
| Wildwood City          | Colleen Walsh          | Yes        | Utility Clerk                   | 11/02/2022 Approved                      |                                 |                    |                                 | Approved                  |
| Wildwood Crest Borough | Alicia Belansen        | No         | CFO (Assuming Treasurer Duties) | 10/07/2013 Approved                      | 06/20/2018                      |                    |                                 | Approved                  |
| Vildwood Crest Borough | Lyndsey Herman         | Yes        | Tax Collector                   | 03/30/2015 Approved                      |                                 |                    |                                 | Approved                  |
| Vildwood Crest Borough | Francine B Springer    | Yes        | CFO (Assuming Treasurer Duties) | 06/20/2018 Approved                      |                                 |                    |                                 | Approved                  |
| Voodbine Borough       | John H. Miller         | No         | CFO (Assuming Treasurer Duties) | 01/01/2014 Approved                      | 08/21/2019                      |                    |                                 | Approved                  |
| Voodbine Borough       | Lisa Garrison          | No         | Tax Collector                   | 07/01/2007 Approved                      | 07/25/2022                      |                    |                                 | Approved                  |
| Voodbine Borough       | James Craft            | Yes        | CFO (Assuming Treasurer Duties) | 05/01/2019 Approved                      |                                 |                    |                                 | Approved                  |
| Voodbine Borough       | Alexander Bauer        | Yes        | Tax Collector                   | 03/05/2022 Approved                      |                                 |                    |                                 | Approved                  |

# Atlantic County Municipal Joint Insurance Fund Skateboard Park Approval Status

| Member          |                 |          |  |
|-----------------|-----------------|----------|--|
| Municipality    | Stage           | Status   | Notes  |
| Absecon         |                 |          |  |
| Avalon          | Removed         | Removed  | Park Equipment Removed 6/2017  |
| Brigantine      | Approved        | Complete |  |
| Buena           | General Inquiry | Inactive | The Executive Director/Safety Director are unaware of any ongoing activity |
| Cape May        |                 |          |  |
| Cape May Point  |                 |          |  |
| Commercial      | Approved        | Complete |  |
| Deerfield       |                 |          |  |
| Dennis          |                 |          |  |
| Downe           |                 |          |  |
| Estell Manor    |                 |          |  |
| Folsom          |                 |          |  |
| Galloway        | Removed         | Removed  | Park Equipment Removed   |
| Hamilton        | Removed         | Removed  | Park Equipment Removed as of 11/1/08                                       |
| Linwood         |                 |          |  |
| Longport        |                 |          |  |
| Lower           | Removed         | Removed  | Park Equipment removed as of 4/26/07                                       |
| Margate         | Planning        | Inactive | The Executive Director/Safety Director are unaware of any ongoing activity |
| Middle          | Removed         | Removed  | Removed effective 2/27/2018  |
| Millville       |                 |          |  |
| Mullica         |                 | Removed  | Park Equipment removed as of 11/5/09                                       |
| Newfield        |                 |          |  |
| North Wildwood  | Approved        | Complete |  |
| Northfield      |                 |          |  |
| Ocean City      | Approved        | Complete |  |
| Pleasantville   |                 |          |  |
| Sea Isle City   | Approved        | Complete |  |
| Somers Point    |                 |          |  |
| Stone Harbor    | Approved        | Complete |  |
| Upper Deerfield |                 |          |  |
| Upper Twp.      | Approved        | Complete |  |
| Ventnor         |                 |          |  |
| Waterford       |                 |          |  |
| West Cape May   |                 |          |  |
| West Wildwood   |                 |          |  |
| Weymouth        |                 |          |  |
| Wildwood        |                 |          |  |
| Wildwood Crest  |                 |          |  |
| Woodbine        |                 |          |  |

#### Land Use Training Certification

#### Member

Avalon

Buena

Cape May Point

City of Cape May

Commercial Twp.

Deerfield

Dennis

Downe

**Estell Manor** 

Folsom

Galloway

Hamilton

Linwood

Longport

Margate

Middle

Millville

Mullica

North Wildwood

Northfield

Sea Isle City

Somers Point

Stone Harbor

Upper Deerfield

Upper Township

Ventnor

Waterford

West Cape May

Weymouth

Wildwood

Wildwood Crest

Woodbine

|     | March 2024 |   |  |   |     |     |  |  |  |  |
|-----|------------|---|--|---|-----|-----|--|--|--|--|
| Mon | Tue        | Wed   | Thu  | Fri   | Sat | Sun |  |  |  |  |
|     |            |   |  | 1   | 2   | 3   |  |  |  |  |
| 4   | 5          | 6<br>9:30 AM RCF/MEL<br>Claims - virtual                    | 7  | 8   | 9   | 10  |  |  |  |  |
| 11  | 12         | 13  | 14<br>9:00 AM Claims<br>Committee Mtg - virtual                                    | 15  | 16  | 17  |  |  |  |  |
| 18  | 19         | 20<br>3:00 PM - Exec.<br>Committee Mtg –<br>Microsoft Teams | 21   | <b>22</b><br>TBD – MEL/RCF/EJIF Mtgs -<br>TBD | 23  | 24  |  |  |  |  |
| 25  | 26         | 27  | <b>28</b><br>8:30 AM Safety Breakfast<br>Kickoff – Merighis Savoy<br>Inn, Vineland | 29  | 30  | 31  |  |  |  |  |

|     | April 2024  |   |  |     |     |     |  |  |  |  |  |
|-----|---|---|--|-----|-----|-----|--|--|--|--|--|
| Mon | Tue   | Wed   | Thu  | Fri | Sat | Sun |  |  |  |  |  |
| 1   | 2   | 3   | 4  | 5   | 6   | 7   |  |  |  |  |  |
| 8   | 9   | 10  | <b>11</b><br>9:00 AM Claims<br>Committee Mtg - virtual | 12  | 13  | 14  |  |  |  |  |  |
| 15  | 16  | 17 3:00 PM - Exec. Committee Mtg – Atlantic County Llibrary, Mays Landing | 18   | 19  | 20  | 21  |  |  |  |  |  |
| 22  | 23  | 24  | 25   | 26  | 27  | 28  |  |  |  |  |  |
| 29  | <b>30</b><br>10:00 AM EPL/Tech<br>Comm Mtg – Middle Twp |   |  |     |     |     |  |  |  |  |  |



TO: Elected Officials, Fund Commissioners, & Municipal Clerks, ACM, BURLCO, &

TRICO JIFs

FROM: Paul A. Forlenza, MGA, RMC, Executive Director

DATE: January 4, 2024

**RE:** 2023 -2024 Elected Officials Training Invitation

For more than 20 years, the ACM, BURLCO, & TRICO JIFs have offered our elected officials the opportunity to participate in annual voluntary training. The 2023-2024 Elected Officials Training will take place online via the MEL Safety Institute (MSI). This 45-minute training video provides important information on the challenges facing local elected leaders in managing local government risks and tools available to assist our members. Instructions on how to access this training are attached.

The online training format allows for participation by all our elected officials, and the convenience of completing this training when their schedule permits, prior to the May 1, 2024 deadline. By utilizing the MEL Safety Institute, my office will be able to better track the completion of the training and document the credits due to members' assessments.

Within a week or so of completing the online training, those that complete the course will receive an email from my office highlighting the various risk management programs discussed during the training and how they can be accessed by our members.

Please remember that for every elected official that completes the training, their municipality will earn a \$250 credit towards your municipality's 2024 MEL Assessment (capped at 5% of your 2024 MEL Assessment). Also, your highest ranking administrative official is eligible to earn this credit by completing the course.

On a final note, if you attended the Elected Officials Training at the League of Municipalities in November 2023, you will receive credit for the training.

Thank you for your attention to this matter. As always, please feel free to contact me should you have any questions.

File: MEL/2024/Elected Officials Training Tab: Initiation



This seminar is designed to provide a general understanding of the legal principles pertaining to governmental operations. Municipal Elected Officials, Authority Commissioners, and a member's Chief Executive Officer (i.e., Municipal Manager/Administrator or Executive Director) who completes this course by May 2024 may qualify for a \$250 credit (capped at approx. 5% of MEL assessment) in their local unit 2024 assessment.

#### **Login to LMS**

- 1. Click to access the MSI Learning Management System.
- 2. If you have previously taken MSI classes, enter your username and password.
- 3. If you are new or do not know your username/password, check with your Training Administrator, or call the MSI Help Line at (866) 661-5120.
- 4. Click the Request Training button on the top right of your Home Screen.
- 5. Select the check box to the right of the course **2023-2024 Elected Officials Risk Management Seminar.**
- 6. Scroll to the bottom of the page to submit your selection.
- 7. The course now shows in the **Assigned** section of your **Home Screen**.
- 8. Click the program name to launch the course.
- 9. Upon completion of the course, a screen with your **Certificate of Completion** will appear and can be printed.
- 10. The course and certificate will now appear in the Completed section of your Home Screen. Learning transcripts are automatically updated in the MEL Safety Institute's Learning Management System.

If you have questions or need assistance, contact the *Andrea Felip at 856-552-4740* or <u>afelip@jamontgomery.com</u>.

# SAFETY CELEBRATION & KICKOFF



# Thursday, March 28, 2024

Merighi's Savoy Inn ◆ 4940 Landis Ave, Vineland

Safety Celebration Breakfast Begins at 8:30am

Click Here to RSVP for the Safety Breakfast by 03/20/2024

#### THEME:

**Unlocking the Potential of Your JIF Membership!** 

- Celebrate our Safety Accomplishments
- Strengthen our Commitment for 2024
- Embrace JIF Resources
- Plan for the Future: Vision and Goals

## **INVITED TO ATTEND:**

- Claims Coordinators
- Clerks
- Elected Officials
- Fund Commissioners
- Risk Management Consultants
- Safety Committee Representatives
- Safety Coordinators
- Safety Delegates
- Supervisors

#### **IMPORTANT:**

Attendance at the Safety Breakfast is a mandatory element of the 2024 JIF Safety Incentive Program. Please advise our office ASAP if you are unable to attend, as payment is on a per person basis.

Questions? Contact Kris Kristie at kristie kristie@RPAdmin.com

## **Atlantic County Municipal Joint Insurance Fund**

TO: Fund Commissioners, Safety Coordinators, and Risk Managers

FROM: Robert Garish, JIF Safety Director

**DATE**: March 6, 2024

#### J. A. MONTGOMERY CONSULTING SERVICE TEAM & LOSS CONTROL ACTIVITIES

Keith Hummel
Associate Director Public Sector
Risk Control

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Robert Garish
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Jacqueline Cardenosa Risk Control Consultant <u>jcardenosa@jamontgomery.com</u> Office: 856-552-6888

Melissa Meccariello Administrative Assistant mmeccariello@jamontgomery.com Office: 856-479-2070

#### LOSS CONTROL SURVEYS

- City of Somers Point on February 1, 2024
- Township of Upper on February 6, 2024
- Township of Lower on February 7, 2024
- Township of Middle on February 7, 2024
- Borough of Stone Harbor on February 7, 2024
- Township of Upper on February 12, 2024
- · City of Sea Isle on February 15, 2024

#### LAW ENFORCEMENT LOSS CONTROL SURVEYS

No Law Enforcement Loss Control Surveys were completed in February.

#### **MEETINGS ATTENDED**

- Claims Committee Meeting on February 8, 2024
- Executive Fund Committee Meeting on February 21, 2024
- Executive Safety Committee Meeting on February 22, 2024

#### MEL SAFETY INSTITUTE (MSI)

All MSI communications will be distributed exclusively through the NJ MEL app, and an MSI Newsletter will be emailed to summarize the communications sent through the app.

If you would like to receive communications from MEL and MSI related to your position or operations, follow the directions to select from the list of available Push Notification "subscriptions." Click here for <a href="NJ MEL App Directions">NJ MEL App Directions</a>.

#### MSI SAFETY DIRECTOR

- Manual on Uniform Traffic Control Devices 11th Edition
- Employer Training Guide
- National Burn Awareness Week
- Dumpster Safety Awareness
- Husqvarna String Trimmer
- Office Safety & Workstation Ergonomics
- Bomb Threat Resources & Best Practices
- Catalytic Converter Theft
- Daniel's Law in New Jersey Requirements & Challenges

#### MSI FIRE & EMS BULLETIN

Vaccinations: Who Pays for Required Vaccines?

#### MSI LAW ENFORCEMENT

- Active Shooter Hostile Event Training Considerations
- Firearms Accessible to Minors Considerations

#### MSI NOW

MSI NOW provides on-demand streaming videos and online classes that can be viewed 24/7 by our members. Topics pertain to many aspects of safety, risk control, employment practices, and supervision, and most can be viewed in under 20 minutes.

| MSI NOW      |                  |  |  |  |  |  |  |
|--------------|------------------|--|--|--|--|--|--|
| Municipality | Number of Videos |  |  |  |  |  |  |
| Absecon      | 1                |  |  |  |  |  |  |
| Avalon       | 1                |  |  |  |  |  |  |
| Buena        | 6                |  |  |  |  |  |  |
| Cape May     | 1                |  |  |  |  |  |  |

| MSI NOW        |                  |  |  |  |  |  |  |
|----------------|------------------|--|--|--|--|--|--|
| Municipality   | Number of Videos |  |  |  |  |  |  |
| Commercial     | 5                |  |  |  |  |  |  |
| Folsom         | 1                |  |  |  |  |  |  |
| Galloway       | 8                |  |  |  |  |  |  |
| Longport       | 1                |  |  |  |  |  |  |
| Newfield       | 10               |  |  |  |  |  |  |
| Northfield     | 11               |  |  |  |  |  |  |
| Pleasantville  | 6                |  |  |  |  |  |  |
| Sea Isle City  | 1                |  |  |  |  |  |  |
| Upper          | 1                |  |  |  |  |  |  |
| Waterford      | 5                |  |  |  |  |  |  |
| West Cape May  | 2                |  |  |  |  |  |  |
| Weymouth       | 2                |  |  |  |  |  |  |
| Wildwood City  | 21               |  |  |  |  |  |  |
| Wildwood Crest | 3                |  |  |  |  |  |  |

#### **MSI LIVE**

MSI LIVE features real-time, instructor-led in-person, and virtual classes. Experienced instructors provide an interactive experience for the attendee on a broad spectrum of safety and risk control topics. Most MSI LIVE offerings have been awarded continuing education credits for municipal designations and certifications. The MSI LIVE catalog provides a description of the course, the intended audience, and available credits.

The MSI LIVE Schedule is available for registration. Please register early, under-attended classes will be canceled.

To maintain the integrity of the MSI classes and our ability to offer CEUs, we must abide by the rules of the State agency that issued the designation. Chief among those rules is the attendee of the class must attend the whole session. Attendees who enter the class more than 5 minutes late or leave early will not be awarded CEUs for the class or receive a certificate of completion.

For virtual classes, the MSI utilizes the Zoom platform to track the time each attendee logs in and logs out. Also, we can track participation, to demonstrate to the State agency the student also participated in polls, quizzes, and question & answer activities during the class. The MSI maintains these records to document our compliance with the State agency.

If you need assistance using the MSI Learning Management System, please call the MSI Helpdesk at 866-661-5120.

**NOTE:** We need to keep our list of MSI Training Administrators up-to-date. If there are any changes or deletions, or you need to appoint a new Training Administrator, please advise Andrea Felip at afelip@jamontgomery.com.

# Technical Risks Services Director Monthly Executive Report





# March 6, 2024 Summary

February was devoted to the Wizer/D2 kickoffs for 2024. By now everyone should have at least logged into their Wizer training account. As of this report 27% are still in training mode and 3% have never logged in. Please advise your staff that Hygiene training is mandatory for deductible savings and BASIC Cyberframework compliance.

Vulnerability probing and penetration testing continues. There are a few towns with critical vulnerabilities. Thes have been reported to the POC for each. Please address these open items as soon as possible.

BASIC Cyberframework forms were re-distributed to all Fund Commissioners and then again to their respective IT POC. I am pleased to report that as of this report that across all JIF's that we handle we have a 40% approved rate for BASIC with ACM leading the way with 49% approved submissions. Perhaps some InterJIF competition will spur us to get to 100% well before the 6/30/24 deadline. And there is a good reason for moving this along. The Cyberframework V 2.0 has just been released. Most likely this will be adopted guickly so get your BASIC forms in to be grandfathered.

Remember BASIC is the lowest level of compliance required for \$75,000 of deductible relief. If you need help going over this form with your IT support, I am available any time for a consult. This month I had an opportunity to meet with the Salem County Association of Local Government where I met with the Salem County TRICOJif members. It was a great opportunity to go over BASIC with the entire group! If anyone knows of any such organizations elsewhere supporting JIF members, I work for food.

This month's bulletin addresses O365 policies that can be enacted to thwart threat actors from infiltrating your email network. Remember over 80% of all breaches start with a compromised email account. I encourage you to go over the list with your IT support. Many of the measures are FREE, some may not apply to your organization. All create another layer of discouragement for those who would seek to attack your town.

Stay Cybersafe,

Jerry Caruso Technical Risks Services Director



## Securing Office 365 (O365)

Securing Office 365 (O365) email accounts against hacking involves implementing multiple layers of security measures. Here are some ways to lock down O365 email accounts effectively:

- 1. **Enable Multi-Factor Authentication (MFA):** This adds an extra layer of security by requiring users to verify their identity using a second factor, such as a phone or token, in addition to their password.
- 2. **Use Strong Password Policies:** Implement strong password policies requiring complex passwords that are changed regularly to prevent brute force attacks.
- 3. **Anti-Phishing Policies:** Set up anti-phishing policies in the Office 365 Security & Compliance Center to detect attempts to impersonate your users and custom domains.
- 4. **Enable Advanced Threat Protection (ATP):** ATP safeguards your organization against malicious threats posed by email messages, links, and collaboration tools.
- 5. **Audit and Review Permissions Regularly:** Regularly review and audit permissions for your Office 365 accounts to ensure that only necessary permissions are granted.
- 6. **Train Users on Security Awareness:** Educate users on the importance of security, how to recognize phishing attempts, and safe email practices.
- 7. **Implement Conditional Access Policies:** These policies allow you to define conditions under which users can access Office 365 services, such as requiring MFA when logging in from unrecognized devices.
- 8. **Use Secure Email Gateways:** Deploy secure email gateways that can filter spam and malicious content before it reaches your users' inboxes.
- 9. **Enable Alert Policies:** Configure alert policies in Office 365 to get notified about suspicious activities, such as multiple failed login attempts or unusual volume of emails sent.
- 10. **Secure Mail Flow Rules:** Create mail flow rules (also known as transport rules) to block or flag emails with suspicious content, such as attachments with executable files or emails from domains that mimic your own.
- 11. **Disable Legacy Authentication:** Legacy authentication protocols like IMAP, SMTP, and POP3 do not support modern security features such as MFA. Disabling them helps protect against credential stuffing and brute-force attacks.
- 12. **Implement Email Encryption:** Use Office 365 Message Encryption (OME) to encrypt sensitive emails. This ensures that only intended recipients can read the content, even if the email is intercepted during transit.
- 13. **Regularly Update and Patch:** Ensure that all Office 365 and related software are kept up to date with the latest patches and updates to protect against known vulnerabilities.
- 14. **Utilize Secure Score in Office 365:** Microsoft's Secure Score evaluates your organization's security posture within Office 365 and provides recommendations for improvement. Regularly reviewing and acting on these recommendations can enhance your security.
- 15. **Implement Data Loss Prevention (DLP) Policies:** DLP policies help prevent sensitive information, such as credit card numbers, social security numbers, or confidential company information, from being accidentally or intentionally shared outside the organization.

### And two of my favorite free and easy changes

#### 16. Disable Outlook Web Access (OWA):

Reduced Attack Surface: Disabling OWA reduces the number of entry points available to attackers, making it more difficult for them to gain unauthorized access to your email accounts. Since OWA is accessible from any web browser, it can be a tempting target for attackers looking to exploit user credentials through phishing or other means.

#### 17. Implement Geolocation Restrictions (Geo-blocking):

• **Enhanced Security Posture:** By restricting access to Office 365 services, including email, based on geographic location, organizations can prevent unauthorized access attempts from highrisk regions or countries that are not relevant to their business operations. This is particularly useful for mitigating risks associated with attempts from known malicious IP addresses or regions frequently associated with cyber threats.

March 10, 2024

To the Members of the Executive Board of the Atlantic County Municipal Joint Insurance Fund

I have enclosed for your review and, in some cases consideration, documents of presentation relating to claims, transfers, and the financial condition of the Fund. The statements included in this report are prepared on a "modified cash basis" and relate to financial activity through the month period ending **February 29, 2024,** for Closed Fund Years 1987 to 2019, and Fund Years 2020, 2021, 2022, 2023, and 2024. The reports, where required, are presented in a manner prescribed or permitted by the Department of Insurance and the Division of Local Government Services of the Department of Community Affairs.

All statements contained in this report are subject to adjustment by annual audit.

A summary of the contents of these statements is presented below.

#### A.E.L.C.F. PARTICIPANT 2/29/2024 INCLUDES UNAUDITED INTEREST

**RALANCES** 

|                          | DALANCES       |
|--------------------------|----------------|
| Corbin City              | \$ 828.00      |
| Egg Harbor City          | \$ 43,908.11   |
| Egg Harbor Township      | \$143,563.00   |
| Hamilton Township        | \$ 2,011.62    |
| Hammonton Township       | \$ 231,959.00  |
| Middle Township          | \$ 180,840.17  |
| Mullica Township         | \$ 28,953.08   |
| Northfield               | \$ 115,129.92  |
| Pleasantville            | \$ 12.21       |
| Stone Harbor             | \$ 9,824.62    |
| Upper Deerfield Township | \$ 76,826.40   |
| Upper Township           | \$ 220,157.61  |
| Waterford Township       | \$ 35,660.80   |
|                          | \$1,089,724.54 |

AELCF \$ 941,069.75 UNAUDITED INTEREST \$ 21,801.79 2023 DIVIDENDS TRANSFERRED \$ 214,182.00 DIVIDENDS APPLIED TO ASSESSTMENT \$ 87,329.00> AELCF 2/29/2024 \$1,089,724.54

#### SUMMARY REPORT OF AELCF/DIVIDENDS/RETRO PROGRAM

-attached

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#### RECEIPT ACTIVITY FOR THE PERIOD

**Subrogation Receipts** 

FEB: \$106,800.18 YTD: \$144,911.88

Other:

FEB: \$ -0- YTD: \$ -0-

**Adjustment:** 

FEB: \$ -0- YTD: \$ 21,606.01

Assessments: \$4,419,795

#### **CLAIM ACTIVITY FOR THE PERIOD:**

#### **ACTIVITY**

The enclosed report shows claim activity during the period:

FEB:

Checks Issued: 334 Claim Payments: 884 Total Issued: \$839,444.56

Effect on Cash Position: \$717,254.58

#### **CASH ACTIVITY FOR THE PERIOD:**

#### **ACTIVITY**

The enclosed reconciliation report details that during the reporting period the Fund's "Cash Position" changed as follows:

 DEC:
 Ending Balance
 \$49,980,087.01

 JAN:
 Ending Balance
 \$47,321,868.53

 FEB:
 Ending Balance
 \$49,540,465.85

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#### **INVESTMENT INTEREST & INVESTMENTS:**

<u>Please refer to the schedule entitled: ANALYSIS OF INVESTMENT ACT IVITY</u> which summarizes all the required adjustments to the investments of JCMI, Treasuries, and Investors:

#### **INTEREST EARNED:**

| JCMI           | FEB: \$ 36,154.42 | YTD: \$ 72,535.81 |
|----------------|-------------------|-------------------|
| Treasury       | FEB: \$131,168.48 | YTD: \$517,747.69 |
| Citizens       | FEB: \$ 4,956.25  | YTD: \$ 23,182.77 |
| Citizens-sweep | FEB: \$ 13,371.11 | YTD: \$ 16,132.53 |

Note: some off-set adjustments are required for administrative charges.

**RATE OF RETURN**-only interest as FROM ANALYSIS WORKSHEET.

FEB: 3.24%

#### **ALLOCATION OF FUNDS:**

|           | <u>JAN</u>      |     |
|-----------|-----------------|-----|
| Treasury- | \$22,022,399.00 | 49% |
| JCMI-     | \$20,400,066.58 | 43% |
| Citizens- | \$ 3,899,402.95 | 8%  |
|           | \$47,321,868.53 |     |
|           |                 |     |
|           | <b>FEB</b>      |     |
| Treasury- | \$23,061,960.90 | 47% |
| JCMI-     | \$20,318,090.99 | 41% |
| Citizens- | \$ 6,160,413.96 | 12% |
|           | \$49,540,465.85 |     |

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3/10/2024
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#### **BILL LIST FOR THE PERIOD:**

Vouchers to be submitted for your consideration at the scheduled meeting show on the accompanying bill list at the end of my report.

The information contained in this cover report is a summary of key elements related to activity during the reporting period. Other detailed information is contained in the attached documents and, if desired, a more specific explanation on any question can be obtained by contacting me at 609-425-1136 or email ocjjh4263@gmail.com.

Respectfully Submitted,

John J. Hansen

John J. Hansen Treasurer

#### **ACM JIF DEPOSITS**

| 29 |     |           |                  |                    |
|----|-----|-----------|------------------|--------------------|
| 28 |     |           |                  | \$<br>4,544,922.54 |
| 27 | FEB |           |                  |                    |
| 26 | FEB | 2/29/2024 | CITIZEN INTEREST | \$<br>18,327.36    |
| 25 | FEB | 2/29/2024 | CY ASSESSMENTS   | \$<br>4,419,795.00 |
| 24 | FEB | 2/27/2024 | GALLOWAY         | \$<br>442.36       |
| 23 | FEB | 2/26/2024 | MARGATE          | \$<br>25,601.00    |
| 22 | FEB | 2/22/2024 | GALLOWAY         | \$<br>471.07       |
| 21 | FEB | 2/22/2024 | VENTNOR          | \$<br>70.00        |
| 20 | FEB | 2/22/2024 | PLEASANTVILLE    | \$<br>500.00       |
| 19 | FEB | 2/22/2024 | MIDDLE TOWNSHIP  | \$<br>48,773.42    |
| 18 | FEB | 2/22/2024 | UPPER DEERFIELD  | \$<br>1,342.89     |
| 17 | FEB | 2/15/2024 | ABSECON          | \$<br>3,515.58     |
| 16 | FEB | 2/15/2024 | PLEASANTVILLE    | \$<br>16,950.03    |
| 15 | FEB | 2/15/2024 | PLEASANTVILLE    | \$<br>8,000.00     |
| 14 | FEB | 2/15/2024 | MIDDLE TOWNSHIP  | \$<br>695.20       |
| 13 | FEB | 2/5/2024  | VENTNOR          | \$<br>70.00        |
| 12 | FEB | 2/5/2024  | MILLVILLE        | \$<br>105.71       |
| 11 | FEB | 2/5/2024  | SEA ISLE CITY    | \$<br>208.33       |
| 10 | FEB | 2/5/2024  | NORTH WILDWOOD   | \$<br>54.59        |

# SECTION A INVESTMENT REPORT

# SUMMARY OF CASH AND INVESTMENT INSTRUMENTS ATLANTIC COUNTY MUNICIPAL JOINT INSURANCE FUND ALL FUND YEARS COMBINED

CURRENT MONTH February

CURRENT FUND YEAR 2024

| Description:                        |                     | INVESTORS LOSS  | INVESTORS EXPENSE | INVESTORS:IMPRE<br>SS | Wilmington Sweep | Wilmington Trust<br>Asset Manager | JCMI            |
|-------------------------------------|---------------------|-----------------|-------------------|-----------------------|------------------|-----------------------------------|-----------------|
|                                     | ID Number:          |                 |                   |                       |                  |                                   |                 |
|                                     | Maturity (Yrs)      |                 |                   |                       |                  |                                   |                 |
|                                     | Purchase Yield:     |                 |                   |                       |                  |                                   |                 |
|                                     | TOTAL for All       |                 |                   |                       |                  |                                   |                 |
|                                     | Accts & instruments |                 |                   |                       |                  |                                   |                 |
| Opening Cash & Investment l         | \$47,321,868.60     | 3,253,389.13    | 750.00            | 645,263.82            | 68,112.91        | 22,954,286.16                     | 20,400,066.58   |
| <b>Opening Interest Accrual Bal</b> | \$207,650.95        | -               | -                 | -                     | -                | 207,650.95                        | -               |
|                                     |                     |                 |                   |                       |                  |                                   |                 |
| 1 Interest Accrued and/or Into      | \$76,299.94         | \$0.00          | \$0.00            | \$0.00                | \$0.00           | \$76,299.94                       | \$0.00          |
| 2 Interest Accrued - discounte      | \$0.00              | \$0.00          | \$0.00            | \$0.00                | \$0.00           | \$0.00                            | \$0.00          |
| 3 zation and/or Interest Cost)      | \$0.00              | \$0.00          | \$0.00            | \$0.00                | \$0.00           | \$0.00                            | \$0.00          |
| 4 Accretion                         | \$4,617.55          | \$0.00          | \$0.00            | \$0.00                | \$0.00           | \$0.00                            | \$4,617.55      |
| 5 Interest Paid - Cash Instr.s      | \$45,319.71         | \$18,327.36     | \$0.00            | \$0.00                | \$0.00           | \$0.00                            | \$26,992.35     |
| 6 Interest Paid - Term Instr.s      | \$131,168.48        | \$0.00          | \$0.00            | \$0.00                | \$0.00           | \$131,168.48                      | \$0.00          |
| 7 Realized Gain (Loss)              | -\$205,192.14       | \$0.00          | \$0.00            | \$0.00                | \$0.00           | -\$91,606.65                      | -\$113,585.49   |
| 8 Net Investment Income             | -\$78,954.94        | \$18,327.36     | \$0.00            | \$0.00                | \$0.00           | -\$15,306.71                      | -\$81,975.59    |
| 9 Deposits - Purchases              | \$6,984,216.11      | \$4,526,595.18  | \$1,461,489.85    | \$750,000.00          | \$132,457.50     | \$113,673.58                      | \$0.00          |
| 10 (Withdrawals - Sales)            | -\$4,741,532.56     | -\$2,209,856.87 | -\$1,461,489.85   | -\$824,054.76         | -\$113,673.58    | -\$132,457.50                     | \$0.00          |
| Ending Cash & Investment Bala       | \$49,540,465.75     | \$5,588,454.80  | \$750.00          | \$571,209.06          | \$86,896.83      | \$22,975,064.07                   | \$20,318,090.99 |
| Ending Interest Accrual Balance     | \$152,782.41        | \$0.00          | \$0.00            | \$0.00                | \$0.00           | \$152,782.41                      | \$0.00          |
| Plus Outstanding Checks             | \$1,593,771.82      | \$0.00          | \$1,257,448.19    | \$336,323.63          | \$0.00           | \$0.00                            | \$0.00          |
| (Less Deposits in Transit)          | -\$112,884.25       | -\$112,884.25   | \$0.00            |                       | \$0.00           | \$0.00                            | \$0.00          |
| Balance per Bank                    | \$51,021,353.32     | \$5,475,570.55  | \$1,258,198.19    | \$907,532.69          | \$86,896.83      | \$22,975,064.07                   | \$20,318,090.99 |

|      | Investment Income Allocation    |              |              |             |                |             |              |              |                |             |                 |             |                 |
|------|---------------------------------|--------------|--------------|-------------|----------------|-------------|--------------|--------------|----------------|-------------|-----------------|-------------|-----------------|
| ETE  | Interest Allocation Flag 1=1    | 1            | 1            | 1           | 1              | 0           | 1            | 0            | 0              | 0           | 1               | 1           |                 |
|      |                                 | Property     | Liability    | Auto        | Workers Comp   | POL/EPL     | Deductible   | Cyber JIF    | MEL            | EJIF        | Admin           | Contingency | Total           |
| 2024 | Opening Cash & Investmen        | 34,286.93    | 70,238.11    | 12,628.63   | 264,843.38     | 13,390.23   | 70,449.42    | 66,324.44    | 191,538.40     | 9,538.60    | (2,012,094.47)  | 0.00        | -\$1,278,856.32 |
|      | Opening Interest Accrual Ba     | 0.00         | 0.00         | 0.00        | 0.00           | 0.00        | 0.00         | 0.00         | 0.00           | 0.00        | 0.00            | 0.00        | \$0.00          |
|      |                                 |              |              |             |                |             |              |              |                |             |                 |             |                 |
|      | 1 Interest Accrued and/or Inte  | \$53.32      | \$109.23     | \$19.64     | \$411.87       | \$0.00      | \$109.56     | \$0.00       | \$0.00         | \$0.00      | \$0.00          | \$0.00      | \$703.63        |
|      | 2 Interest Accrued - discounte  | \$0.00       | \$0.00       | \$0.00      | \$0.00         | \$0.00      | \$0.00       | \$0.00       | \$0.00         | \$0.00      | \$0.00          | \$0.00      | \$0.00          |
|      | 3 ization and/or Interest Cost) | \$0.00       | \$0.00       | \$0.00      | \$0.00         | \$0.00      | \$0.00       | \$0.00       | \$0.00         | \$0.00      | \$0.00          | \$0.00      | \$0.00          |
|      | 4 Accretion                     | \$3.23       | \$6.61       | \$1.19      | \$24.93        | \$0.00      | \$6.63       | \$0.00       | \$0.00         | \$0.00      | \$0.00          | \$0.00      | \$42.58         |
|      | 5 Interest Paid - Cash Instr.s  | \$31.67      | \$64.88      | \$11.67     | \$244.64       | \$0.00      | \$65.08      | \$0.00       | \$0.00         | \$0.00      | \$0.00          | \$0.00      | \$417.93        |
|      | 6 Interest Paid - Term Instr.s  | \$0.00       | \$0.00       | \$0.00      | \$0.00         | \$0.00      | \$0.00       | \$0.00       | \$0.00         | \$0.00      | \$0.00          | \$0.00      | \$0.00          |
|      | 7 Realized Gain (Loss)          | -\$143.40    | -\$293.75    | -\$52.82    | -\$1,107.64    | \$0.00      | -\$294.64    | \$0.00       | \$0.00         | \$0.00      | \$0.00          | \$0.00      | -\$1,892.25     |
|      | 8 Net Investment Income         | -\$55.18     | -\$113.03    | -\$20.32    | -\$426.21      | \$0.00      | -\$113.37    | \$0.00       | \$0.00         | \$0.00      | \$0.00          | \$0.00      | -\$728.11       |
|      | 9 Interest Accrued - Net Char   | \$53.32      | \$109.23     | \$19.64     | \$411.87       | \$0.00      | \$109.56     | \$0.00       | \$0.00         | \$0.00      | \$0.00          | \$0.00      | \$703.63        |
|      |                                 |              |              |             |                |             |              |              |                |             |                 |             |                 |
|      | Ending Cash & Investment        | \$212,328.05 | \$446,885.45 | \$79,278.13 | \$1,701,613.06 | \$85,239.49 | \$448,243.66 | \$422,207.84 | \$1,219,294.30 | \$60,720.79 | -\$3,052,027.02 | \$0.00      | \$1,623,783.73  |
|      | Ending Interest Accrual Bal     | \$53.32      | \$109.23     | \$19.64     | \$411.87       | \$0.00      | \$109.56     | \$0.00       | \$0.00         | \$0.00      | \$0.00          | \$0.00      | \$703.63        |

|      |                               | Property     | Liability      | Auto         | Workers Comp   | POL/EPL     | Deductible     | Cyber JIF | MEL    | EJIF   | Admin        | Contingency | Total           |
|------|-------------------------------|--------------|----------------|--------------|----------------|-------------|----------------|-----------|--------|--------|--------------|-------------|-----------------|
| 2023 | Opening Cash & Investmen      | 83,011.50    | 2,178,483.61   | 448,593.15   | 7,686,557.82   | (2,777.00)  | 2,411,794.38   | 311.00    | 0.10   | 0.00   | 417,732.45   | 0.00        | \$13,223,707.01 |
|      | Opening Interest Accrual Ba   | 577.72       | 6,945.49       | 1,428.01     | 24,890.26      | 0.00        | 7,558.68       | 0.00      | 0.00   | 0.00   | 6,953.68     | 0.00        | \$48,353.84     |
|      |                               |              |                |              |                |             |                |           |        |        |              |             |                 |
| 1    | Interest Accrued and/or Inte  | \$129.10     | \$3,387.89     | \$697.63     | \$11,953.81    | \$0.00      | \$3,750.72     | \$0.00    | \$0.00 | \$0.00 | \$649.64     | \$0.00      | \$20,568.78     |
| 2    | Interest Accrued - discounte  | \$0.00       | \$0.00         | \$0.00       | \$0.00         | \$0.00      | \$0.00         | \$0.00    | \$0.00 | \$0.00 | \$0.00       | \$0.00      | \$0.00          |
| 3    | ization and/or Interest Cost) | \$0.00       | \$0.00         | \$0.00       | \$0.00         | \$0.00      | \$0.00         | \$0.00    | \$0.00 | \$0.00 | \$0.00       | \$0.00      | \$0.00          |
| 4    | Accretion                     | \$7.81       | \$205.03       | \$42.22      | \$723.43       | \$0.00      | \$226.99       | \$0.00    | \$0.00 | \$0.00 | \$39.32      | \$0.00      | \$1,244.79      |
| 5    | Interest Paid - Cash Instr.s  | \$76.68      | \$2,012.29     | \$414.37     | \$7,100.18     | \$0.00      | \$2,227.81     | \$0.00    | \$0.00 | \$0.00 | \$385.87     | \$0.00      | \$12,217.20     |
| 6    | Interest Paid - Term Instr.s  | \$364.93     | \$4,387.30     | \$902.04     | \$15,722.60    | \$0.00      | \$4,774.65     | \$0.00    | \$0.00 | \$0.00 | \$4,392.48   | \$0.00      | \$30,544.00     |
| 7    | Realized Gain (Loss)          | -\$347.18    | -\$9,110.98    | -\$1,876.13  | -\$32,147.17   | \$0.00      | -\$10,086.75   | \$0.00    | \$0.00 | \$0.00 | -\$1,747.07  | \$0.00      | -\$55,315.28    |
| 8    | Net Investment Income         | -\$133.59    | -\$3,505.77    | -\$721.91    | -\$12,369.76   | \$0.00      | -\$3,881.23    | \$0.00    | \$0.00 | \$0.00 | -\$672.25    | \$0.00      | -\$21,284.51    |
| 9    | Interest Accrued - Net Chan   | -\$235.84    | -\$999.42      | -\$204.41    | -\$3,768.79    | \$0.00      | -\$1,023.92    | \$0.00    | \$0.00 | \$0.00 | -\$3,742.84  | \$0.00      | -\$9,975.21     |
|      | Ending Cash & Investment      | \$116,695.64 | \$2,172,279.26 | \$439,956.43 | \$7,457,430.53 | -\$2,777.00 | \$2,408,937.07 | \$311.00  | \$0.10 | \$0.00 | \$409,686.41 | \$0.00      | \$13,002,519.44 |
|      | Ending Interest Accrual Bal   | \$341.88     | \$5,946.07     | \$1,223.60   | \$21,121.47    | \$0.00      | \$6,534,76     | \$0.00    | \$0.00 | \$0.00 | \$3,210.84   | \$0.00      | \$38,378.63     |

|      |                                 | Property     | Liability      | Auto         | Workers Comp   | POL/EPL     | Deductible     | Cyber JIF | MEL     | EJIF   | Admin        | Contingency  | Total          |
|------|---------------------------------|--------------|----------------|--------------|----------------|-------------|----------------|-----------|---------|--------|--------------|--------------|----------------|
| 2022 | Opening Cash & Investmen        | 109,724.56   | 2,060,643.83   | 401,566.31   | 3,532,866.16   | (6,106.60)  | 2,047,704.35   | 0.00      | (0.50)  | 0.00   | 366,396.80   | 436,869.63   | \$8,949,664.54 |
|      | Opening Interest Accrual Ba     | 221.66       | 8,025.11       | 1,547.10     | 14,170.13      | 0.00        | 7,905.00       | 0.00      | 0.00    | 0.00   | 8,513.43     | 1,682.40     | \$42,064.84    |
|      | 1 Interest Accrued and/or Inte  | \$170.64     | \$3,204.63     | \$624.50     | \$5,494.16     | \$0.00      | \$3,184.50     | \$0.00    | \$0.00  | \$0.00 | \$569.80     | \$679.40     | \$13,927.64    |
|      | 2 Interest Accrued - discounte  | \$0.00       | \$0.00         | \$0.00       | \$0.00         | \$0.00      | \$0.00         | \$0.00    | \$0.00  | \$0.00 | \$0.00       | \$0.00       | \$0.00         |
|      | 3 ization and/or Interest Cost) | \$0.00       | \$0.00         | \$0.00       | \$0.00         | \$0.00      | \$0.00         | \$0.00    | \$0.00  | \$0.00 | \$0.00       | \$0.00       | \$0.00         |
|      | 4 Accretion                     | \$10.33      | \$193.94       | \$37.79      | \$332.50       | \$0.00      | \$192.72       | \$0.00    | \$0.00  | \$0.00 | \$34.48      | \$41.12      | \$842.88       |
|      | 5 Interest Paid - Cash Instr.s  | \$101.35     | \$1,903.44     | \$370.93     | \$3,263.36     | \$0.00      | \$1,891.49     | \$0.00    | \$0.00  | \$0.00 | \$338.45     | \$403.54     | \$8,272.57     |
|      | 6 Interest Paid - Term Instr.s  | \$140.02     | \$5,069.28     | \$977.27     | \$8,950.94     | \$0.00      | \$4,993.41     | \$0.00    | \$0.00  | \$0.00 | \$5,377.74   | \$1,062.73   | \$26,571.38    |
|      | 7 Realized Gain (Loss)          | -\$458.90    | -\$8,618.15    | -\$1,679.45  | -\$14,775.36   | \$0.00      | -\$8,564.03    | \$0.00    | \$0.00  | \$0.00 | -\$1,532.37  | -\$1,827.10  | -\$37,455.36   |
|      | 8 Net Investment Income         | -\$176.58    | -\$3,316.14    | -\$646.23    | -\$5,685.34    | \$0.00      | -\$3,295.31    | \$0.00    | \$0.00  | \$0.00 | -\$589.63    | -\$703.04    | -\$14,412.27   |
|      | 9 Interest Accrued - Net Chan   | \$30.62      | -\$1,864.65    | -\$352.77    | -\$3,456.78    | \$0.00      | -\$1,808.90    | \$0.00    | \$0.00  | \$0.00 | -\$4,807.93  | -\$383.33    | -\$12,643.74   |
|      | Ending Cash & Investment        | \$109,517.36 | \$2,040,033.36 | \$398,456.85 | \$3,470,826.91 | -\$6,106.60 | \$2,046,217.94 | \$0.00    | -\$0.50 | \$0.00 | \$358,441.37 | \$436,549.93 | \$8,853,936.62 |
|      | Ending Interest Accrual Bal     | \$252.28     | \$6,160.46     | \$1,194.33   | \$10,713.35    | \$0.00      | \$6,096.10     | \$0.00    | \$0.00  | \$0.00 | \$3,705.50   | \$1,299.07   | \$29,421.09    |

|      |                                 | Property     | Liability      | Auto         | Workers Comp | POL/EPL      | Deductible     | Cyber JIF | MEL         | EJIF   | Admin        | Contingency | Total          |
|------|---------------------------------|--------------|----------------|--------------|--------------|--------------|----------------|-----------|-------------|--------|--------------|-------------|----------------|
| 2021 | Opening Cash & Investmen        | 218,209.09   | 1,569,784.87   | 287,894.21   | 444,730.86   | (45,632.79)  | 1,857,150.36   | 0.00      | 45,631.00   | 0.00   | 207,795.42   | 0.00        | \$4,585,563.02 |
|      | Opening Interest Accrual B      | 730.75       | 6,986.23       | 1,284.17     | 3,695.69     | 0.00         | 7,756.00       | 0.00      | 0.00        | 0.00   | 900.94       | 0.00        | \$21,353.78    |
|      | 1 Interest Accrued and/or Inte  | \$339.35     | \$2,441.26     | \$447.72     | \$691.63     | \$0.00       | \$2,888.16     | \$0.00    | \$0.00      | \$0.00 | \$323.15     | \$0.00      | \$7,131.28     |
|      | 2 Interest Accrued - discounter | \$0.00       | \$0.00         | \$0.00       | \$0.00       | \$0.00       | \$0.00         | \$0.00    | \$0.00      | \$0.00 | \$0.00       | \$0.00      | \$0.00         |
|      | 3 ization and/or Interest Cost) | \$0.00       | \$0.00         | \$0.00       | \$0.00       | \$0.00       | \$0.00         | \$0.00    | \$0.00      | \$0.00 | \$0.00       | \$0.00      | \$0.00         |
|      | 4 Accretion                     | \$20.54      | \$147.74       | \$27.10      | \$41.86      | \$0.00       | \$174.79       | \$0.00    | \$0.00      | \$0.00 | \$19.56      | \$0.00      | \$431.57       |
|      | 5 Interest Paid - Cash Instr.s  | \$201.56     | \$1,450.03     | \$265.93     | \$410.80     | \$0.00       | \$1,715.47     | \$0.00    | \$0.00      | \$0.00 | \$191.94     | \$0.00      | \$4,235.75     |
|      | 6 Interest Paid - Term Instr.s  | \$461.60     | \$4,413.04     | \$811.18     | \$2,334.48   | \$0.00       | \$4,899.28     | \$0.00    | \$0.00      | \$0.00 | \$569.10     | \$0.00      | \$13,488.69    |
|      | 7 Realized Gain (Loss)          | -\$912.61    | -\$6,565.25    | -\$1,204.05  | -\$1,859.98  | \$0.00       | -\$7,767.08    | \$0.00    | \$0.00      | \$0.00 | -\$869.05    | \$0.00      | -\$19,178.02   |
|      | 8 Net Investment Income         | -\$351.16    | -\$2,526.21    | -\$463.30    | -\$715.69    | \$0.00       | -\$2,988.66    | \$0.00    | \$0.00      | \$0.00 | -\$334.40    | \$0.00      | -\$7,379.42    |
|      | 9 Interest Accrued - Net Char   | -\$122.25    | -\$1,971.78    | -\$363.46    | -\$1,642.86  | \$0.00       | -\$2,011.12    | \$0.00    | \$0.00      | \$0.00 | -\$245.95    | \$0.00      | -\$6,357.41    |
|      | Ending Cash & Investment        | \$228,764.68 | \$1,585,285.94 | \$279,502.51 | \$288,702.79 | -\$45,632.79 | \$1,856,172.83 | \$0.00    | \$45,631.00 | \$0.00 | \$207,706.97 | \$0.00      | \$4,446,133.93 |
| 1    | Ending Interest Accrual Bal     | \$608.50     | \$5,014.46     | \$920.71     | \$2,052.84   | \$0.00       | \$5,744.88     | \$0.00    | \$0.00      | \$0.00 | \$654.99     | \$0.00      | \$14,996.37    |

|      |                                 | Property     | Liability    | Auto         | Workers Comp | POL/EPL      | Deductible     | Cyber JIF | MEL         | EJIF   | Admin        | Contingency | Total          |  |
|------|---------------------------------|--------------|--------------|--------------|--------------|--------------|----------------|-----------|-------------|--------|--------------|-------------|----------------|--|
| 2020 | Opening Cash & Investmen        | 176,052.24   | 662,682.69   | 209,634.20   | 486,974.27   | (35,019.56)  | 1,947,921.97   | 0.00      | 34,245.80   | 0.00   | 142,122.90   | 38,526.28   | \$3,663,140.79 |  |
|      | Opening Interest Accrual B      | 721.46       | 4,003.11     | 910.59       | 3,339.71     | 0.00         | 8,135.09       | 0.00      | 0.00        | 0.00   | 617.51       | 160.91      | \$17,888.38    |  |
|      | 1 Interest Accrued and/or Inte  | \$273.79     | \$1,030.58   | \$326.01     | \$757.32     | \$0.00       | \$3,029.33     | \$0.00    | \$0.00      | \$0.00 | \$221.02     | \$59.91     | \$5,697.96     |  |
|      | 2 Interest Accrued - discounte  | \$0.00       | \$0.00       | \$0.00       | \$0.00       | \$0.00       | \$0.00         | \$0.00    | \$0.00      | \$0.00 | \$0.00       | \$0.00      | \$0.00         |  |
|      | 3 ization and/or Interest Cost) | \$0.00       | \$0.00       | \$0.00       | \$0.00       | \$0.00       | \$0.00         | \$0.00    | \$0.00      | \$0.00 | \$0.00       | \$0.00      | \$0.00         |  |
|      | 4 Accretion                     | \$16.57      | \$62.37      | \$19.73      | \$45.83      | \$0.00       | \$183.33       | \$0.00    | \$0.00      | \$0.00 | \$13.38      | \$3.63      | \$344.83       |  |
|      | 5 Interest Paid - Cash Instr.s  | \$162.62     | \$612.13     | \$193.64     | \$449.82     | \$0.00       | \$1,799.32     | \$0.00    | \$0.00      | \$0.00 | \$131.28     | \$35.59     | \$3,384.41     |  |
|      | 6 Interest Paid - Term Instr.s  | \$455.73     | \$2,528.67   | \$575.20     | \$2,109.62   | \$0.00       | \$5,138.74     | \$0.00    | \$0.00      | \$0.00 | \$390.07     | \$101.64    | \$11,299.67    |  |
|      | 7 Realized Gain (Loss)          | -\$736.30    | -\$2,771.51  | -\$876.74    | -\$2,036.65  | \$0.00       | -\$8,146.71    | \$0.00    | \$0.00      | \$0.00 | -\$594.39    | -\$161.13   | -\$15,323.44   |  |
|      | 8 Net Investment Income         | -\$283.32    | -\$1,066.44  | -\$337.36    | -\$783.67    | \$0.00       | -\$3,134.74    | \$0.00    | \$0.00      | \$0.00 | -\$228.71    | -\$62.00    | -\$5,896.24    |  |
|      | 9 Interest Accrued - Net Chan   | -\$181.94    | -\$1,498.10  | -\$249.19    | -\$1,352.29  | \$0.00       | -\$2,109.42    | \$0.00    | \$0.00      | \$0.00 | -\$169.05    | -\$41.73    | -\$5,601.71    |  |
|      | Ending Cash & Investment        | \$142,988.78 | \$526,646.65 | \$203,179.28 | \$446,257.25 | -\$35,019.56 | \$1,946,896.65 | \$0.00    | \$34,245.80 | \$0.00 | \$142,063.23 | \$38,506.01 | \$3,445,764.09 |  |
|      | Ending Interest Accrual Bal     | \$539.52     | \$2,505.02   | \$661.41     | \$1,987.41   | \$0.00       | \$6,025.67     | \$0.00    | \$0.00      | \$0.00 | \$448.47     | \$119.18    | \$12,286.67    |  |

|                                    | Property   | Liability | Auto   | Workers Comp | POL/EPL | Deductible | Cyber JIF | MEL    | EJIF   | Admin           | Contingency | Total           |
|------------------------------------|------------|-----------|--------|--------------|---------|------------|-----------|--------|--------|-----------------|-------------|-----------------|
| Closed FY Opening Cash & Investmen | 427.20     | 0.00      | 0.00   | 0.00         | 0.00    | 0.00       | 0.00      | 0.00   | 0.00   | 15,731,011.27   | 0.00        | \$15,731,438.47 |
| Opening Interest Accrual B         | 0.00       | 0.00      | 0.00   | 0.00         | 0.00    | 0.00       | 0.00      | 0.00   | 0.00   | 68,231.12       | 0.00        | \$68,231.12     |
| 1 Interest Accrued and/or Inte     | \$0.66     | \$0.00    | \$0.00 | \$0.00       | \$0.00  | \$0.00     | \$0.00    | \$0.00 | \$0.00 | \$24,464.20     | \$0.00      | \$24,464.87     |
| 2 Interest Accrued - discounte     | \$0.00     | \$0.00    | \$0.00 | \$0.00       | \$0.00  | \$0.00     | \$0.00    | \$0.00 | \$0.00 | \$0.00          | \$0.00      | \$0.00          |
| 3 ization and/or Interest Cost)    | \$0.00     | \$0.00    | \$0.00 | \$0.00       | \$0.00  | \$0.00     | \$0.00    | \$0.00 | \$0.00 | \$0.00          | \$0.00      | \$0.00          |
| 4 Accretion                        | \$0.04     | \$0.00    | \$0.00 | \$0.00       | \$0.00  | \$0.00     | \$0.00    | \$0.00 | \$0.00 | \$1,480.53      | \$0.00      | \$1,480.57      |
| 5 Interest Paid - Cash Instr.s     | \$0.39     | \$0.00    | \$0.00 | \$0.00       | \$0.00  | \$0.00     | \$0.00    | \$0.00 | \$0.00 | \$14,530.95     | \$0.00      | \$14,531.34     |
| 6 Interest Paid - Term Instr.s     | \$0.00     | \$0.00    | \$0.00 | \$0.00       | \$0.00  | \$0.00     | \$0.00    | \$0.00 | \$0.00 | \$43,100.01     | \$0.00      | \$43,100.01     |
| 7 Realized Gain (Loss)             | -\$1.79    | \$0.00    | \$0.00 | \$0.00       | \$0.00  | \$0.00     | \$0.00    | \$0.00 | \$0.00 | -\$65,791.16    | \$0.00      | -\$65,792.95    |
| 8 Net Investment Income            | -\$0.69    | \$0.00    | \$0.00 | \$0.00       | \$0.00  | \$0.00     | \$0.00    | \$0.00 | \$0.00 | -\$25,315.48    | \$0.00      | -\$25,316.17    |
| 9 Interest Accrued - Net Char      | \$0.66     | \$0.00    | \$0.00 | \$0.00       | \$0.00  | \$0.00     | \$0.00    | \$0.00 | \$0.00 | -\$18,635.81    | \$0.00      | -\$18,635.15    |
| Ending Cash & Investment           | \$1,987.61 | \$0.00    | \$0.00 | \$0.00       | \$0.00  | \$0.00     | \$0.00    | \$0.00 | \$0.00 | \$15,720,708.60 | \$0.00      | \$15,722,696.21 |
| Ending Interest Accrual Bal        | \$0.66     | \$0.00    | \$0.00 | \$0.00       | \$0.00  | \$0.00     | \$0.00    | \$0.00 | \$0.00 | \$49,595.31     | \$0.00      | \$49,595.98     |

| ALL INVESTMENTS JCMI-from statement  | 2024<br>JANUARY                             | 2024<br>FEBRUARY                | 2024<br>MARCH   | 2024<br>APRIL   | 2024<br>MAY     | 2024<br>JUNE    | 2024<br>JULY    | 2024<br>AUGUST                   | 2024<br>SEPTEMBER                 | 2024<br>OCTOBER | 2024<br>NOVEMBER                 | 2024<br>DECEMBER                 | 2024<br>TOTAL       | MARCH, 2021<br>FROM INCEPTION |          |                                |
|--|---|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------------------------|-----------------------------------|-----------------|----------------------------------|----------------------------------|---------------------|-------------------------------|----------|--------------------------------|
| OPENING<br>INVESTMENT<br>INTEREST  | \$20,334,047.19                             | \$ 20,400,066.58                |                 |                 |                 |                 |                 |                                  | \$ 20,318,090.99                  |                 | \$20,318,090.99                  | \$20,318,090.99                  | \$ -<br>\$ 72,535.8 | \$21,000,000.00               | INTEREST | 2024 INTEREST<br>\$ 72,535.81  |
| ACTIVITY: REALIZED GAIN/LOSS UNREALIED GAIN/LOSS ACCRETION/AMORTIZATION TOTAL ACTIVITY | \$ 27,597.92<br>\$ 4,250.39<br>\$ 31,848.31 |                                 | \$ -            | \$ -            | \$ -            | \$ -            | \$ -            | \$ -                             | \$ -                              | \$ -            | \$ -                             | \$ -                             | \$ (77,119.6        | 53) \$ (2,051,536.28)         |          |                                |
| ADMINISTRATIVE EXPENSES: TRUSTEE INVESTMENT ADVISORY CONSULTING MISC.                  | \$ 510.07<br>\$ 1,190.17<br>\$ 510.07       | \$ 8,146.01                     |                 |                 |                 |                 |                 |                                  |                                   |                 |                                  |                                  |                     |                               |          |                                |
| TOTAL ADMINISTRATIVE EXPENSES  | \$ 2,210.31                                 | \$ 9,162.07                     | \$ -            | \$ -            | \$ -            | \$ -            | \$ -            | \$ -                             | \$ -                              | \$ -            | \$ -                             | \$ -                             | \$ 11,372.3         | \$ 55,435.17                  |          |                                |
| REDEEMED<br>BALANCE  | \$20,400,066.58                             | \$ 20,318,090.99                | \$20,318,090.99 | \$20,318,090.99 | \$20,318,090.99 | \$20,318,090.99 | \$20,318,090.99 | \$20,318,090.99                  | \$ 20,318,090.99                  | \$20,318,090.99 | \$20,318,090.99                  | \$20,318,090.99                  |                     | \$ -<br>\$19,380,275.59       |          |                                |
| CITIZENS   | \$ 18,226.52                                | \$ 4,956.25                     |                 |                 |                 |                 |                 |                                  |                                   |                 |                                  |                                  | \$ 23,182.7         | 77 <                          | <        | \$ 23,182.77                   |
| CITIZENS SWEEP ACCOUNT   | \$ 2,761.42                                 | \$ 13,371.11                    |                 |                 |                 |                 |                 |                                  |                                   |                 |                                  |                                  | \$ 16,132.5         | 53 <                          | <        | \$ 16,132.53                   |
| TREASURY-from analysis pro<br>OPENING BALANCE<br>OPENING BALANCE-INTEREST ACCRUAL      | \$22,617,786.58                             | \$ 22,954,286.16                |                 |                 |                 |                 |                 |                                  | \$ 22,975,064.07<br>\$ 152,782.41 |                 |                                  |                                  |                     |                               |          |                                |
| INTEREST ACCRUED ACCRETION/AMORTIZATION REALIZED                                       | \$ 84,165.58                                | \$ 76,299.94                    |                 |                 |                 |                 |                 |                                  |                                   |                 |                                  |                                  |                     |                               |          |                                |
| DIVIDEND RECEIVED INTEREST RECEIVED REALIZED/UNREALIZED GAIN (LOSS)                    | \$ 386,579.21<br>\$ 14,686.01               |                                 |                 |                 |                 |                 |                 |                                  |                                   |                 |                                  |                                  | \$ 517,747.6        | <u> </u>                      | <        | \$ 517,747.69<br>\$ 629,598.80 |
| TRANSFER IN:<br>TRANSFER OUT:  | \$ 7,114,677.49<br>\$ (7,179,443.13)        |                                 |                 |                 |                 |                 |                 |                                  |                                   |                 |                                  |                                  |                     |                               |          |                                |
| ENDING CASH &INVESTMENT<br>ENDING INTEREST ACCRUAL                                     | \$22,954,286.16<br>\$ 207,650.95            |                                 |                 |                 |                 |                 |                 | \$22,975,064.07<br>\$ 152,782.41 |                                   |                 | \$22,975,064.07<br>\$ 152,782.41 | \$22,975,064.07<br>\$ 152,782.41 |                     |                               |          |                                |
| INTEREST<br>EFFECT ON CASH POSITION  | \$ 386,579.21<br>\$ 14,686.01               | \$ 131,168.48<br>\$ (91,606.65) | \$ -            | \$ -            | \$ -            | \$ -            | \$ -            | \$ -                             | \$ -                              | \$ -            | \$ -                             | \$ -                             |                     |                               |          |                                |
| MANAGEMENT FEE   | \$ 2,835.60                                 | \$ -                            |                 |                 |                 |                 |                 |                                  |                                   |                 |                                  |                                  | \$ 2,835.6          | ó0 <                          |          |                                |
| FROM ACMCIR FILE NET INVESTMENT INCOME   | \$ 183,023.42                               | \$ (78,954.94)                  |                 |                 |                 |                 |                 |                                  |                                   |                 |                                  |                                  | \$ 104,068.4        | 18                            |          |                                |



Corporate Headquarters 1100 North Market Street Wilmington, DE 19890-0001

#### **Accounts Included**

WILMINGTON TRUST, NA AS INVESTMENT AGENT UNDER AGREEMENT DATED 2/23/2017 WITH ATLANTIC COUNTY MUNICIPAL MANAGEMENT JOINT INSURANCE FUND



#### **Accounting Statement**

20772-000 ATLANTIC COUNTY MUNICIPAL JIF

February 01, 2024 - February 29, 2024

#### **Your Portfolio at a Glance**

Opening Market Value w/Accrued Income \$23,161,937.11

Net of Contributions & Withdrawals -\$18,783.92

Net Investment Change -\$15,306.71

Closing Market Value w/Accrued Income \$23,127,846.48

#### **Your Relationship Team**

ZIA E QASIM (302) 651-8413

Senior Portfolio Manager zqasim@wilmingtontrust.com

SUSAN T O'NEAL (302) 636-6448

ICS Relationship Manager so'neal@wilmingtontrust.com

JOHN HANSEN ATLANTIC COUNTY MUNICIPAL JIF PO BOX 97 OCEAN CITY, NJ 08226



# Accounting Statement (120772-000) ATLANTIC COUNTY MUNICIPAL JIF February 01, 2024 - February 29, 2024

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Please see Glossary for descriptions of key fields depicted in this statement.



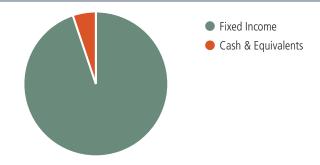
#### **Relationship Summary**

120772-000 ATLANTIC COUNTY MUNICIPAL JIF

February 01, 2024 - February 29, 2024

#### **Asset Allocation**

| Asset Class        | Total<br>Market Value | Allocation<br>(%) |
|--------------------|-----------------------|-------------------|
| Fixed Income       | \$21,790,316.64       | 94.84%            |
| Cash & Equivalents | 1,184,747.43          | 5.16              |
| TOTAL              | \$22,975,064.07       | 100%              |



#### **Accrued Income by Asset Class Summary**

|                    |                 | Accrued      | Market Value +  | Estimat       | ed ——     |
|--------------------|-----------------|--------------|-----------------|---------------|-----------|
| Asset Class        | Market Value    | Income       | Accrued Income  | Annual Income | Yield (%) |
| Fixed Income       | \$21,790,316.64 | \$118,490.11 | \$21,908,806.75 | \$897,626.25  | 4.12%     |
| Cash & Equivalents | 1,184,747.43    | 34,292.30    | 1,219,039.73    | 62,909.90     | 5.31      |
| TOTAL              | \$22,975,064.07 | \$152,782.41 | \$23,127,846.48 | \$960,536.15  | 4.18%     |

Market Values may be generated using market quotations, closing price, mean bid or ask, or estimated market value obtained from quotation services. Mutual fund balances are incorporated into appropriate asset classifications. Derivative instruments are classified based upon the corresponding underlying security and does not represent a comprehensive risk assessment of your account.

Asset values will fluctuate. **Estimated Annual Income** is provided for comparison purposes only. Estimated Annual Income is based on historical data or other assumptions and is not a guarantee of future results. This report should not be used to prepare tax documents.

Yield for Cash & Equivalents is calculated based on Market Value of investments and does not include Uninvested Cash (Cash Balance) or Cash Payables and Receivables for pending trades.



#### **Portfolio Valuations & Activity Summary**

| Category                              | <b>Current Period</b> | Year-to-Date    |
|---------------------------------------|-----------------------|-----------------|
| Opening Market Value                  | \$22,954,286.16       | \$22,617,786.58 |
| Accrued Income                        | 207,650.95            | 510,064.58      |
| Opening Market Value w/Accrued Income | \$23,161,937.11       | \$23,127,851.16 |
| Contributions                         |                       |                 |
| Cash Receipts                         | 113,673.58            | 7,228,351.07    |
| Intra-Account Transfers               | -                     | -               |
| Other Receipts                        | -                     | -               |
| Securities Transferred In             | -                     | -               |
| Tax Refunds                           | -                     | -               |
| Total Contributions                   | \$113,673.58          | \$7,228,351.07  |
| Withdrawals                           |                       |                 |
| Cash Disbursements                    | -                     | -               |
| Intra-Account Transfers               | -                     | -               |
| Other Disbursements                   | -132,457.50           | -7,311,900.63   |
| Other Fees                            | -                     | -               |
| Securities Transferred Out            | -                     | -               |
| Tax Payments                          | -                     | -               |
| Taxes Withheld                        | -                     | -               |
| Wilmington Trust Fees                 | -                     | -               |
| Total Withdrawals                     | -\$132,457.50         | -\$7,311,900.63 |
| Net Contributions & Withdrawals       | -\$18,783.92          | -\$83,549.56    |
| Closing Market Value                  | 22,975,064.07         | 22,975,064.07   |
| Accrued Income                        | 152,782.41            | 152,782.41      |
| Closing Market Value w/Accrued Income | \$23,127,846.48       | \$23,127,846.48 |
| Net Investment Change                 | -\$15,306.71          | \$83,544.88     |
| Net Investment Change Detail          | Current Period        | Year-to-Date    |
| Net Investment Change                 | -\$15,306.71          | \$83,544.88     |
| Income Earned                         |                       |                 |
| Dividends                             | -                     | -               |
| Net Interest                          | 131,168.48            | 517,747.69      |
| Other Income                          | -                     | -               |
| Change in Accrual                     | -54,868.54            | -357,282.17     |
| Total Income Earned                   | \$76,299.94           | \$160,465.52    |
|                                       |                       |                 |

#### **Relationship Summary** (continued)

ATLANTIC COUNTY MUNICIPAL JIF

February 01, 2024 - February 29, 2024

#### **Income Received Summary**

| Category         | Current Period | Year-to-Date |
|------------------|----------------|--------------|
| Taxable          |                |              |
| Dividends        | -              | -            |
| Interest         | 132,457.50     | 561,178.65   |
| Other Income     | -              | -            |
| Total Taxable    | \$132,457.50   | \$561,178.65 |
| Tax-Exempt       |                |              |
| Dividends        | -              | -            |
| Interest         | -              | -            |
| Other Income     | -              | -            |
| Total Tax-Exempt | -              | -            |
| TOTAL RECEIVED   | \$132,457.50   | \$561,178.65 |

**Actual income received** may differ from that presented on this schedule due to restatements related to corporate actions. Purchase of Accrued Interest on securities is not included in the Summary. Taxable and Tax-exempt status is determined by security, rather than account type, so tax-exempt accounts may have holdings included in the Taxable category. This is not a tax document and should not be used for tax preparation.

#### **Realized Gain/Loss Summary**

| Category         | Current Period | Year-to-Date |
|------------------|----------------|--------------|
| Short Term       |                |              |
| Gain             | -              | -            |
| Loss             | -              | -            |
| Total Short Term | -              | -            |
| Long Term        |                |              |
| Gain             | -              | -            |
| Loss             | -              | -            |
| Total Long Term  | -              | -            |
| TOTAL GAIN/LOSS  | -              | -            |

**Realized Gain/Loss estimates** are preliminary, are reliant upon accurate cost basis information, and may not reflect all cost basis adjustments. Corporate actions and income reclassifications will alter a holding's basis and subsequent gain/loss values. Gain/Loss estimates include results for both Taxable and Tax-exempt accounts. This is not a tax document and should not be used for tax preparation.

Management and advisory fees charged through accounts not listed under the Market Value Summary will not be shown in this schedule. Transactions classified in Other (Receipts, Fees, and Disbursements) categories are identified in the Transaction Activity Detail.

Market Appreciation reflects your Closing Market Value w/Accrued Income, less the net of contributions, withdrawals, and income earned, less your Opening Market Value w/Accrued Income.

tions, withdrawals, and income earned, less your Opening Market Value w/Accrued Income



#### **Relationship Summary** (continued)

#### 120772-000 - ATLANTIC COUNTY MUNICIPAL JIF

February 01, 2024 - February 29, 2024

#### **Cash Activity Summary**

| Category                           | Current Period Cash | Year-to-Date Cash |
|------------------------------------|---------------------|-------------------|
| Opening Balance                    | -                   | -                 |
| Receipts                           |                     |                   |
| Cash Receipts                      | 113,673.58          | 7,228,351.07      |
| Dividends                          | -                   | -                 |
| Intra-Account Transfers            | -                   | -                 |
| Maturities                         | -                   | 6,750,721.98      |
| Net Interest                       | 131,168.48          | 517,747.69        |
| Other Income                       | -                   | -                 |
| Other Receipts                     | -                   | -                 |
| Sales                              | -                   | -                 |
| Tax Refunds                        | -                   | -                 |
| Total Receipts                     | \$244,842.06        | \$14,496,820.74   |
| Disbursements                      |                     |                   |
| Cash Disbursements                 | -                   | -                 |
| Intra-Account Transfers            | -                   | -                 |
| Other Disbursements                | -132,457.50         | -7,311,900.63     |
| Other Fees                         | -                   | -                 |
| Purchases                          | -112,384.56         | -7,184,920.11     |
| Tax Payments                       | -                   | -                 |
| Taxes Withheld                     | -                   | -                 |
| Wilmington Trust Fees              | -                   | -                 |
| Total Disbursements                | -\$244,842.06       | -\$14,496,820.74  |
| TOTAL CLOSING BALANCE              | -                   | -                 |
| Net Total Payables and Receivables | -                   |                   |
| NET OF CASH BALANCE                | -                   |                   |

Opening and Total Closing Balances include holdings of cash and money market funds in USD currency. Pending purchases, pending sales and foreign currency holdings are not included.



#### **Asset Allocation**

#### 120772-000 - ATLANTIC COUNTY MUNICIPAL JIF

February 01, 2024 - February 29, 2024

#### **Asset & Sub Asset Allocation**

| Asset Class               | Total Market<br>Value (%) | Closing<br>Market Value | Cost            | Unrealized<br>Gain/Loss | Accrued Income | Market Value<br>w/ Accrued Income |
|---------------------------|---------------------------|-------------------------|-----------------|-------------------------|----------------|-----------------------------------|
| ■ Fixed Income            |                           |                         |                 |                         |                |                                   |
| U.S. Taxable Fixed Income | 94.84%                    | \$21,790,316.64         | \$21,797,438.05 | -\$7,121.41             | \$118,490.11   | \$21,908,806.75                   |
| Total Fixed Income        | 94.84%                    | \$21,790,316.64         | \$21,797,438.05 | -\$7,121.41             | \$118,490.11   | \$21,908,806.75                   |
| Cash & Equivalents        |                           |                         |                 |                         |                |                                   |
| Taxable                   | 5.16                      | 1,184,747.43            | 1,184,747.43    | -                       | 34,292.30      | 1,219,039.73                      |
| Total Cash & Equivalents  | 5.16%                     | \$1,184,747.43          | \$1,184,747.43  | -                       | \$34,292.30    | \$1,219,039.73                    |
| TOTAL ASSETS              | 100%                      | \$22.975.064.07         | \$22.982.185.48 | -\$7.121.41             | \$152.782.41   | \$23,127,846,48                   |



#### **Holdings Detail**

#### 72-000 - ATLANTIC COUNTY MUNICIPAL JIF

February 01, 2024 - February 29, 2024

#### **■** Fixed Income

| Security Name   | Quantity  | Market Price | Market Value   | Cost           | Unrealized<br>Gain/Loss | Accrued<br>Income | Estimated<br>Annual Income |      | Yield to<br>Worst<br>(%) | Market<br>Value<br>(%) |
|---|-----------|--------------|----------------|----------------|-------------------------|-------------------|----------------------------|------|--------------------------|------------------------|
| U.S. Taxable Fixed Income   |           |              |                |                |                         |                   |                            |      |                          |                        |
| U.S. Treasury Bonds<br>UNITED STATES TREASURY NOTES DTD<br>06/30/2022 3.000% 06/30/2024<br>CUSIP: 91282CEX5<br>Moody's: AAA | 3,041,000 | \$99.223     | \$3,017,371.43 | \$2,993,935.00 | \$23,436.43             | \$15,288.54       | \$91,230.00                | 0.33 | 5.41%                    | 13.13%                 |
| UNITED STATES TREASURY NOTES DTD<br>01/31/2023 4.125% 01/31/2025<br>CUSIP: 91282CGG0<br>Moody's: AAA                        | 3,000,000 | 99.133       | 2,973,990.00   | 2,981,367.19   | -7,377.19               | 10,199.18         | 123,750.00                 | 0.89 | 5.09                     | 12.94                  |
| UNITED STATES TREASURY NOTES DTD 02/28/2023 4.625% 02/28/2025 CUSIP: 91282CGN5 Moody's: AAA                                 | 3,724,000 | 99.582       | 3,708,433.68   | 3,700,725.00   | 7,708.68                | 468.03            | 172,235.00                 | 0.94 | 5.04                     | 16.14                  |
| UNITED STATES TREASURY NOTES DTD 03/31/2023 3.875% 03/31/2025 CUSIP: 91282CGU9 Moody's: AAA                                 | 2,380,000 | 98.820       | 2,351,916.00   | 2,350,900.78   | 1,015.22                | 38,764.90         | 92,225.00                  | 1.03 | 5.00                     | 10.24                  |
| UNITED STATES TREASURY NOTES DTD 06/30/2023 4.625% 06/30/2025 CUSIP: 91282CHL8 Moody's: AAA                                 | 4,625,000 | 99.684       | 4,610,385.00   | 4,613,076.17   | -2,691.17               | 35,846.93         | 213,906.25                 | 1.27 | 4.88                     | 20.07                  |
| UNITED STATES TREASURY NOTES DTD<br>01/15/2023 3.875% 01/15/2026<br>CUSIP: 91282CGE5<br>Moody's: AAA                        | 2,880,000 | 98.570       | 2,838,816.00   | 2,855,475.00   | -16,659.00              | 14,103.30         | 111,600.00                 | 1.78 | 4.69                     | 12.36                  |



#### **Holdings Detail**

#### 120772-000 ATLANTIC COUNTY MUNICIPAL JIF

February 01, 2024 - February 29, 2024

#### **■ Fixed Income** (continued)

| Security Name   | Quantity  | Market Price | Market Value    | Cost            | Unrealized<br>Gain/Loss | Accrued<br>Income | Estimated<br>Annual Income | Effective<br>Duration | Yield to<br>Worst<br>(%) | Market<br>Value<br>(%) |
|---|-----------|--------------|-----------------|-----------------|-------------------------|-------------------|----------------------------|-----------------------|--------------------------|------------------------|
| UNITED STATES TREASURY NOTES DTD 02/15/2023 4.000% 02/15/2026 CUSIP: 91282CGL9 Moody's: AAA | 2,317,000 | \$98.809     | \$2,289,404.53  | \$2,301,958.91  | -\$12,554.38            | \$3,819.23        | \$92,680.00                | 1.86                  | 4.66%                    | 9.96%                  |
| Total U.S. Treasury Bonds   |           |              | \$21,790,316.64 | \$21,797,438.05 | -\$7,121.41             | \$118,490.11      | \$897,626.25               | 1.13                  | 4.97%                    | 94.84%                 |
| Total U.S. Taxable Fixed Income   |           |              | \$21,790,316.64 | \$21,797,438.05 | -\$7,121.41             | \$118,490.11      | \$897,626.25               | 1.13                  | 4.97%                    | 94.84%                 |
| TOTAL FIXED INCOME  |           |              | \$21,790,316.64 | \$21,797,438.05 | -\$7,121.41             | \$118,490.11      | \$897,626.25               | 1.13                  | 4.97%                    | 94.84%                 |

#### ■ Cash & Equivalents

| Security Name  | Quantity  | Market Price | Market Value                           | Cost            | Unrealized<br>Gain/Loss | Accrued<br>Income | Estimated<br>Annual Income |      | Yield to<br>Worst<br>(%) | Market<br>Value<br>(%) |
|--|-----------|--------------|--|-----------------|-------------------------|-------------------|----------------------------|------|--------------------------|------------------------|
| Taxable  |           |              |  |                 |                         |                   |                            |      |                          |                        |
| U.S. Treasury Bills<br>UNITED STATES TREASURY BILLS DTD<br>08/10/2023 DUE 08/08/2024<br>CUSIP: 912797GK7 | 1,247,000 | \$95.01      | \$1,184,747.43                         | \$1,184,747.43  | -                       | \$34,292.30       | \$62,909.90                | 0.45 | 5.04%                    | 5.16%                  |
| Total U.S. Treasury Bills  |           |              | \$1,184,747.43                         | \$1,184,747.43  | -                       | \$34,292.30       | \$62,909.90                | 0.45 | 5.04%                    | 5.16%                  |
| Total Taxable  |           |              | \$1,184,747.43                         | \$1,184,747.43  | -                       | \$34,292.30       | \$62,909.90                | 0.45 | 5.04%                    | 5.16%                  |
| TOTAL CASH & EQUIVALENTS   |           |              | \$1,184,747.43                         | \$1,184,747.43  | -                       | \$34,292.30       | \$62,909.90                | 0.45 | 5.04%                    | 5.16%                  |
| Grand Total Accrued Income   |           |              | <b>\$22,975,064.07</b><br>\$152,782.41 | \$22,982,185.48 | -\$7,121.41             | \$152,782.41      | \$960,536.15               |      |                          | 100%                   |
| Grand Total Market Value w/ Accrued  | Income    |              | \$23,127,846.48                        |                 |                         |                   |                            |      |                          |                        |



# Activity Detail (120772-000) ATLANTIC COUNTY MUNICIPAL JIF February 01, 2024 - February 29, 2024

#### **Transaction Activity Detail**

| Trade Date<br>Settlement Date | Transaction Type    | Transaction Description  | Quantity | Cash<br>Value | Cash<br>Management |
|-------------------------------|---------------------|--|----------|---------------|--------------------|
| OPENING BALA                  | NCE                 |  |          | -             | -                  |
| 02/08/2024                    | Cash Receipts       | CASH RECEIPT ACH TRANSFER FROM CHECKING<br>9871761889  | -        | \$67,749.88   | -                  |
| 02/08/2024<br>02/08/2024      | Purchases           | PURCHASED 67000 PAR VALUE OF U.S. TREASURY NOTES 4.000% 2/15/26 AT 99.1953 TRADE DATE 2024-02-08 SETTLEMENT DATE 2024-02-08          | 67,000   | -66,460.86    | -                  |
| 02/08/2024                    | Interest            | PAID ACCRUED INTEREST ON PURCHASE OF U.S. TREASURY<br>NOTES 4.000% 2/15/26   | -        | -1,289.02     | -                  |
| 02/15/2024                    | Interest            | CASH RECEIPT OF INTEREST EARNED ON U.S. TREASURY<br>NOTES 4.000% 2/15/26 AT \$0.020000 /SHARE ON<br>2317000 PAR VALUE DUE 2024-02-15 | -        | 46,340.00     | -                  |
| 02/15/2024                    | Other Disbursements | CASH DISBURSEMENT MISCELLANEOUS - ACH-CHK PAID TO M&T BANK ATLANTIC COUNTY MUNICIPAL JIF 9871761889                                  | -        | -46,340.00    | -                  |
| 02/29/2024                    | Cash Receipts       | CASH RECEIPT ACH TRANSFER FROM CHECKING<br>9871761889  | -        | 45,923.70     | -                  |
| 02/29/2024                    | Interest            | CASH RECEIPT OF INTEREST EARNED ON U.S. TREASURY<br>NOTES 4.625% 2/28/25 AT \$0.023125 /SHARE ON<br>3724000 PAR VALUE DUE 2024-02-29 | -        | 86,117.50     | -                  |
| 02/29/2024                    | Other Disbursements | CASH DISBURSEMENT MISCELLANEOUS - ACH-CHK PAID TO M&T BANK ATLANTIC COUNTY MUNICIPAL JIF 9871761889                                  | -        | -86,117.50    | -                  |
| 02/29/2024<br>02/29/2024      | Purchases           | PURCHASED 47000 PAR VALUE OF U.S. TREASURY BILLS<br>8/08/24 AT 97.71 TRADE DATE 2024-02-29 SETTLEMENT<br>DATE 2024-02-29             | 47,000   | -45,923.70    | -                  |





#### **Realized Gain / Loss Detail**

|                         |                  |          |      |          | Short Term | Long Term | Realized  |
|-------------------------|------------------|----------|------|----------|------------|-----------|-----------|
| Transaction Description | Disposition Date | Quantity | Cost | Proceeds | Gain/Loss  | Gain/Loss | Gain/Loss |

There are no realized gain/loss transactions to report for this statement period.

**Realized Gain/Loss estimates** are preliminary, are reliant upon accurate cost basis information, and may not reflect all cost basis adjustments. Corporate actions and income reclassifications will alter a holding's basis and subsequent gain/loss values. Gain/Loss estimates include results for both Taxable and Tax-exempt accounts. This is not a tax document and should not be used for tax preparation.



#### **Disclosures**

#### 0772-000 - ATLANTIC COUNTY MUNICIPAL JIF

February 01, 2024 - February 29, 2024

#### **Statement Disclosures**

#### **Statement Review; Limitations on Actions**

Please carefully review your statements and retain them for your records as they may contain notices, disclosures and other important information in addition to the summary of the transactions in your account for the reporting period, including contributions, distributions, transfers, and purchases and sales of securities. Summary data is also provided for off-setting investment option transfers or other transfers made between accounts.

Please report promptly any material inaccuracy or discrepancy in this information to your Relationship Manager. If revised data becomes available to Wilmington Trust after these reports are generated, we may update our records accordingly; however, revised data typically will not result in the generation of a new report.

#### **Fee Arrangements**

Wilmington Trust and its affiliates may earn additional compensation from uninvested cash in the form of earnings, which Wilmington Trust expects will be generated at the prevailing federal funds rate. Such earnings may be generated between the time the moneys are received by Wilmington Trust and actually forwarded to implement investment instructions, or between the time a distribution is issued and presented.

#### Affiliated Advisers

"Wilmington Trust" is a service mark encompassing the trust and investment business of Manufacturer's & Trader's Trust Company ("M&T Bank") in providing services to this account, and of some of M&T Bank's subsidiaries and affiliates, serving individual and institutional clients. Subsidiaries and affiliates include, but are not limited to, Wilmington Trust Company (operating in Delaware only); Wilmington Trust, N.A., a national association; and Wilmington Funds Management Corp., Wilmington Trust Investment Advisors, Inc., and other registered investment adviser affiliates. For additional information regarding the Wilmington Trust brand, underlying entities, and products and services offered, please visit our web site at <a href="https://www.wilmingtontrust.com">www.wilmingtontrust.com</a>.

In performing discretionary investment services for an account, M&T Bank or an affiliate may invest account assets in one or more mutual funds, including mutual funds ("Affiliated Funds") advised by investment management affiliates of M&T Bank, including Wilmington Funds Management Corporation ("WFMC") and Wilmington Trust Investment Advisors, Inc. ("WTIA") ("Affiliated Advisers").

The Affiliated Advisers, M&T Bank, and M&T Securities, Inc., another affiliate of M&T Bank (collectively "M&T") may also provide administrative and shareholder services, and services under Rule 12b-1 plans to the Affiliated Funds, and may receive compensation for those services. If M&T provides additional services to the Affiliated Funds, it would be entitled to receive additional

compensation from those funds. The compensation for services provided to the Affiliated Funds is determined by the Board of Trustees that governs each Affiliated Fund, and is subject to change from time to time in the discretion of such Board of Trustees.

Currently, WFMC, in its capacity as investment adviser to the Affiliated Funds, is entitled to receive annual advisory fees between 0.45% and 0.95%. WFMC compensates WTIA directly for sub-advisory services provided to the Affiliated Funds. In its capacity as co-administrator of the Wilmington Funds, WFMC is currently entitled to receive annual co-administration fees from the Wilmington Funds as follows: 0.04% on the first \$5 billion; 0.03% on the next \$2 billion; 0.025% on the next \$3 billion; and 0.018% on assets in excess of \$10 billion. All fees are calculated based on average daily assets.

M&T Bank may be entitled to receive an annual shareholder services fee of up to 0.25% with respect to the assets of certain accounts invested in the Wilmington Funds. If M&T Bank or an affiliate has investment discretion over an account, then an account may receive a credit against the account-level fiduciary (or investment management) fee for all or some portion of the foregoing fees when account assets are invested in an Affiliated Fund. Alternatively, the value of account assets invested in an Affiliated Fund may be excluded from calculation of the account-level fiduciary (or investment management) fee.

Please consult a current prospectus, available at www.wilmingtonfunds.com, for the relevant Affiliated Fund or contact your Relationship Manager for additional information.

WTIA maintains updated disclosure information on Form ADV Part 2, the Disclosure Brochure. The Disclosure Brochure contains information about WTIA, including a description of WTIA's programs, fees, trading practices, conflicts of interest, key personnel, and other business activities. The Disclosure Brochure is available to all clients of WTIA upon request by contacting WTIA at (410)

Investment products, included affiliated offerings, are not insured by the Federal Deposit Insurance Corporation or any other governmental agency, are not deposits of or other obligations of or guaranteed by Wilmington Trust, M&T, or any other bank or entity, and are subject to risks, including a possible loss of the principal amount invested.



#### **Disclosures**

#### 72-000 - ATLANTIC COUNTY MUNICIPAL JIF

February 01, 2024 - February 29, 2024

#### **Statement Disclosures** (continued)

Where permitted, Wilmington Trust, its affiliates and its sub-advisors may execute portfolio transactions with brokerage firms that provide proprietary and/or third-party research products and services, as well as trade execution. The brokerage firms providing such services may be paid commisisons in excess of those another broker or dealer might charge for executing such transactions. We may execute such transactions resulting in receipt of brokerage and research services, notwithstanding that the particular account(s) involved may not be a beneficiary of such brokerage or research. Receipt of research services and products from brokers or dealers who execute client trades involves conflicts of interest for Wilmington Trust, its affiliates and its sub-advisors because they do not have to produce or pay for the research itself, and thus have an incentive to select or recommend a broker based on their interest in receiving such research.

#### **Pricing and Valuation**

Details of transaction charges and commissions are displayed on transaction confirmations, which have been mailed or made available separately to you. Wilmington Trust will also send you this information upon request. To the extent Wilmington Trust has custody of assets but no investment authority over your account, you have the right at any time to receive, at no additional cost to you, written confirmations of securities transactions that occur in your account. These confirmations will be mailed to you in the timeframe required by applicable regulations. Even if you previously waived your right to receive these confirmations, you may at any time ask to receive such confirmations going forward. Please contact your Relationship Manager if you wish to have written trade confirmations mailed to you.

If we are managing the assets in this account, please contact your Relationship Manager if there have been any changes to your financial situation or investment objectives, or if you wish to impose any reasonable restrictions that might affect the management of this account, or reasonably change any existing restrictions.

The investment values and estimated income information reported herein reflect the securities in your account on a trade date basis as of the close of your statement period. Pricing may reflect market price quotations, closing price, mean bid / ask price, or estimated market values obtained from various third-party quotation services which we believe to be reliable and which were available when the report was prepared. If an investment did not have a readily determinable value, then reported values are based on the last valuation available to us at the time the report was generated. For assets not custodied at Wilmington Trust, prices and values are provided by the custodian, the issuer or their administrator, and Wilmington Trust is not responsible for this information, nor can Wilmington Trust guarantee its accuracy or timeliness. Valuation for Private Equity, Private Real Estate and Other asset classes reflect the most recent information available, but are typically illiquid and may have irregular reporting. Consult your Relationship Manager for details regarding valuations for your illiquid holdings.

Reported values may not equal market value or fair value and may include accruals. Asset values will fluctuate. This report should not be used to prepare tax documents or financial statements. Information for tax reporting purposes will be reflected in your annual Wilmington Trust Tax Information Letter. Please contact your Relationship Manager if you have any questions.

**Basis and limitations on use for Cost, Gains, and Losses.** This is not a tax document. This information is being provided for your review of transactions and balances in your account for the reporting period. For tax reporting, you should rely on your official tax documents. Transactions requiring tax consideration should be reviewed with your tax advisor. Unrealized Gain and Loss data is reliant upon accurate cost basis information and represents the current value of a security less the adjusted cost basis for that security. If the current value is greater than the adjusted cost basis, that position has an unrealized gain. Conversely, if value is less than cost, the position carries an unrealized loss.

The cost basis of record for securities transferred into your Wilmington Trust account may have been provided to us by a delivering firm, a transfer agent, or another adviser on a best efforts basis. Cost basis data provided through delivering firms is relied upon for this report but should be reviewed for accuracy by each client. Cost basis on fixed income securities are adjusted for amortization, accretion, or principal paydowns and the method of calculation is based upon the type of fixed income security and certain attributes, obtained from sources believed to be reliable. Where no cost basis is available for a security as of the last day of the reporting period, that security will reflect zero as the cost basis.

Investments: • Are NOT FDIC-Insured • Have NO Bank Guarantee • May Lose Value



## Glossary (120772-000) ATLANTIC COUNTY MUNICIPAL JIF February 01, 2024 - February 29, 2024

#### **Glossary**

**Accrued Dividend** represents dividends declared by the issuer which have not yet been paid.

**Accrued Income** represents income payments accumulated with a security (i.e., "priced in" to the security value) since the last payment date but not yet received. Income accrues daily and is reset every time accruals are paid.

**Cost** represents the reported original value of an asset adjusted for corporate actions, including stock splits, dividends, and return of capital distributions. Tax cost basis on fixed income securities are adjusted for amortization, accretion or principal paydowns. The method of calculation is based upon the type of fixed income security and certain attributes, obtained from sources believed to be reliable. This information is used to estimate capital gains and losses; however, this is not a tax document. This information is being provided for your convenience and is for informational purposes only. For tax reporting, you should rely on your official tax documents. Transactions requiring tax consideration should be reviewed with your tax advisor.

Securities acquired before 2011 are generally not subject to the new cost basis reporting rules set forth by the Internal Revenue Service Code in the Emergency Economic Stabilization Act of 2008 and are, therefore, considered "noncovered" under the new cost basis reporting rules. All other securities in this section are securities which are "covered" under the new cost basis reporting rules. Securities which are "covered" under the new cost basis reporting rules are defined as securities which have been acquired on or after their applicable dates at which they are subject to the cost basis reporting rules and the adjusted basis will be reported to the IRS on form 1099-B for the applicable tax year in which the security is disposed.

**Credit ratings** are used to evaluate the likelihood of default by a bond issuer. Independent rating agencies, such as Moody's Investors Service, analyze the financial strength of each bond's issuer. Moody's ratings range from Aaa (highest quality) to C (lowest quality). Bonds rated Baa3 and better are considered "Investment Grade". Bonds rated Ba1 and below are "Speculative Grade" (also "High Yield"). The **Weighted Average Credit Rating** reflects a portfolio-weighted average of ratings on individual rated bonds — non-rated bonds are excluded — it does not represent a rating of the portfolio as a whole. The weighted average is intended only as an aggregate illustration of the portfolio holdings rather than as an indication of their respective risks, as certain risks —including the risk of default of individual issues— may be underrepresented by this measure.

**Duration** is a measure of a bond's sensitivity to changes in interest rates and is calculated as the average percentage change in a bond's value under parallel shifts of the yield curve. Thus a bond with

duration of 4 would be expected to lose 1% in value (price) in the event of a 25 basis point (0.25%) increase in market rates, represented by the yield curve. Conversely, that bond would be expected to appreciate 1% in value with a 25 basis point decrease in market rates.

**Estimated Annual Income** is an indication of income return expected from security positions over the next 12 months assuming that the position quantities, interest /dividend rates, and prices remain constant. For U.S. government, corporate, and municipal bonds it is calculated by multiplying the coupon rate by the face value of the security. For common stocks, ADRs, REITs and mutual funds it is calculated using an indicated (projected) annual dividend. They are provided for illustrative purposes only, are not a forecast or guarantee of future results, and they should not be relied on for making investment, trading, or tax decisions.

**Estimated Yield** compares the anticipated earnings on investments (Estimated Annual Income) to the current price of the investments. Changes in the price of a security over time or in the amount of the investment held in your account will cause the estimated yield to vary. The actual yield may be higher or lower than the estimated amounts.

**Net Interest** represents the receipt of interest earned less the purchase of accrued interest on securities.

**Taxable** versus **Tax-exempt** status is determined at the security level, and not at the account type level. Thus accounts that carry a tax exemption, such as IRAs or various charitable trusts, often have holdings that are categorized as Taxable for this report. Conversely, securities classified as Tax-exempt for this report are held in taxable account types. Securities may be deemed Tax-exempt based on a tax-advantaged treatment, typically for interest payments on municipal bonds, which may not be available equally to all investors. Additionally, alternative tax treatments may mitigate or offset tax advantages reflected in this report. This report is not a tax document and should not be used for tax preparation.

**Term (Long or Short)** reflects the holding period of the security. Long term indicates a holding period one year or greater, while Short indicates a holding period less than one year.

**Trade Date** accounting is used throughout this report, unless otherwise identified, and records the purchase or sale of an asset as of the date on which an agreement to purchase/sell was entered, or a market trade executed, rather than on the settlement date (the actual delivery of the asset in exchange for payment). Thus, trades executed but pending settlement are treated as already present in the account in reliance upon successful settlement. Trade date treatment serves as a better



# **Glossary**(20772-000) - ATLANTIC COUNTY MUNICIPAL JIF February 01, 2024 - February 29, 2024

#### Glossary (continued)

reflection of actual decisions to buy/sell than settlement date, which can occur days later.

**Unit Cost** is the reported cost per share of an equity position, or cost per bond for debt securities. It reflects the price paid, adjusted for corporate actions such as stock splits and return of capital distributions. It is used to estimate capital gains and losses; however, you should rely only on your official tax documents for tax reporting purposes. All cost basis information is derived from transactions in the account or information supplied by you or other sources and is provided for your convenience and is for informational purposes only. There is no guarantee as to the accuracy of third-party cost basis information and it is not intended for tax reporting purposes. Please inform us in the event that a cost basis is not accurate.

**Unrealized Gain/Loss** is the difference between the current value of a security and the adjusted cost basis of that security. If the current value is greater than the original cost, that position has an unrealized gain. Conversely, if the current value is less than the original cost, that position has an unrealized loss.

**Yield to Worst** assumes the "worst case" yield to investors within the terms of the issue's provisions, such as use of prepayment, call, or sinking fund options that may be available to the issuer on some bonds.



#### Asset and Accrual Detail - By Asset type

Report ID: IACS0017 Base Currency: USD

| 2111 111222011               |         |            |               |            |               |                  | -              |
|------------------------------|---------|------------|---------------|------------|---------------|------------------|----------------|
| MX6F96590802 - ATLANTIC COUN | TY JIF  |            | 02/29/2024    |            |               |                  | Status: FINAL  |
| Shares/Par Description       | on      | Price      | Cost          | Net Income | Market Value  | Percent Of Total | Net Unrealized |
| Security ID Link Ref         |         | Local/Base | Local/Base    | Receivable | Local/Base    |                  | Gain/Loss      |
|                              |         |            |               | Local/Base |               |                  | Local/Base     |
| UNIT OF PARTICIPATION        |         |            |               |            |               |                  |                |
| U.S. DOLLAR                  |         |            |               |            |               |                  |                |
| UNITED STATES                |         |            |               |            |               |                  |                |
| 2,092,067.764 MEL JCMI       | ACCOUNT | 9.7120     | 20,318,090.99 | 0.00       | 20,318,090.99 |                  | 0.00           |
| 99VVB5Y75                    |         | 9.7120     | 20,318,090.99 | 0.00       | 20,318,090.99 | 100.00           | 0.00           |

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#### **Statement of Change in Net Assets Market Value** 02/29/2024

Report ID: IGLS0002 Base Currency: USD

Status: FINAL

| •                                |                        | Currer     | nt Period     | Fisc       | al Year To Date |
|----------------------------------|------------------------|------------|---------------|------------|-----------------|
|                                  |                        | 02/01/2024 | 02/29/2024    | 01/01/2024 | 02/29/2024      |
| NET ASSETS - BEGINNING OF PERIOD |                        |            | 20,400,066.58 |            | 20,334,047.19   |
|                                  |                        |            | 20,400,066.58 |            | 20,334,047.19   |
| RECEIPTS                         |                        |            |               |            |                 |
| INVESTMENT INCOME                |                        |            |               |            |                 |
| INTEREST                         | 36,154.42              |            |               | 72,535.81  |                 |
| UNREALIZED GAIN/LOSS-INVESTMENT  | -113,585.49            |            |               | -85,987.57 |                 |
| ACCRETION/AMORTIZATION           | 4,617.55               |            |               | 8,867.94   |                 |
| TOTAL II                         | NVESTMENT INCOME       |            | -72,813.52    |            | -4,583.82       |
|                                  | TOTAL RECEIPTS         |            | -72,813.52    |            | -4,583.82       |
| DISBURSEMENTS                    |                        |            |               |            |                 |
| ADMINISTRATIVE EXPENSES          |                        |            |               |            |                 |
| TRUSTEE/CUSTODIAN                | 508.03                 |            |               | 1,018.10   |                 |
| INVESTMENT ADVISORY FEES         | 8,146.01               |            |               | 9,336.18   |                 |
| CONSULTING                       | 508.03                 |            |               | 1,018.10   |                 |
| TOTAL ADMINIS                    | STRATIVE EXPENSES      |            | 9,162.07      |            | 11,372.38       |
| тот                              | AL DISBURSEMENTS       |            | 9,162.07      |            | 11,372.38       |
| NET                              | ASSETS - END OF PERIOD |            | 20,318,090.99 |            | 20,318,090.99   |



Report ID: IACS0008 Base Currency: USD

| DIVI MELLON       | Report                                 | ed by Transaction Satego   | 'i y       |                      | Buot Guiloi  | .07. 005      |
|-------------------|--|----------------------------|------------|----------------------|--------------|---------------|
| MX6F96 30802 - AT | TLANTIC COUNTY JIF                     | 02/01/2024 - 02/29/2024    |            |                      | Sta          | tus: FINAL    |
| Trans Code        | Shares/Par Description                 | Trade Date                 | Price      | Cost                 | Amount       | Net Gain/Loss |
| Link Ref          | Security Id Broker                     | C. Settle Date             | Local/Base | Local/Base           | Local/Base   | Local/Base    |
|                   | Transaction No./Client Ref No.         | Reported Date              |            |                      |              |               |
| RECEIPTS AND DI   | SBURSEMENT TRANSACTIONS                |                            |            |                      |              |               |
| AMORTIZATION      | ON/ACCRETION                           |                            |            |                      |              |               |
| U.S. DOLLAR       | 1                                      |                            |            |                      |              |               |
| BVA               | 0.000 MEL JCMI ACCOUNT                 | 02/29/2024                 | 0.000000   | 1,759.85             | 0.00         | 0.00          |
|                   | 99VVB5Y75 AMORIZATION/ACCRETION INCOME | 03/01/2021                 | 0.000000   | 1,759.85             | 0.00         | 0.00          |
|                   | 20240307O000030                        | 02/29/2024                 |            |                      |              |               |
|                   |  |                            |            |                      |              |               |
| BVA               | 0.000 MEL JCMI ACCOUNT                 | 02/29/2024                 | 0.000000   | 1,539.87             | 0.00         | 0.00          |
|                   | 99VVB5Y75 AMORIZATION/ACCRETION INCOME | 03/01/2021                 | 0.000000   | 1,539.87             | 0.00         | 0.00          |
|                   | 20240307O000090                        | 02/29/2024                 |            |                      |              |               |
| BVA               | 0.000 MEL JCMI ACCOUNT                 | 02/29/2024                 | 0.00000    | 1,317.83             | 0.00         | 0.00          |
| DVA               | 99VVB5Y75 AMORIZATION/ACCRETION INCOME | 10/01/2021                 | 0.000000   | 1,317.83             | 0.00         | 0.00          |
|                   | 20240307O000150                        | 02/29/2024                 | 0.00000    | .,                   | 5.65         | 0.00          |
|                   | TOTAL U                                | .S. DOLLAR AMORTIZATION/AC | -          |                      |              |               |
|                   | TOTAL                                  | .5. DOLLAR AMORTIZATION/AC | CRETION.   | 4,617.55<br>4,617.55 | 0.00<br>0.00 | 0.00<br>0.00  |
|                   | TOTAL AMORTIZATION/ACCRETION RECEIPT   | S AND DISBURSEMENT TRANS   | ACTIONS:   | 4,617.55             | 0.00         | 0.00          |
| EUND ALLOC        | CATED EARNINGS                         | 13 AND DISBONSEMENT TRANS  | ACTIONS.   | 4,617.55             | 0.00         | 0.00          |
| U.S. DOLLAR       |  |                            |            |                      |              |               |
| BVA               | 0.000 MEL JCMI ACCOUNT                 | 02/29/2024                 | 0.000000   | -0.39                | 0.00         | 0.00          |
| DVA               | 99VVB5Y75 UGL ADJ 022924               | 03/01/2021                 | 0.000000   | -0.39<br>-0.39       | 0.00         | 0.00          |
|                   | 20240307A000200                        | 02/29/2024                 | 0.000000   | -0.39                | 0.00         | 0.00          |
|                   |  |                            |            |                      |              |               |
| BVA               | 0.000 MEL JCMI ACCOUNT                 | 02/29/2024                 | 0.000000   | -43,289.85           | 0.00         | 0.00          |
|                   | 99VVB5Y75 UNREALIZED GAIN/LOSS         | 03/01/2021                 | 0.000000   | -43,289.85           | 0.00         | 0.00          |
|                   | 20240307O000010                        | 02/29/2024                 |            |                      |              |               |
|                   |  |                            |            |                      |              |               |



Report ID: IACS0008

Base Currency: USD
Status: FINAL

22- ATLANTIC COUNTY JIF 02/01/2024 - 02/29/2024
Shares/Par Description Trade Date Price Cost Am

| A PARTIE AND A PAR | LANTIO GOGNITI GII             |                |            |                        |            |               |
|--|--------------------------------|----------------|------------|------------------------|------------|---------------|
| Trans Code   | Shares/Par Description         | Trade Date     | Price      | Cost                   | Amount     | Net Gain/Loss |
| Link Ref   | Security Id Broker             | C. Settle Date | Local/Base | Local/Base             | Local/Base | Local/Base    |
|  | Transaction No./Client Ref No. | Reported Date  |            |                        |            |               |
| BVA  | 0.000 MEL JCMI ACCOUNT         | 02/29/2024     | 0.000000   | 13,779.27              | 0.00       | 0.00          |
|  | 99VVB5Y75 INTEREST INCOME      | 03/01/2021     | 0.000000   | 13,779.27              | 0.00       | 0.00          |
|  | 20240307O000020                | 02/29/2024     |            | ·                      |            |               |
|  |                                |                |            |                        |            |               |
| BVA  | 0.000 MEL JCMI ACCOUNT         | 02/29/2024     | 0.000000   | -193.62                | 0.00       | 0.00          |
|  | 99VVB5Y75 TRUSTEE/CUSTODN FEES | 03/01/2021     | 0.000000   | -193.62                | 0.00       | 0.00          |
|  | 20240307O000040                | 02/29/2024     |            |                        |            |               |
| BVA  | 0.000 MEL JCMI ACCOUNT         | 02/29/2024     | 0.00000    | -3,104.63              | 0.00       | 0.00          |
| DVA  | 99VVB5Y75 INVEST MANAGER FEES  | 03/01/2021     | 0.000000   | -3,104.63<br>-3,104.63 | 0.00       | 0.00          |
|  | 20240307O000050                | 02/29/2024     | 0.000000   | -3,104.03              | 0.00       | 0.00          |
|  | 202403010000000                | 02/20/2024     |            |                        |            |               |
| BVA  | 0.000 MEL JCMI ACCOUNT         | 02/29/2024     | 0.000000   | -193.62                | 0.00       | 0.00          |
|  | 99VVB5Y75 CONSULTING FEES      | 03/01/2021     | 0.000000   | -193.62                | 0.00       | 0.00          |
|  | 20240307O000060                | 02/29/2024     |            |                        |            |               |
| BVA  | 0.000 MEL JCMI ACCOUNT         | 02/29/2024     | 0.00000    | -37,878.62             | 0.00       | 0.00          |
| 2  | 99VVB5Y75 UNREALIZED GAIN/LOSS | 03/01/2021     | 0.000000   | -37,878.62             | 0.00       | 0.00          |
|  | 20240307O000070                | 02/29/2024     |            | .,,                    |            |               |
| BVA  | 0.000 MEL JCMI ACCOUNT         | 02/29/2024     | 0.000000   | 12.056.86              | 0.00       | 0.00          |
| DVA  | 99VVB5Y75 INTEREST INCOME      | 03/01/2021     |            | 12,056.86              | 0.00       | 0.00          |
|  | 20240307O000080                | 02/29/2024     | 0.000000   | 12,050.86              | 0.00       | 0.00          |
|  |                                |                |            |                        |            |               |
| BVA  | 0.000 MEL JCMI ACCOUNT         | 02/29/2024     | 0.000000   | -169.42                | 0.00       | 0.00          |
|  | 99VVB5Y75 TRUSTEE/CUSTODN FEES | 03/01/2021     | 0.000000   | -169.42                | 0.00       | 0.00          |
|  | 20240307O000100                | 02/29/2024     |            |                        |            |               |
|  |                                |                |            |                        |            |               |



Report ID: IACS0008

Base Currency: USD
Status: FINAL

3590802 ATLANTIC COUNTY JIF 02/01/2024 - 02/29/2024

| WIX6F9659U8UZ + A | TLANTIC COUNTY JIF                                | 02/01/2024 - 02/29/2024  |            |            | Sia        | lus. FINAL    |
|-------------------|---|--------------------------|------------|------------|------------|---------------|
| Trans Code        | Shares/Par Description                            | Trade Date               | Price      | Cost       | Amount     | Net Gain/Loss |
| Link Ref          | Security Id Broker                                | C. Settle Date           | Local/Base | Local/Base | Local/Base | Local/Base    |
|                   | Transaction No./Client Ref No.                    | Reported Date            |            |            |            |               |
| BVA               | 0.000 MEL JCMI ACCOUNT                            | 02/29/2024               | 0.000000   | -2,716.55  | 0.00       | 0.00          |
|                   | 99VVB5Y75 INVEST MANAGER FEES                     | 03/01/2021               | 0.000000   | -2,716.55  | 0.00       | 0.00          |
|                   | 20240307O000110                                   | 02/29/2024               |            |            |            |               |
| BVA               | 0.000 MEL JCMI ACCOUNT                            | 02/29/2024               | 0.000000   | -169.42    | 0.00       | 0.00          |
|                   | 99VVB5Y75 CONSULTING FEES                         | 03/01/2021               | 0.000000   | -169.42    | 0.00       | 0.00          |
|                   | 20240307O000120                                   | 02/29/2024               |            |            |            |               |
| BVA               | 0.000 MEL JCMI ACCOUNT                            | 02/29/2024               | 0.000000   | -32,416.62 | 0.00       | 0.00          |
|                   | 99VVB5Y75 UNREALIZED GAIN/LOSS                    | 10/01/2021               | 0.000000   | -32,416.62 | 0.00       | 0.00          |
|                   | 20240307O000130                                   | 02/29/2024               |            | ·          |            |               |
| BVA               | 0.000 MEL JCMI ACCOUNT                            | 02/29/2024               | 0.000000   | 10,318.29  | 0.00       | 0.00          |
|                   | 99VVB5Y75 INTEREST INCOME                         | 10/01/2021               | 0.000000   | 10.318.29  | 0.00       | 0.00          |
|                   | 20240307O000140                                   | 02/29/2024               |            | ,          |            |               |
| BVA               | 0.000 MEL JCMI ACCOUNT                            | 02/29/2024               | 0.000000   | -144.99    | 0.00       | 0.00          |
|                   | 99VVB5Y75 TRUSTEE/CUSTODN FEES<br>20240307O000160 | 10/01/2021<br>02/29/2024 | 0.000000   | -144.99    | 0.00       | 0.00          |
|                   |   |                          |            |            |            |               |
| BVA               | 0.000 MEL JCMI ACCOUNT                            | 02/29/2024               | 0.000000   | -2,324.83  | 0.00       | 0.00          |
|                   | 99VVB5Y75 INVEST MANAGER FEES                     | 10/01/2021               | 0.000000   | -2,324.83  | 0.00       | 0.00          |
|                   | 20240307O000170                                   | 02/29/2024               |            |            |            |               |
| BVA               | 0.000 MEL JCMI ACCOUNT                            | 02/29/2024               | 0.000000   | -144.99    | 0.00       | 0.00          |
|                   | 99VVB5Y75 CONSULTING FEES                         | 10/01/2021               | 0.000000   | -144.99    | 0.00       | 0.00          |
|                   | 20240307O000180                                   | 02/29/2024               |            |            |            |               |
|                   |   | 02/20/2021               |            |            |            |               |



Report ID: IACS0008

Base Currency: USD

| 2111 111222011         |   |                                     | -,                  |                          |                      | •                           |
|------------------------|---|-------------------------------------|---------------------|--------------------------|----------------------|-----------------------------|
| MX6F96590802 - A       | TLANTIC COUNTY JIF                        | 02/01/2024 - 02/29/2024             |                     |                          | Sta                  | tus: FINAL                  |
| Trans Code<br>Link Ref | Shares/Par Description Security Id Broker | Trade Date<br>C. Settle Date        | Price<br>Local/Base | Cost<br>Local/Base       | Amount<br>Local/Base | Net Gain/Loss<br>Local/Base |
|                        | Transaction No./Client Ref No.            | Reported Date                       |                     |                          |                      |                             |
| BVA                    | 0.000 MEL JCMI ACCOUNT                    | 02/29/2024                          | 0.000000            | -0.01                    | 0.00                 | 0.00                        |
|                        | 99VVB5Y75 UNREALIZED GAIN/LOSS            | 10/29/2021                          | 0.000000            | -0.01                    | 0.00                 | 0.00                        |
|                        | 20240307O000190                           | 02/29/2024                          |                     |                          |                      |                             |
|                        |   | TOTAL U.S. DOLLAR FUND ALLOCATED E  | ARNINGS:            | -86,593.14<br>-86,593.14 | 0.00                 | 0.00                        |
|                        | TOTAL FUND ALLOCATED EARNIN               | IGS RECEIPTS AND DISBURSEMENT TRANS | ACTIONS:            | -86,593.14               | 0.00                 | 0.00                        |
|                        | тот                                       | TAL RECEIPTS AND DISBURSEMENT TRANS | ACTIONS:            | -81,975.59               | 0.00                 | 0.00                        |
|                        |   | TOTAL TRANSACTIO                    | NS BASE:            | -81,975.59               | 0.00                 | 0.00                        |
|                        |   |                                     |                     |                          |                      |                             |

## SECTION B

# CLAIMS PAYMENTS & SUBROGATION

#### ATLANTIC COUNTY MUNICIPAL JOINT INSURANCE FUND SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

| Current Fund Year: | 2024        |              |              |               |             |              |            |              |           |               |              |               |
|--------------------|-------------|--------------|--------------|---------------|-------------|--------------|------------|--------------|-----------|---------------|--------------|---------------|
| Month Ending:      | : February  |              |              |               |             |              |            |              |           |               |              |               |
|                    | Property    | Liability    | Auto         | Workers Comp  | POL/EPL     | Deductible   | Cyber JIF  | MEL          | EJIF      | Admin         | Contingency  | TOTAL         |
| OPEN BALANCE       | 621,711.52  | 6,541,833.11 | 1,360,316.50 | 12,415,972.49 | (76,145.72) | 8,335,020.48 | 66,635.44  | 271,414.80   | 9,538.60  | 14,852,964.37 | 2,922,602.28 | 47,321,863.88 |
| RECEIPTS           |             |              |              |               |             |              |            |              |           |               |              |               |
| Assessments        | 198,668.10  | 376,883.35   | 67,762.63    | 1,498,782.08  | 71,849.25   | 378,017.17   | 355,883.39 | 1,027,755.90 | 51,182.19 | 393,010.95    | 0.00         | 4,419,795.00  |
| Refunds            | 70,613.63   | 25,601.00    | 0.00         | 8,688.07      | 0.00        | 0.00         | 0.00       | 0.00         | 0.00      | 0.00          | 0.00         | 104,902.70    |
| Invest Pymnts      | (603.60)    | (4,918.55)   | (1,166.96)   | (11,340.36)   | 0.00        | (7,353.96)   | 0.00       | 0.00         | 0.00      | (1,126.16)    | (2,194.32)   | (28,703.91)   |
| Invest Adj         | 58.52       | 615.69       | 128.03       | 1,168.55      | 0.00        | 784.46       | 0.00       | 0.00         | 0.00      | 1,587.27      | 275.07       | 4,617.59      |
| Subtotal Invest    | (545.08)    | (4,302.86)   | (1,038.93)   | (10,171.81)   | 0.00        | (6,569.50)   | 0.00       | 0.00         | 0.00      | 461.11        | (1,919.25)   | (24,086.32)   |
| Other *            | 1,897.48    | 0.00         | 0.00         | 0.00          | 0.00        | 0.00         | 0.00       | 0.00         | 0.00      | 0.00          | 0.00         | 1,897.48      |
| TOTAL              | 270,634.13  | 398,181.49   | 66,723.70    | 1,497,298.34  | 71,849.25   | 371,447.67   | 355,883.39 | 1,027,755.90 | 51,182.19 | 393,472.06    | (1,919.25)   | 4,502,508.86  |
| EXPENSES           |             |              |              |               |             |              |            |              |           |               |              |               |
| Claims Transfers   | s 79,727.81 | 168,883.94   | 26,667.00    | 548,440.29    | 0.00        | 0.00         | 0.00       | 0.00         | 0.00      | 0.00          | 0.00         | 823,719.04    |
| Expenses           | 0.00        | 0.00         | 0.00         | 0.00          | 0.00        | 0.00         | 0.00       | 0.00         | 0.00      | 1,459,856.87  | 0.00         | 1,459,856.87  |
| Other *            | 335.72      | 0.00         | 0.00         | 0.00          | 0.00        | 0.00         | 0.00       | 0.00         | 0.00      | 0.00          | 0.00         | 335.72        |
| TOTAL              | 80,063.53   | 168,883.94   | 26,667.00    | 548,440.29    | 0.00        | 0.00         | 0.00       | 0.00         | 0.00      | 1,459,856.87  | 0.00         | 2,283,911.63  |
| END BALANCE        | 812,282.12  | 6,771,130.66 | 1,400,373.20 | 13,364,830.54 | (4,296.46)  | 8,706,468.15 | 422,518.84 | 1,299,170.70 | 60,720.79 | 13,786,579.56 | 2,920,683.03 | 49,540,461.11 |

REPORT STATUS SECTION 49,540,465.75

| Report Month: February    |  |                |                |        |
|---------------------------|--|----------------|----------------|--------|
|                           |  | Balan          | ce Differences |        |
| Opening Balances:         | Opening Balances are NOT equal         |                | -\$4.72        |        |
| Imprest Transfers:        | Imprest Totals are equal               |                | \$0.00         |        |
| Investment Balances:      | Investment Payment Balances are equ    | ıal            | \$0.00         |        |
|                           | Investment Adjustment Balances are e   | equal          | \$0.00         |        |
| Ending Balances:          | Ending Balances are NOT equal          |                | -\$4.64        |        |
| Accural Balances:         | Accural Balances are equal             |                | \$0.00         |        |
| Claims Transaction Status | :                                      |                |                |        |
| Allocation variance 1:    | Daily xactions add to monthly totals   |                | 0.00           |        |
| Allocation variance 2:    | Monthly transactions and allocation to | tals are equal | 0.00           |        |
| Allocation variance 3:    | Treasurer/TPA net /                    | Max/Min        | 0.00           | (0.00) |
| Pre-existing variance:    | No prior unreconcil /                  | Max/Min        | 0.00           | 0.00   |



**Insurer: AJF-ATL.JOINT INS.FUND** 

**Bank Account: ATLANTIC CNTY JIF IV** 

| Claim<br>Number | Clain    | nant Type      | DOL        | Insured Name                | Transaction Typ          | ре            | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
|-----------------|----------|----------------|------------|-----------------------------|--------------------------|---------------|-------------------|------------------|-----------------|
| Check Number    | : 45003  | Check Date: 02 | 2/06/2024  | Payee Name: CAPEHART & So   | CATCHARD PA              |               |                   |                  |                 |
| 2022257729      | INDEMNIT | Y              | 12/19/2021 | LOWER TOWNSHIP              | L-LEGAL WC               |               | \$667.00          | 2021-2021        | Legal           |
| 2023283878      | INDEMNIT | Υ              | 09/21/2022 | LOWER TOWNSHIP              | L-LEGAL WC               |               | \$212.00          | 2022-2022        | Legal           |
|                 |          |                |            |                             |                          | Check Amount: | \$879.00          |                  |                 |
| Check Number    | : 45004  | Check Date: 02 | 2/06/2024  | Payee Name: GOLDENBERG,     | MACKLER & SAYEGH, PA     |               |                   |                  |                 |
| 2023304058      | INDEMNIT | Υ              | 04/28/2023 | SOMERS POINT CITY           | I-CLAIMANT LEGAL EXP IND |               | \$688.00          | 2023-2023        | Loss            |
|                 |          |                |            |                             |                          | Check Amount: | \$688.00          |                  |                 |
| Check Number    | : 45005  | Check Date: 02 | 2/06/2024  | Payee Name: STATE SHORTH    | AND REPORTING SERVICE    |               |                   |                  |                 |
| 2022247638      | INDEMNIT | Υ              | 09/04/2021 | UPPER TOWNSHIP              | E-MISC LEGAL EXPENSE WC  |               | \$75.00           | 2021-2021        | Expense         |
| 2023304058      | INDEMNIT | Υ              | 04/28/2023 | SOMERS POINT CITY           | E-MISC LEGAL EXPENSE WC  |               | \$75.00           | 2023-2023        | Expense         |
|                 |          |                |            |                             |                          | Check Amount: | \$150.00          |                  |                 |
| Check Number    | : 45006  | Check Date: 02 | 2/06/2024  | Payee Name: MRO CORPORA     | TION                     |               |                   |                  |                 |
| 2024323331      | MEDICAL  | ONLY           | 12/01/2023 | SEA ISLE CITY               | E-MISC ALL OTHER WC      |               | \$23.00           | 2023-2023        | Expense         |
|                 |          |                |            |                             |                          | Check Amount: | \$23.00           |                  |                 |
| Check Number    | : 45007  | Check Date: 02 | 2/06/2024  | Payee Name: SOUTH JERSEY    | PHYSICIAN ASSOCS         |               |                   |                  |                 |
| 2021237844      | INDEMNIT | Υ              | 05/15/2021 | HAMILTON TOWNSHIP           | E-ALLOCATED MED EXAM WC  |               | \$800.00          | 2021-2021        | Expense         |
| 2022270313      | INDEMNIT | Υ              | 11/24/2021 | EGG HARBOR TOWNSHIP         | E-ALLOCATED MED EXAM WC  |               | \$800.00          | 2021-2021        | Expense         |
| 2022271533      | INDEMNIT | Υ              | 04/27/2022 | STONE HARBOR BOROUGH        | E-ALLOCATED MED EXAM WC  |               | \$400.00          | 2022-2022        | Expense         |
| 2022273096      | INDEMNIT | Υ              | 05/13/2022 | HAMILTON TOWNSHIP           | E-ALLOCATED MED EXAM WC  |               | \$800.00          | 2022-2022        | Expense         |
| 2023277463      | INDEMNIT | Υ              | 07/04/2022 | HAMILTON TOWNSHIP           | E-ALLOCATED MED EXAM WC  |               | \$800.00          | 2022-2022        | Expense         |
|                 |          |                |            |                             |                          | Check Amount: | \$3,600.00        |                  |                 |
| Check Number    | : 45008  | Check Date: 02 | 2/06/2024  | Payee Name: I C U INVESTIGA | TIONS INC                |               |                   |                  |                 |
| 2021221162      | INDEMNIT | Υ              | 11/06/2020 | MARGATE CITY                | E-MISC ALL OTHER WC      |               | \$3,975.00        | 2020-2020        | Expense         |
| 2024322176      | INDEMNIT | Υ              | 12/19/2023 | OCEAN CITY                  | E-INDEP ADJUSTOR WC      |               | \$475.00          | 2023-2023        | Expense         |
|                 |          |                |            |                             |                          | Check Amount: | \$4,450.00        |                  |                 |
| Check Number    | : 45009  | Check Date: 02 | 2/06/2024  | Payee Name: D'ARCY JOHNS    | ON DAY PC                |               |                   |                  |                 |
| 2022247638      | INDEMNIT | Υ              | 09/04/2021 | UPPER TOWNSHIP              | I-CLAIMANT LEGAL EXP IND |               | \$2,500.00        | 2021-2021        | Loss            |
|                 |          |                |            |                             |                          | Check Amount: | \$2,500.00        |                  |                 |
|                 |          |                |            |                             |                          |               |                   |                  |                 |

Processed Date: Date Of Loss: Insured Name(s):

Feb 1, 2024 through Feb 29, 2024 All

Bank Account(s): 1000409678

Insurance Type(s): Claimant Type(s): Coverage(s): ||3 ||



#### **Insurer: AJF-ATL.JOINT INS.FUND**

|                 |          | QUALITY CLAIM SERV |            |                           |                            |               | _                 |                  | _              |
|-----------------|----------|--------------------|------------|---------------------------|----------------------------|---------------|-------------------|------------------|----------------|
| Claim<br>Number | Claim    | ant Type           | DOL        | Insured Name              | Transaction Type           | e             | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
| Check Number    | : 45010  | Check Date: 0      | )2/06/2024 | Payee Name: BIRCHMEIER &  | POWELL LLC                 |               |                   |                  |                |
| 2022270704      | GL PROPE | RTY DAMAGE         | 04/02/2022 | PLEASANTVILLE CITY        | L-LEGAL GL                 |               | \$1,054.00        | 2022-2022        | Legal          |
|                 |          |                    |            |                           |                            | Check Amount: | \$1,054.00        |                  |                |
| Check Number    | : 45011  | Check Date: 0      | 2/06/2024  | Payee Name: PURDY COLLISI | ON LLC                     |               |                   |                  |                |
| 2024325521      | 1ST PART | Y COLL PD          | 01/30/2024 | SOMERS POINT CITY         | M-MISC MED(WC) & PD (NON-W | C) PR COLL    | \$4,123.10        | 2024-2024        | Loss           |
|                 |          |                    |            |                           |                            | Check Amount: | \$4,123.10        |                  |                |
| Check Number    | : 45012  | Check Date: 0      | 2/06/2024  | Payee Name: LEO S PETETTI | LLC                        |               |                   |                  |                |
| 2024325521      | 1ST PART | Y COLL PD          | 01/30/2024 | SOMERS POINT CITY         | E-APPRAISERS PR            |               | \$135.00          | 2024-2024        | Expense        |
|                 |          |                    |            |                           |                            | Check Amount: | \$135.00          |                  |                |
| Check Number    | : 45013  | Check Date: 0      | 02/06/2024 | Payee Name: THE DEWEESE   | _AW FIRM                   |               |                   |                  |                |
| 2022242261      | INDEMNIT | Y                  | 07/03/2021 | PLEASANTVILLE CITY        | E-SUBROGATION EXPENSE WC   |               | \$2,664.00        | 2021-2021        | Expense        |
|                 |          |                    |            |                           |                            | Check Amount: | \$2,664.00        |                  |                |
| Check Number    | : 45014  | Check Date: 0      | 02/06/2024 | Payee Name: AFFANATO MAF  | RUT LLC                    |               |                   |                  |                |
| 2020194275      | INDEMNIT | Y                  | 01/10/2020 | LOWER TOWNSHIP            | L-LEGAL WC                 |               | \$196.00          | 2020-2020        | Legal          |
| 2020197914      | INDEMNIT | Υ                  | 02/22/2020 | EGG HARBOR TOWNSHIP       | L-LEGAL WC                 |               | \$266.00          | 2020-2020        | Legal          |
| 2021214307      | INDEMNIT | Υ                  | 09/09/2020 | EGG HARBOR TOWNSHIP       | L-LEGAL WC                 |               | \$199.00          | 2020-2020        | Legal          |
| 2021219704      | INDEMNIT | Υ                  | 11/08/2020 | PLEASANTVILLE CITY        | L-LEGAL WC                 |               | \$168.00          | 2020-2020        | Legal          |
| 2021222549      | INDEMNIT | Υ                  | 12/04/2020 | AVALON BOROUGH            | L-LEGAL WC                 |               | \$350.00          | 2020-2020        | Legal          |
| 2021226252      | INDEMNIT | Υ                  | 01/14/2021 | EGG HARBOR TOWNSHIP       | L-LEGAL WC                 |               | \$296.00          | 2021-2021        | Legal          |
| 2021234997      | INDEMNIT | Υ                  | 03/23/2021 | EGG HARBOR TOWNSHIP       | L-LEGAL WC                 |               | \$126.00          | 2021-2021        | Legal          |
| 2021237391      | INDEMNIT | Υ                  | 05/11/2021 | GALLOWAY TOWNSHIP         | L-LEGAL WC                 |               | \$706.00          | 2021-2021        | Legal          |
| 2022247638      | INDEMNIT | Υ                  | 09/04/2021 | UPPER TOWNSHIP            | L-LEGAL WC                 |               | \$322.00          | 2021-2021        | Legal          |
| 2022254087      | INDEMNIT | Υ                  | 11/10/2021 | WILDWOOD CREST BOROUGH    | L-LEGAL WC                 |               | \$182.00          | 2021-2021        | Legal          |
| 2023277868      | INDEMNIT | Υ                  | 07/10/2022 | MILLVILLE CITY            | L-LEGAL WC                 |               | \$175.00          | 2022-2022        | Legal          |
| 2023282229      | INDEMNIT | Υ                  | 08/31/2022 | WILDWOOD CITY             | L-LEGAL WC                 |               | \$392.00          | 2022-2022        | Legal          |
| 2023288059      | INDEMNIT | Υ                  | 10/26/2022 | EGG HARBOR TOWNSHIP       | L-LEGAL WC                 |               | \$204.50          | 2022-2022        | Legal          |
| 2023294583      | INDEMNIT | Υ                  | 01/03/2023 | NORTH WILDWOOD CITY       | L-LEGAL WC                 |               | \$123.50          | 2023-2023        | Legal          |
| 2023295448      | INDEMNIT | Υ                  | 01/27/2023 | PLEASANTVILLE CITY        | L-LEGAL WC                 |               | \$183.00          | 2023-2023        | Legal          |
|                 |          |                    |            |                           |                            |               |                   |                  |                |

Processed Date:
Date Of Loss:
Insured Name(s):
Bank Account(s):

Feb 1, 2024 through Feb 29, 2024

All 1000409678 Insurance Type(s): Claimant Type(s): Coverage(s): Page 2 of 48 Run Date: 3/2/2024 15:00:04 Cognos Version 1.0



#### **Insurer: AJF-ATL.JOINT INS.FUND**

|                 | LINKING YOU TO | QUALITY CLAIM SERVICES |                          |                          |               |                   |                  |                 |
|-----------------|----------------|------------------------|--------------------------|--------------------------|---------------|-------------------|------------------|-----------------|
| Claim<br>Number | Clain          | nant Type DOL          | Insured Name             | Transaction Ty           | ре            | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
| 2023299800      | INDEMNIT       | Y 03/21/202            | 3 LOWER TOWNSHIP         | L-LEGAL WC               |               | \$275.00          | 2023-2023        | Legal           |
| 2023300580      | INDEMNIT       | Y 03/31/202            | 3 STONE HARBOR BOROUGH   | L-LEGAL WC               |               | \$322.00          | 2023-2023        | Legal           |
| 023302705       | INDEMNIT       | Y 04/25/202            | 3 PLEASANTVILLE CITY     | L-LEGAL WC               |               | \$197.00          | 2023-2023        | Legal           |
| 2023304058      | INDEMNIT       | Y 04/28/202            | 3 SOMERS POINT CITY      | L-LEGAL WC               |               | \$448.00          | 2023-2023        | Legal           |
| 023306654       | INDEMNIT       | Y 06/09/202            | 3 MILLVILLE CITY         | L-LEGAL WC               |               | \$176.00          | 2023-2023        | Legal           |
| 2023307167      | INDEMNIT       | Y 05/25/202            | 3 STONE HARBOR BOROUGH   | L-LEGAL WC               |               | \$295.00          | 2023-2023        | Legal           |
| 2024310222      | INDEMNIT       | Y 07/29/202            | 3 PLEASANTVILLE CITY     | L-LEGAL WC               |               | \$241.00          | 2023-2023        | Legal           |
|                 |                |                        |                          |                          | Check Amount: | \$6,224.50        |                  |                 |
| Check Numbe     | r: 45015       | Check Date: 02/06/2024 | Payee Name: DR CAROL SC  | CHOBER PSYD              |               |                   |                  |                 |
| 2021225008      | INDEMNIT       | Y 12/30/202            | 0 SEA ISLE CITY          | M-BEHAVIORAL HEALTH      |               | \$500.00          | 2020-2020        | Loss            |
|                 |                |                        |                          |                          | Check Amount: | \$500.00          |                  |                 |
| Check Numbe     | r: 45016       | Check Date: 02/06/2024 | Payee Name: ISO SERVICES | SINC                     |               |                   |                  |                 |
| 024321283       | BODILY IN      | JURY 08/28/202         | 3 LOWER TOWNSHIP         | E-MISC ALL OTHER GL      |               | \$13.75           | 2023-2023        | Expense         |
|                 |                |                        |                          |                          | Check Amount: | \$13.75           |                  |                 |
| Check Numbe     | r: 45017       | Check Date: 02/06/2024 | Payee Name: PIETRAS SAR  | ACINO SMITH & MEEK LLP   |               |                   |                  |                 |
| 2020204206      | INDEMNIT       | Y 05/01/202            | 0 BRIGANTINE CITY        | L-LEGAL WC               |               | \$624.50          | 2020-2020        | Legal           |
| 021211338       | INDEMNIT       | Y 08/04/202            | 0 EGG HARBOR TOWNSHIP    | L-LEGAL WC               |               | \$663.50          | 2020-2020        | Legal           |
| 2021214063      | INDEMNIT       | Y 09/04/202            | 0 WILDWOOD CITY          | L-LEGAL WC               |               | \$451.00          | 2020-2020        | Legal           |
| 2021221162      | INDEMNIT       | Y 11/06/202            | 0 MARGATE CITY           | L-LEGAL WC               |               | \$2,099.00        | 2020-2020        | Legal           |
| 021234332       | INDEMNIT       | Y 04/05/202            | 1 PLEASANTVILLE CITY     | L-LEGAL WC               |               | \$434.00          | 2021-2021        | Legal           |
| 2021238363      | INDEMNIT       | Y 05/24/202            | 1 PLEASANTVILLE CITY     | L-LEGAL WC               |               | \$314.00          | 2021-2021        | Legal           |
| 2022273437      | INDEMNIT       | Y 05/17/202            | 2 BRIGANTINE CITY        | L-LEGAL WC               |               | \$378.50          | 2022-2022        | Legal           |
| 2022274887      | INDEMNIT       | Y 05/11/202            | 2 PLEASANTVILLE CITY     | L-LEGAL WC               |               | \$277.50          | 2022-2022        | Legal           |
| 2023300297      | INDEMNIT       | Y 03/29/202            | 3 EGG HARBOR TOWNSHIP    | L-LEGAL WC               |               | \$458.50          | 2023-2023        | Legal           |
|                 |                |                        |                          |                          | Check Amount: | \$5,700.50        |                  |                 |
| Check Numbe     | r: 45018       | Check Date: 02/06/2024 | Payee Name: GOLDENBER    | G, MACKLER & SAYEGH, PA  |               |                   |                  |                 |
| 2021228757      | BODILY IN      | JURY 12/21/202         | 0 BRIGANTINE CITY        | I-LUMP SUM SETTLEMENT GL | ВІ            | \$125,000.00      | 2020-2020        | Loss            |
|                 |                |                        |                          |                          | Check Amount: | \$125,000.00      |                  |                 |
| Check Numbe     | r· 45019       | Check Date: 02/06/2024 | Payee Name: WILDWOOD C   | REST BOROUGH             |               |                   |                  |                 |

Processed Date: Feb 1, 2024 through Feb 29, 2024 Date Of Loss:

Insured Name(s): Bank Account(s): 1000409678 Insurance Type(s): Claimant Type(s): Coverage(s):

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim                       |          | QUALITY CLAIM SERVI | DOL        | Insured Name               | Transaction Typ             | •             | Payment           | Policy    | Paymen |
|-----------------------------|----------|---------------------|------------|----------------------------|-----------------------------|---------------|-------------------|-----------|--------|
| Number                      | Claim    | ant Type            | DOL        | insured Name               | Transaction Typ             | е             | Payment<br>Amount | Period    | Type   |
| 024324099                   | INDEMNIT | Y                   | 01/16/2024 | WILDWOOD CREST BOROUGH     | I-TEMPORARY TOTAL DISABILIT | ſΥ            | \$1,699.40        | 2024-2024 | Loss   |
|                             |          |                     |            |                            |                             | Check Amount: | \$1,699.40        |           |        |
| Check Numbe                 | r: 45020 | Check Date: 02      | 2/06/2024  | Payee Name: PLEASANTVILLI  | E CITY                      |               |                   |           |        |
| 2024320664                  | INDEMNIT | Y                   | 11/30/2023 | PLEASANTVILLE CITY         | I-TEMPORARY TOTAL DISABILIT | Υ             | \$2,198.00        | 2023-2023 | Loss   |
|                             |          |                     |            |                            |                             | Check Amount: | \$2,198.00        |           |        |
| Check Numbe                 | r: 45021 | Check Date: 02      | 2/06/2024  | Payee Name: PLEASANTVILLI  | E CITY                      |               |                   |           |        |
| 2024320664                  | INDEMNIT | Y                   | 11/30/2023 | PLEASANTVILLE CITY         | I-TEMPORARY TOTAL DISABILIT | Υ             | \$2,198.00        | 2023-2023 | Loss   |
|                             |          |                     |            |                            |                             | Check Amount: | \$2,198.00        |           |        |
| Check Numbe                 | r: 45022 | Check Date: 02      | 2/06/2024  | Payee Name: PLEASANTVILLI  | E CITY                      |               |                   |           |        |
| 2024320664                  | INDEMNIT | Y                   | 11/30/2023 | PLEASANTVILLE CITY         | I-TEMPORARY TOTAL DISABILIT | Υ             | \$942.00          | 2023-2023 | Loss   |
|                             |          |                     |            |                            |                             | Check Amount: | \$942.00          |           |        |
| Check Number: 45023 Check D |          | Check Date: 02      | 2/06/2024  | Payee Name: LOWER TOWNS    | HIP                         |               |                   |           |        |
| 2024319262                  | INDEMNIT | Y                   | 11/09/2023 | LOWER TOWNSHIP             | I-TEMPORARY TOTAL DISABILIT | Υ             | \$2,521.27        | 2023-2023 | Loss   |
|                             |          |                     |            |                            |                             | Check Amount: | \$2,521.27        |           |        |
| Check Numbe                 | r: 45024 | Check Date: 02      | 2/06/2024  | Payee Name: LOWER TOWNS    | HIP                         |               |                   |           |        |
| 2024323265                  | INDEMNIT | Y                   | 01/05/2024 | LOWER TOWNSHIP             | I-TEMPORARY TOTAL DISABILIT | Υ             | \$1,212.72        | 2024-2024 | Loss   |
|                             |          |                     |            |                            |                             | Check Amount: | \$1,212.72        |           |        |
| Check Numbe                 | r: 45025 | Check Date: 02      | 2/06/2024  | Payee Name: BRIGANTINE CIT | гү                          |               |                   |           |        |
| 2024315688                  | INDEMNIT | Y                   | 10/04/2023 | BRIGANTINE CITY            | I-TEMPORARY TOTAL DISABILIT | Υ             | \$1,429.38        | 2023-2023 | Loss   |
|                             |          |                     |            |                            |                             | Check Amount: | \$1,429.38        |           |        |
| Check Numbe                 | r: 45026 | Check Date: 02      | 2/06/2024  | Payee Name: ABSECON CITY   |                             |               |                   |           |        |
| 2022246709                  | INDEMNIT | Y                   | 08/25/2021 | ABSECON CITY               | I-TEMPORARY TOTAL DISABILIT | Υ             | \$5,398.71        | 2021-2021 | Loss   |
|                             |          |                     |            |                            |                             | Check Amount: | \$5,398.71        |           |        |
| Check Numbe                 | r: 45027 | Check Date: 02      | 2/06/2024  | Payee Name: OCEAN CITY     |                             |               |                   |           |        |
| 2023304426                  | INDEMNIT | Y                   | 05/15/2023 | OCEAN CITY                 | I-TEMPORARY TOTAL DISABILIT | Υ             | \$1,820.85        | 2023-2023 | Loss   |
|                             |          |                     |            |                            |                             | Check Amount: | \$1,820.85        |           |        |
| Check Numbe                 | r: 45028 | Check Date: 02      | 2/06/2024  | Payee Name: CAPE MAY CITY  |                             |               |                   |           |        |
| 2024312850                  | INDEMNIT | Y                   | 09/06/2023 | CAPE MAY CITY              | I-TEMPORARY TOTAL DISABILIT | Υ             | \$1,561.74        | 2023-2023 | Loss   |
| 02 10 12000                 |          |                     |            |                            |                             |               |                   |           |        |

Processed Date: Feb 1, 2024 through Feb 29, 2024
Date Of Loss: All

Insured Name(s): All Bank Account(s): 1000409678

Insurance Type(s): Claimant Type(s): Coverage(s): Page 4 of 48 Run Date: 3/2/2024 15:00:04 Cognos Version 1.0



#### Insurer: AJF-ATL.JOINT INS.FUND

|                 | LINKING YOU TO | QUALITY CLAIM SER | VICES      |                           |                            |               |                   |                  |                |
|-----------------|----------------|-------------------|------------|---------------------------|----------------------------|---------------|-------------------|------------------|----------------|
| Claim<br>Number | Claim          | ant Type          | DOL        | Insured Name              | Transaction Typ            | pe            | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
| Check Numbe     | r: 45029       | Check Date:       | 02/06/2024 | Payee Name: HAMILTON TO   | WNSHIP                     |               |                   |                  |                |
| 2023294910      | INDEMNIT       | 1                 | 01/29/2023 | HAMILTON TOWNSHIP         | I-TEMPORARY TOTAL DISABILI | TY            | \$2,198.00        | 2023-2023        | Loss           |
|                 |                |                   |            |                           |                            | Check Amount: | \$2,198.00        |                  |                |
| Check Numbe     | r: 45030       | Check Date:       | 02/06/2024 | Payee Name: MARGATE CIT   | Υ                          |               |                   |                  |                |
| 2024321509      | INDEMNIT       | <b>/</b>          | 12/11/2023 | MARGATE CITY              | I-TEMPORARY TOTAL DISABILI | TY            | \$1,486.05        | 2023-2023        | Loss           |
|                 |                |                   |            |                           |                            | Check Amount: | \$1,486.05        |                  |                |
| Check Numbe     | r: 45031       | Check Date:       | 02/06/2024 | Payee Name: HAMILTON TO   | WNSHIP                     |               |                   |                  |                |
| 2024312420      | INDEMNIT       | 1                 | 08/27/2023 | HAMILTON TOWNSHIP         | I-TEMPORARY TOTAL DISABILI | TY            | \$1,637.24        | 2023-2023        | Loss           |
|                 |                |                   |            |                           |                            | Check Amount: | \$1,637.24        |                  |                |
| Check Numbe     | r: 45032       | Check Date:       | 02/06/2024 | Payee Name: PLEASANTVIL   | LE CITY                    |               |                   |                  |                |
| 2024310732      | INDEMNIT       | <i>(</i>          | 08/06/2023 | PLEASANTVILLE CITY        | I-TEMPORARY TOTAL DISABILI | TY            | \$2,198.00        | 2023-2023        | Loss           |
|                 |                |                   |            |                           |                            | Check Amount: | \$2,198.00        |                  |                |
| Check Numbe     | r: 45033       | Check Date:       | 02/06/2024 | Payee Name: VENTNOR CIT   | Υ                          |               |                   |                  |                |
| 2023290740      | INDEMNIT       | <i>(</i>          | 12/08/2022 | VENTNOR CITY              | I-TEMPORARY TOTAL DISABILI | TY            | \$2,130.00        | 2022-2022        | Loss           |
|                 |                |                   |            |                           |                            | Check Amount: | \$2,130.00        |                  |                |
| Check Numbe     | r: 45034       | Check Date:       | 02/06/2024 | Payee Name: AVALON BOR    | OUGH                       |               |                   |                  |                |
| 2024321659      | INDEMNIT       | 1                 | 12/12/2023 | AVALON BOROUGH            | I-TEMPORARY TOTAL DISABILI | TY            | \$586.00          | 2023-2023        | Loss           |
|                 |                |                   |            |                           |                            | Check Amount: | \$586.00          |                  |                |
| Check Numbe     | r: 45035       | Check Date:       | 02/06/2024 | Payee Name: OCEAN CITY    |                            |               |                   |                  |                |
| 2024322176      | INDEMNIT       | 1                 | 12/19/2023 | OCEAN CITY                | I-TEMPORARY TOTAL DISABILI | TY            | \$735.24          | 2023-2023        | Loss           |
|                 |                |                   |            |                           |                            | Check Amount: | \$735.24          |                  |                |
| Check Numbe     | r: 45036       | Check Date:       | 02/06/2024 | Payee Name: OCEAN CITY    |                            |               |                   |                  |                |
| 2024322176      | INDEMNIT       | 1                 | 12/19/2023 | OCEAN CITY                | I-TEMPORARY TOTAL DISABILI | TY            | \$735.24          | 2023-2023        | Loss           |
|                 |                |                   |            |                           |                            | Check Amount: | \$735.24          |                  |                |
| Check Numbe     | r: 45037       | Check Date:       | 02/06/2024 | Payee Name: PLEASANTVIL   | LE CITY                    |               |                   |                  |                |
| 2024317754      | INDEMNIT       | 1                 | 10/19/2023 | PLEASANTVILLE CITY        | I-TEMPORARY TOTAL DISABILI | TY            | \$1,570.00        | 2023-2023        | Loss           |
|                 |                |                   |            |                           |                            | Check Amount: | \$1,570.00        |                  |                |
|                 |                | 01: I- D - 1 -    | 02/06/2024 | Payee Name: MARGATE CIT   | Y FIRE DEPARTMENT          |               |                   |                  |                |
| Check Numbe     | r: 45038       | Check Date:       | 02/06/2024 | r ayee maine. MANGATE OIT | THE DELYCENTER             |               |                   |                  |                |

Processed Date: Date Of Loss: Insured Name(s): Bank Account(s): Feb 1, 2024 through Feb 29, 2024

All All 1000409678 Insurance Type(s): Claimant Type(s): Coverage(s):

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Clair                | mant Type   | DOL        | Insured Name                | Transaction Typ             | е             | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
|-----------------|----------------------|-------------|------------|-----------------------------|-----------------------------|---------------|-------------------|------------------|-----------------|
|                 | ,                    |             | '          |                             | '                           | Check Amount: | \$1,075.00        |                  | '               |
| Check Number    | : 45039              | Check Date: | 02/06/2024 | Payee Name: LAW OFFICES O   | OF THOMAS G SMITH PC        |               |                   |                  |                 |
| 2020200356      | BODILY II            | NJURY       | 02/14/2020 | PLEASANTVILLE CITY          | L-LEGAL GL                  |               | \$577.00          | 2020-2020        | Legal           |
|                 |                      |             |            |                             |                             | Check Amount: | \$577.00          |                  |                 |
| Check Number    | : 45040              | Check Date: | 02/06/2024 | Payee Name: Cape May Coun   | ty                          |               |                   |                  |                 |
| 2024318855      | 3RD PAR              | TY PD       | 11/02/2023 | CAPE MAY CITY               | M-MISC MED(WC) & PD (NON-W  | C) AL PD      | \$2,254.88        | 2023-2023        | Loss            |
|                 |                      |             |            |                             |                             | Check Amount: | \$2,254.88        |                  |                 |
| Check Number    | : 45041              | Check Date: | 02/06/2024 | Payee Name: Owen Mastrocol  | la                          |               |                   |                  |                 |
| 2021236549      | INDEMNI <sup>*</sup> | ΓΥ          | 04/30/2021 | PLEASANTVILLE CITY          | I-PERMANENT PARTIAL DISABIL | ITY           | \$1,497.28        | 2021-2021        | Loss            |
|                 |                      |             |            |                             |                             | Check Amount: | \$1,497.28        |                  |                 |
| Check Number    | : 45042              | Check Date: | 02/06/2024 | Payee Name: Nicholas Hopwo  | ood                         |               |                   |                  |                 |
| 2023278204      | INDEMNI <sup>*</sup> | ΓΥ          | 07/13/2022 | OCEAN CITY                  | I-PERMANENT PARTIAL DISABIL | ITY           | \$1,294.24        | 2022-2022        | Loss            |
|                 |                      |             |            |                             |                             | Check Amount: | \$1,294.24        |                  |                 |
| Check Number    | : 45043              | Check Date: | 02/06/2024 | Payee Name: Mark Azagra     |                             |               |                   |                  |                 |
| 2023304058      | INDEMNI <sup>*</sup> | ΓΥ          | 04/28/2023 | SOMERS POINT CITY           | I-LUMP SUM SETTLEMENT       |               | \$2,312.00        | 2023-2023        | Loss            |
|                 |                      |             |            |                             |                             | Check Amount: | \$2,312.00        |                  |                 |
| Check Number    | : 45044              | Check Date: | 02/06/2024 | Payee Name: Eric Munyon     |                             |               |                   |                  |                 |
| 2021237391      | INDEMNI              | ΓΥ          | 05/11/2021 | GALLOWAY TOWNSHIP           | I-TEMPORARY TOTAL DISABILIT | Υ             | \$1,480.52        | 2021-2021        | Loss            |
|                 |                      |             |            |                             |                             | Check Amount: | \$1,480.52        |                  |                 |
| Check Number    | : 45045              | Check Date: | 02/06/2024 | Payee Name: Valerie McKim   |                             |               |                   |                  |                 |
| 2022247638      | INDEMNI              | ΓΥ          | 09/04/2021 | UPPER TOWNSHIP              | I-LUMP SUM SETTLEMENT       |               | \$10,000.00       | 2021-2021        | Loss            |
|                 |                      |             |            |                             |                             | Check Amount: | \$10,000.00       |                  |                 |
| Check Number    | : 45046              | Check Date: | 02/06/2024 | Payee Name: Jeremy Grouse   |                             |               |                   |                  |                 |
| 2021218482      | INDEMNI              | ГҮ          | 10/22/2020 | OCEAN CITY                  | I-PERMANENT PARTIAL DISABIL | ITY           | \$1,150.08        | 2020-2020        | Loss            |
|                 |                      |             |            |                             |                             | Check Amount: | \$1,150.08        |                  |                 |
| Check Number    | : 45047              | Check Date: | 02/06/2024 | Payee Name: Kenneth Kinsey  |                             |               |                   |                  |                 |
| 2022253534      | INDEMNI              | ГҮ          | 10/29/2021 | EGG HARBOR TOWNSHIP         | I-PERMANENT PARTIAL DISABIL | LITY          | \$1,265.20        | 2021-2021        | Loss            |
|                 |                      |             |            |                             |                             | Check Amount: | \$1,265.20        |                  |                 |
| Check Number    | : 45048              | Check Date: | 02/06/2024 | Payee Name: Thomas Ferrence | e                           |               |                   |                  |                 |

Processed Date: Date Of Loss: Insured Name(s):

Bank Account(s):

Feb 1, 2024 through Feb 29, 2024

1000409678

Insurance Type(s): Claimant Type(s): Coverage(s):

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#### Insurer: AJF-ATL.JOINT INS.FUND

| Claim<br>Number     |                  | ant Type   | DOL          | Insured Name                | Transaction Type                   | Payment<br>Amount  | Policy<br>Period | Paymer<br>Type |
|---------------------|------------------|------------|--------------|-----------------------------|------------------------------------|--------------------|------------------|----------------|
| 2021237523          | INDEMNIT         | Y          | 05/11/2021   | MIDDLE TOWNSHIP             | I-PERMANENT PARTIAL DISABILITY     | \$1,219.64         | 2021-2021        | Loss           |
|                     |                  |            |              |                             | Check A                            | Amount: \$1,219.64 |                  |                |
| Check Numbe         | r: 45049         | Check Date | : 02/06/2024 | Payee Name: William Burns   |                                    |                    |                  |                |
| 2022275475          | INDEMNIT         | Y          | 06/06/2022   | EGG HARBOR TOWNSHIP         | I-PERMANENT PARTIAL DISABILITY     | \$1,198.40         | 2022-2022        | Loss           |
|                     |                  |            |              |                             | Check A                            | Amount: \$1,198.40 |                  |                |
| Check Numbe         | r: <b>45050</b>  | Check Date | : 02/06/2024 | Payee Name: Cody Miller     |                                    |                    |                  |                |
| 2021237286          | INDEMNIT         | Y          | 05/09/2021   | MILLVILLE CITY              | I-PERMANENT PARTIAL DISABILITY     | \$1,177.44         | 2021-2021        | Loss           |
|                     |                  |            |              |                             | Check A                            | Amount: \$1,177.44 |                  |                |
| Check Numbe         | r: 45051         | Check Date | : 02/06/2024 | Payee Name: Elizabeth Fabik |                                    |                    |                  |                |
| 2020202597          | INDEMNIT         | Y          | 04/16/2020   | NORTH WILDWOOD CITY         | I-PERMANENT PARTIAL DISABILITY     | \$1,120.00         | 2020-2020        | Loss           |
|                     |                  |            |              |                             | Check A                            | Amount: \$1,120.00 |                  |                |
| Check Number: 45052 |                  | Check Date | : 02/06/2024 | Payee Name: Brian Fisher    |                                    |                    |                  |                |
| 2020208258          | INDEMNIT         | Y          | 06/24/2020   | BRIGANTINE CITY             | I-PERMANENT PARTIAL DISABILITY     | \$1,191.28         | 2020-2020        | Loss           |
|                     |                  |            |              |                             | Check A                            | Amount: \$1,191.28 |                  |                |
| Check Numbe         | r: <b>4505</b> 3 | Check Date | : 02/06/2024 | Payee Name: Ryan Hulme      |                                    |                    |                  |                |
| 2022271533          | INDEMNIT         | Y          | 04/27/2022   | STONE HARBOR BOROUGH        | I-PERMANENT PARTIAL DISABILITY     | \$1,157.40         | 2022-2022        | Loss           |
|                     |                  |            |              |                             | Check A                            | Amount: \$1,157.40 |                  |                |
| Check Numbe         | r: 45054         | Check Date | : 02/06/2024 | Payee Name: John Schauble   |                                    |                    |                  |                |
| 2022262682          | INDEMNIT         | Y          | 01/27/2022   | GALLOWAY TOWNSHIP           | I-PERMANENT PARTIAL DISABILITY     | \$1,198.40         | 2022-2022        | Loss           |
|                     |                  |            |              |                             | Check A                            | Amount: \$1,198.40 |                  |                |
| Check Numbe         | r: <b>4505</b> 5 | Check Date | : 02/06/2024 | Payee Name: VENTNOR CITY    |                                    |                    |                  |                |
| 2024322802          | 1ST PART         | Y COLL PD  | 12/21/2023   | VENTNOR CITY                | M-MISC MED(WC) & PD (NON-WC) PR CO | OLL \$2,148.24     | 2023-2023        | Loss           |
|                     |                  |            |              |                             | Check A                            | Amount: \$2,148.24 |                  |                |
| Check Numbe         | r: 45056         | Check Date | : 02/06/2024 | Payee Name: NORTH WILDWO    | OOD CITY                           |                    |                  |                |
| 2024324828          | BLDG/CON         | ITENT      | 09/26/2023   | NORTH WILDWOOD CITY         | M-MISC MED(WC) & PD (NON-WC) BLD 8 | k CNT \$4,560.34   | 2023-2023        | Loss           |
|                     |                  |            |              |                             | Check A                            | Amount: \$4,560.34 |                  |                |
| Check Numbe         | r: 45057         | Check Date | : 02/06/2024 | Payee Name: QUAL-LYNX       |                                    |                    |                  |                |
| 2024320636          | MEDICAL (        | ONLY       | 11/30/2023   | MIDDLE TOWNSHIP             | E-MISC ALL OTHER WC                | \$4.25             | 2023-2023        | Expense        |
| 2024321303          | MEDICAL (        | ONLY       | 12/07/2023   | OCEAN CITY                  | E-MISC ALL OTHER WC                | \$4.25             | 2023-2023        | Expense        |

Processed Date: Date Of Loss: Insured Name(s): Bank Account(s):

Feb 1, 2024 through Feb 29, 2024

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Insurance Type(s): Claimant Type(s): Coverage(s):

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**Insurer: AJF-ATL.JOINT INS.FUND** 

| Claim<br>Number | Clai             | mant Type  | DOL          | Insured Name            | Transaction Ty              | pe            | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
|-----------------|------------------|------------|--------------|-------------------------|-----------------------------|---------------|-------------------|------------------|----------------|
|                 |                  |            |              |                         |                             | Check Amount: | \$8.50            |                  |                |
| Check Number    | r: 45058         | Check Date | : 02/06/2024 | Payee Name: ATLANTICAR  | E PHYSICIAN GROUP, PA       |               |                   |                  |                |
| 2024324524      | MEDICAL          | ONLY       | 01/22/2024   | VENTNOR CITY            | M-OCCUPATIONAL MEDICINE     |               | \$148.93          | 2024-2024        | Loss           |
|                 |                  |            |              |                         |                             | Check Amount: | \$148.93          |                  |                |
| Check Number    | r: 45059         | Check Date | : 02/06/2024 | Payee Name: IVYREHAB NI | ETWORK INC                  |               |                   |                  |                |
| 2024315985      | INDEMNI          | TY         | 10/05/2023   | MILLVILLE CITY          | M-PHYSICIAN FEES            |               | \$659.00          | 2023-2023        | Loss           |
| 2024318880      | INDEMNI          | TY         | 11/03/2023   | OCEAN CITY              | M-PHYSICIAN FEES            |               | \$744.00          | 2023-2023        | Loss           |
|                 |                  |            |              |                         |                             | Check Amount: | \$1,403.00        |                  |                |
| Check Number    | r: <b>45060</b>  | Check Date | : 02/06/2024 | Payee Name: RANCOCAS A  | ANESTHESIOLOGY PA           |               |                   |                  |                |
| 2023305083      | INDEMNI          | TY         | 01/02/2020   | LINWOOD CITY            | M-PHYSICIAN FEES            |               | \$2,516.25        | 2020-2020        | Loss           |
| 2024315944      | INDEMNI          | TY         | 10/05/2023   | MILLVILLE CITY          | M-PHYSICIAN FEES            |               | \$1,657.38        | 2023-2023        | Loss           |
|                 |                  |            |              |                         |                             | Check Amount: | \$4,173.63        |                  |                |
| Check Number    | r: <b>4506</b> 1 | Check Date | : 02/06/2024 | Payee Name: CAPE REGIO  | NAL MEDICAL CENTER          |               |                   |                  |                |
| 2024322698      | MEDICAL          | ONLY       | 12/28/2023   | MIDDLE TOWNSHIP         | M-ACUTE CARE HOSPITAL       |               | \$1,404.00        | 2023-2023        | Loss           |
| 2024323258      | MEDICAL          | ONLY       | 01/05/2024   | LOWER TOWNSHIP          | M-ACUTE CARE HOSPITAL       |               | \$1,404.00        | 2024-2024        | Loss           |
| 2024323265      | INDEMNI          | TY         | 01/05/2024   | LOWER TOWNSHIP          | M-ACUTE CARE HOSPITAL       |               | \$1,404.00        | 2024-2024        | Loss           |
|                 |                  |            |              |                         |                             | Check Amount: | \$4,212.00        |                  |                |
| Check Number    | r: 45062         | Check Date | : 02/06/2024 | Payee Name: TWIN BORO I | PHYSICAL THERAPY ASSOCIATES | PA            |                   |                  |                |
| 2021214290      | INDEMNI          | TY         | 09/10/2020   | HAMILTON TOWNSHIP       | M-PHYSICIAN FEES            |               | \$160.00          | 2020-2020        | Loss           |
| 2021240978      | INDEMNI          | TY         | 12/30/2020   | EGG HARBOR TOWNSHIP     | M-PHYSICIAN FEES            |               | \$80.00           | 2020-2020        | Loss           |
| 2023294910      | INDEMNI          | TY         | 01/29/2023   | HAMILTON TOWNSHIP       | M-PHYSICIAN FEES            |               | \$240.00          | 2023-2023        | Loss           |
| 2023305169      | INDEMNI          | TY         | 05/24/2023   | WILDWOOD CITY           | M-PHYSICIAN FEES            |               | \$240.00          | 2023-2023        | Loss           |
| 2023306945      | INDEMNI          | TY         | 05/31/2023   | EGG HARBOR TOWNSHIP     | M-PHYSICIAN FEES            |               | \$220.00          | 2023-2023        | Loss           |
| 2024313044      | INDEMNI          | TY         | 09/06/2023   | PLEASANTVILLE CITY      | M-PHYSICIAN FEES            |               | \$240.00          | 2023-2023        | Loss           |
| 2024316507      | MEDICAL          | ONLY       | 10/11/2023   | EGG HARBOR TOWNSHIP     | M-PHYSICIAN FEES            |               | \$240.00          | 2023-2023        | Loss           |
| 2024319262      | INDEMNI          | TY         | 11/09/2023   | LOWER TOWNSHIP          | M-PHYSICIAN FEES            |               | \$160.00          | 2023-2023        | Loss           |
| 2024320664      | INDEMNI          | TY         | 11/30/2023   | PLEASANTVILLE CITY      | M-PHYSICIAN FEES            |               | \$240.00          | 2023-2023        | Loss           |
| 2024322698      | MEDICAL          | ONLY       | 12/28/2023   | MIDDLE TOWNSHIP         | M-PHYSICIAN FEES            |               | \$160.00          | 2023-2023        | Loss           |
| 2024323003      | MEDICAL          | ONLY       | 01/02/2024   | OCEAN CITY              | M-PHYSICIAN FEES            |               | \$160.00          | 2024-2024        | Loss           |

Processed Date: Date Of Loss: Insured Name(s): Bank Account(s): Feb 1, 2024 through Feb 29, 2024

All All

1000409678

Insurance Type(s):
Claimant Type(s):
Coverage(s):



#### Insurer: AJF-ATL.JOINT INS.FUND

| Claim<br>Number | Claim     | ant Type    | DOL        | Insured Name              | Transaction T         | уре           | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
|-----------------|-----------|-------------|------------|---------------------------|-----------------------|---------------|-------------------|------------------|----------------|
|                 |           |             | '          |                           |                       | Check Amount: | \$2,140.00        |                  | '              |
| Check Numbe     | r: 45063  | Check Date: | 02/06/2024 | Payee Name: FERNANDO J.   | DELASOTTA MD          |               |                   |                  |                |
| 2023305169      | INDEMNIT  | Y           | 05/24/2023 | WILDWOOD CITY             | M-ORTHO/NEURO FEES    |               | \$115.00          | 2023-2023        | Loss           |
|                 |           |             |            |                           |                       | Check Amount: | \$115.00          |                  |                |
| Check Numbe     | r: 45064  | Check Date: | 02/06/2024 | Payee Name: ONE CALL CA   | RE DIAGNOSTICS        |               |                   |                  |                |
| 2024321509      | INDEMNIT  | Y           | 12/11/2023 | MARGATE CITY              | M-MRI                 |               | \$485.00          | 2023-2023        | Loss           |
|                 |           |             |            |                           |                       | Check Amount: | \$485.00          |                  |                |
| Check Numbe     | r: 45065  | Check Date: | 02/06/2024 | Payee Name: MATTHEW J P   | TERA MD PA            |               |                   |                  |                |
| 2022247283      | INDEMNIT  | Y           | 09/05/2021 | EGG HARBOR TOWNSHIP       | M-BEHAVIORAL HEALTH   |               | \$450.00          | 2021-2021        | Loss           |
| 2022259943      | INDEMNIT  | Y           | 01/04/2022 | MILLVILLE CITY            | M-BEHAVIORAL HEALTH   |               | \$450.00          | 2022-2022        | Loss           |
|                 |           |             |            |                           |                       | Check Amount: | \$900.00          |                  |                |
| Check Numbe     | r: 45066  | Check Date: | 02/06/2024 | Payee Name: ROTHMAN OR    | THOPAEDICS            |               |                   |                  |                |
| 2021237391      | INDEMNIT  | Y           | 05/11/2021 | GALLOWAY TOWNSHIP         | M-ORTHO/NEURO FEES    |               | \$210.71          | 2021-2021        | Loss           |
| 2023294910      | INDEMNIT  | Y           | 01/29/2023 | HAMILTON TOWNSHIP         | M-ORTHO/NEURO FEES    |               | \$2,038.32        | 2023-2023        | Loss           |
|                 |           |             |            |                           |                       | Check Amount: | \$2,249.03        |                  |                |
| Check Numbe     | r: 45067  | Check Date: | 02/06/2024 | Payee Name: NovaCare Reha | abilitation           |               |                   |                  |                |
| 2024315944      | INDEMNIT  | Y           | 10/05/2023 | MILLVILLE CITY            | M-PHYSICIAN FEES      |               | \$302.82          | 2023-2023        | Loss           |
|                 |           |             |            |                           |                       | Check Amount: | \$302.82          |                  |                |
| Check Numbe     | r: 45068  | Check Date: | 02/06/2024 | Payee Name: THOMAS JEFF   | ERSON UNIV HOSPITAL   |               |                   |                  |                |
| 2023291080      | MEDICAL ( | ONLY        | 12/07/2022 | OCEAN CITY                | M-ACUTE CARE HOSPITAL |               | \$823.00          | 2022-2022        | Loss           |
|                 |           |             |            |                           |                       | Check Amount: | \$823.00          |                  |                |
| Check Numbe     | r: 45069  | Check Date: | 02/06/2024 | Payee Name: CAPE REGION   | AL URGENT CARE        |               |                   |                  |                |
| 2024321303      | MEDICAL ( | ONLY        | 12/07/2023 | OCEAN CITY                | M-PHYSICIAN FEES      |               | \$79.48           | 2023-2023        | Loss           |
| 2024322155      | MEDICAL ( | ONLY        | 12/19/2023 | WILDWOOD CITY             | M-PHYSICIAN FEES      |               | \$275.72          | 2023-2023        | Loss           |
|                 |           |             |            |                           |                       | Check Amount: | \$355.20          |                  |                |
| Check Numbe     | er: 45070 | Check Date: | 02/06/2024 | Payee Name: CAPE PHYSIC   | AL THERAPY LLC        |               |                   |                  |                |
| 2023294583      | INDEMNIT  | Y           | 01/03/2023 | NORTH WILDWOOD CITY       | M-PHYSICIAN FEES      |               | \$60.00           | 2023-2023        | Loss           |
|                 | INDEMNIT  | Y           | 09/05/2023 | STONE HARBOR BOROUGH      | M-PHYSICIAN FEES      |               | \$120.00          | 2023-2023        | Loss           |
| 2024312757      |           |             |            |                           |                       |               |                   |                  |                |

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

|                 | LINKING YOU TO | QUALITY CLAIM SE | RVICES       |                          |                             |               |                   |                  |                |
|-----------------|----------------|------------------|--------------|--------------------------|-----------------------------|---------------|-------------------|------------------|----------------|
| Claim<br>Number | Clain          | nant Type        | DOL          | Insured Name             | Transaction T               | ype           | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
| Check Number    | : 45071        | Check Date:      | : 02/06/2024 | Payee Name: THERASPORT F | PHYSICAL THERAPY            |               |                   |                  |                |
| 2024312877      | INDEMNIT       | Υ                | 09/06/2023   | HAMILTON TOWNSHIP        | M-PHYSICIAN FEES            |               | \$65.00           | 2023-2023        | Loss           |
|                 |                |                  |              |                          |                             | Check Amount: | \$65.00           |                  |                |
| Check Number    | : 45072        | Check Date       | : 02/06/2024 | Payee Name: ADVANCED RA  | DIOLOGY SOLUTIONS LLC       |               |                   |                  |                |
| 2024317566      | INDEMNIT       | Υ                | 10/23/2023   | SOMERS POINT CITY        | M-PHYSICIAN FEES            |               | \$53.01           | 2023-2023        | Loss           |
|                 |                |                  |              |                          |                             | Check Amount: | \$53.01           |                  |                |
| Check Number    | : 45073        | Check Date:      | : 02/06/2024 | Payee Name: ATLANTICARE  | REGIONAL MEDICAL CENTER     |               |                   |                  |                |
| 2023306930      | MEDICAL        | ONLY             | 06/13/2023   | HAMILTON TOWNSHIP        | M-ACUTE CARE HOSPITAL       |               | \$2,511.00        | 2023-2023        | Loss           |
|                 |                |                  |              |                          |                             | Check Amount: | \$2,511.00        |                  |                |
| Check Number    | : 45074        | Check Date:      | : 02/06/2024 | Payee Name: COMP X MEDIC | AL MANAGEMENT               |               |                   |                  |                |
| 2021209739      | INDEMNIT       | Υ                | 07/12/2020   | OCEAN CITY               | M-OTHER PROVIDER FEES       |               | \$227.50          | 2020-2020        | Loss           |
|                 |                |                  |              |                          |                             | Check Amount: | \$227.50          |                  |                |
| Check Number    | : 45075        | Check Date:      | : 02/06/2024 | Payee Name: MARGATE CITY | FIRE DEPARTMENT             |               |                   |                  |                |
| 2023290740      | INDEMNIT       | Υ                | 12/08/2022   | VENTNOR CITY             | M-OTHER PROVIDER FEES       |               | \$902.00          | 2022-2022        | Loss           |
|                 |                |                  |              |                          |                             | Check Amount: | \$902.00          |                  |                |
| Check Number    | : 45076        | Check Date       | : 02/06/2024 | Payee Name: WORKERS COM  | MP PSYCH NET                |               |                   |                  |                |
| 2024316603      | MEDICAL        | ONLY             | 10/09/2023   | PLEASANTVILLE CITY       | M-BEHAVIORAL HEALTH         |               | \$170.00          | 2023-2023        | Loss           |
|                 |                |                  |              |                          |                             | Check Amount: | \$170.00          |                  |                |
| Check Number    | : 45077        | Check Date:      | : 02/06/2024 | Payee Name: NEUROSURGIC  | AL AND SPINE SPECIALIST LLC |               |                   |                  |                |
| 2021226252      | INDEMNIT       | Υ                | 01/14/2021   | EGG HARBOR TOWNSHIP      | M-ORTHO/NEURO FEES          |               | \$193.72          | 2021-2021        | Loss           |
| 2021229497      | INDEMNIT       | Υ                | 02/10/2021   | WILDWOOD CITY            | M-ORTHO/NEURO FEES          |               | \$600.00          | 2021-2021        | Loss           |
| 2024309201      | MEDICAL        | ONLY             | 07/14/2023   | VENTNOR CITY             | M-ORTHO/NEURO FEES          |               | \$300.00          | 2023-2023        | Loss           |
| 2024312757      | INDEMNIT       | Υ                | 09/05/2023   | STONE HARBOR BOROUGH     | M-ORTHO/NEURO FEES          |               | \$464.61          | 2023-2023        | Loss           |
|                 |                |                  |              |                          |                             | Check Amount: | \$1,558.33        |                  |                |
| Check Number    | : 45078        | Check Date:      | : 02/06/2024 | Payee Name: myMATRIXX    |                             |               |                   |                  |                |
| 2023308010      | INDEMNIT       | Υ                | 06/29/2023   | STONE HARBOR BOROUGH     | M-PHARMACY                  |               | \$399.35          | 2023-2023        | Loss           |
|                 |                |                  |              |                          |                             | Check Amount: | \$399.35          |                  |                |
| Check Number    | : 45079        | Check Date:      | : 02/06/2024 | Payee Name: ORTHONJ, LLC |                             |               |                   |                  |                |
| 2023304426      | INDEMNIT       | Υ                | 05/15/2023   | OCEAN CITY               | M-ORTHO/NEURO FEES          |               | \$2 204 00        | 2023-2023        | Loss           |

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#### Insurer: AJF-ATL.JOINT INS.FUND

| Claim<br>Number | Clain    | nant Type     | DOL        | Insured Name              | Transaction Typ            | е             | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
|-----------------|----------|---------------|------------|---------------------------|----------------------------|---------------|-------------------|------------------|-----------------|
| 2023305169      | INDEMNIT | Υ             | 05/24/2023 | WILDWOOD CITY             | M-PHYSICIAN FEES           |               | \$85.32           | 2023-2023        | Loss            |
| 2023307686      | INDEMNIT | Υ             | 06/23/2023 | SEA ISLE CITY             | M-ORTHO/NEURO FEES         |               | \$85.32           | 2023-2023        | Loss            |
| 2024316507      | MEDICAL  | ONLY          | 10/11/2023 | EGG HARBOR TOWNSHIP       | M-ORTHO/NEURO FEES         |               | \$85.32           | 2023-2023        | Loss            |
| 2024317754      | INDEMNIT | Υ             | 10/19/2023 | PLEASANTVILLE CITY        | M-ORTHO/NEURO FEES         |               | \$202.38          | 2023-2023        | Loss            |
| 2024319133      | INDEMNIT | Υ             | 10/27/2023 | PLEASANTVILLE CITY        | M-ORTHO/NEURO FEES         |               | \$242.62          | 2023-2023        | Loss            |
| 2024319667      | INDEMNIT | Υ             | 11/12/2023 | LONGPORT BOROUGH          | M-ORTHO/NEURO FEES         |               | \$85.32           | 2023-2023        | Loss            |
| 2024322176      | INDEMNIT | Υ             | 12/19/2023 | OCEAN CITY                | M-ORTHO/NEURO FEES         |               | \$85.32           | 2023-2023        | Loss            |
| 2024322698      | MEDICAL  | ONLY          | 12/28/2023 | MIDDLE TOWNSHIP           | M-ORTHO/NEURO FEES         |               | \$85.32           | 2023-2023        | Loss            |
| 2024322903      | MEDICAL  | ONLY          | 01/03/2024 | VENTNOR CITY              | M-PHYSICIAN FEES           |               | \$239.32          | 2024-2024        | Loss            |
| 2024323265      | INDEMNIT | Υ             | 01/05/2024 | LOWER TOWNSHIP            | M-ORTHO/NEURO FEES         |               | \$470.79          | 2024-2024        | Loss            |
| 2024323481      | INDEMNIT | Υ             | 01/05/2024 | NORTH WILDWOOD CITY       | M-ORTHO/NEURO FEES         |               | \$190.79          | 2024-2024        | Loss            |
|                 |          |               |            |                           |                            | Check Amount: | \$4,252.81        |                  |                 |
| Check Number    | : 45080  | Check Date: 0 | 2/06/2024  | Payee Name: ATLANTICARE O | ENTER FOR ORTHOPEDIC SURC  | GERY          |                   |                  |                 |
| 2023294910      | INDEMNIT | Υ             | 01/29/2023 | HAMILTON TOWNSHIP         | M-AMBULATORY SURGERY CEN   | NTER          | \$2,273.39        | 2023-2023        | Loss            |
|                 |          |               |            |                           |                            | Check Amount: | \$2,273.39        |                  |                 |
| Check Number    | : 45081  | Check Date: 0 | 2/06/2024  | Payee Name: STRIVE PHYSIC | AL THERAPY SPECIALISTS LLC |               |                   |                  |                 |
| 2021236152      | INDEMNIT | Υ             | 04/27/2021 | VENTNOR CITY              | M-PHYSICIAN FEES           |               | \$270.00          | 2021-2021        | Loss            |
| 2024310732      | INDEMNIT | Υ             | 08/06/2023 | PLEASANTVILLE CITY        | M-PHYSICIAN FEES           |               | \$180.00          | 2023-2023        | Loss            |
| 2024312936      | INDEMNIT | Υ             | 09/07/2023 | BRIGANTINE CITY           | M-PHYSICIAN FEES           |               | \$270.00          | 2023-2023        | Loss            |
| 2024315688      | INDEMNIT | Υ             | 10/04/2023 | BRIGANTINE CITY           | M-PHYSICIAN FEES           |               | \$180.00          | 2023-2023        | Loss            |
| 2024317754      | INDEMNIT | Υ             | 10/19/2023 | PLEASANTVILLE CITY        | M-PHYSICIAN FEES           |               | \$180.00          | 2023-2023        | Loss            |
| 2024319788      | MEDICAL  | ONLY          | 11/17/2023 | VENTNOR CITY              | M-PHYSICIAN FEES           |               | \$270.00          | 2023-2023        | Loss            |
| 2024322176      | INDEMNIT | Υ             | 12/19/2023 | OCEAN CITY                | M-PHYSICIAN FEES           |               | \$180.00          | 2023-2023        | Loss            |
|                 |          |               |            |                           |                            | Check Amount: | \$1,530.00        |                  |                 |
| Check Number    | : 45082  | Check Date: 0 | 2/06/2024  | Payee Name: ORTHONJ, LLC  |                            |               |                   |                  |                 |
| 2024312420      | INDEMNIT | Υ             | 08/27/2023 | HAMILTON TOWNSHIP         | M-ORTHO/NEURO FEES         |               | \$6,008.51        | 2023-2023        | Loss            |
|                 |          |               |            |                           |                            | Check Amount: | \$6,008.51        |                  |                 |
| Check Number    | : 45083  | Check Date: 0 | 2/06/2024  | Payee Name: OSPREY REHAE  | SILITATION LLC             |               |                   |                  |                 |
| 2022263876      | INDEMNIT | Υ             | 02/06/2022 | HAMILTON TOWNSHIP         | M-PHYSICIAN FEES           |               | \$100.94          | 2022-2022        | Loss            |
|                 |          |               |            |                           |                            | Check Amount: | \$100.94          |                  |                 |

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

|                 | JINKING YOU TO | QUALITY CLAIM SER | VICES      |                            |                                   |                   |                  |                 |
|-----------------|----------------|-------------------|------------|----------------------------|-----------------------------------|-------------------|------------------|-----------------|
| Claim<br>Number | Claii          | mant Type         | DOL        | Insured Name               | Transaction Type                  | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
| Check Number:   | 45084          | Check Date: (     | 02/06/2024 | Payee Name: ISO SERVICES I | NC                                |                   |                  |                 |
| 2022267511      | INDEMNI        | Υ                 | 02/09/2021 | MILLVILLE CITY             | E-MISC ALL OTHER WC               | \$13.75           | 2021-2021        | Expense         |
| 2023277682      | INDEMNI        | Υ                 | 12/16/2021 | ABSECON CITY               | E-MISC ALL OTHER WC               | \$13.75           | 2021-2021        | Expense         |
| 2024320636      | MEDICAL        | ONLY              | 11/30/2023 | MIDDLE TOWNSHIP            | E-MISC ALL OTHER WC               | \$13.75           | 2023-2023        | Expense         |
| 2024321303      | MEDICAL        | ONLY              | 12/07/2023 | OCEAN CITY                 | E-MISC ALL OTHER WC               | \$13.75           | 2023-2023        | Expense         |
|                 |                |                   |            |                            | Check Amount:                     | \$55.00           |                  |                 |
| Check Number:   | 45085          | Check Date: (     | 02/06/2024 | Payee Name: QUALCARE INC   |                                   |                   |                  |                 |
| 2024324531      | INDEMNI        | ΓΥ                | 01/18/2024 | LOWER TOWNSHIP             | M-MEDICAL REHAB/NON VOCATIONAL WC | \$565.00          | 2024-2024        | Loss            |
| 024325050       | MEDICAL        | ONLY              | 01/25/2024 | OCEAN CITY                 | M-MEDICAL REHAB/NON VOCATIONAL WC | \$565.00          | 2024-2024        | Loss            |
| 2024325103      | MEDICAL        | ONLY              | 12/22/2023 | NORTHFIELD CITY            | M-MEDICAL REHAB/NON VOCATIONAL WC | \$565.00          | 2023-2023        | Loss            |
| 2024325155      | MEDICAL        | ONLY              | 01/22/2024 | CAPE MAY CITY              | M-MEDICAL REHAB/NON VOCATIONAL WC | \$565.00          | 2024-2024        | Loss            |
| 2024325158      | INDEMNI        | Υ                 | 01/26/2024 | MILLVILLE CITY             | M-MEDICAL REHAB/NON VOCATIONAL WC | \$565.00          | 2024-2024        | Loss            |
| 024325255       | MEDICAL        | ONLY              | 01/29/2024 | WILDWOOD CITY              | M-MEDICAL REHAB/NON VOCATIONAL WC | \$565.00          | 2024-2024        | Loss            |
| 024325279       | MEDICAL        | ONLY              | 01/28/2024 | MILLVILLE CITY             | M-MEDICAL REHAB/NON VOCATIONAL WC | \$565.00          | 2024-2024        | Loss            |
| 024325340       | INDEMNI        | Υ                 | 01/22/2024 | WILDWOOD CITY              | M-MEDICAL REHAB/NON VOCATIONAL WC | \$565.00          | 2024-2024        | Loss            |
| 024325363       | INDEMNI        | Υ                 | 01/29/2024 | MILLVILLE CITY             | M-MEDICAL REHAB/NON VOCATIONAL WC | \$565.00          | 2024-2024        | Loss            |
| 024325411       | MEDICAL        | ONLY              | 01/30/2024 | CAPE MAY CITY              | M-MEDICAL REHAB/NON VOCATIONAL WC | \$565.00          | 2024-2024        | Loss            |
| 024325500       | INDEMNI        | ΓΥ                | 01/26/2024 | OCEAN CITY                 | M-MEDICAL REHAB/NON VOCATIONAL WC | \$565.00          | 2024-2024        | Loss            |
|                 |                |                   |            |                            | Check Amount:                     | \$6,215.00        |                  |                 |
| Check Number:   | 45086          | Check Date: 0     | 02/13/2024 | Payee Name: CAPEHART & So  | CATCHARD PA                       |                   |                  |                 |
| 021216399       | INDEMNI        | ΓΥ                | 10/02/2020 | MILLVILLE CITY             | L-LEGAL WC                        | \$389.50          | 2020-2020        | Legal           |
| 023279780       | INDEMNI        | ΓΥ                | 12/31/2021 | LOWER TOWNSHIP             | L-LEGAL WC                        | \$782.00          | 2021-2021        | Legal           |
| 023288213       | INDEMNI        | ΓΥ                | 11/01/2022 | OCEAN CITY                 | L-LEGAL WC                        | \$814.50          | 2022-2022        | Legal           |
| 2023298228      | INDEMNI        | ΓΥ                | 02/14/2023 | VENTNOR CITY               | L-LEGAL WC                        | \$187.50          | 2023-2023        | Legal           |
|                 |                |                   |            |                            | Check Amount:                     | \$2,173.50        |                  |                 |
| Check Number:   | 45087          | Check Date: (     | 02/13/2024 | Payee Name: MADDEN & MAD   | DEN PA                            |                   |                  |                 |
| 023289957       | BODILY II      | NJURY             | 10/09/2022 | OCEAN CITY                 | L-LEGAL GL                        | \$3,009.49        | 2022-2022        | Legal           |
|                 |                |                   |            |                            | Check Amount:                     | \$3,009.49        |                  |                 |
| Check Number:   | 45088          | Check Date: (     | 02/13/2024 | Payee Name: STATE SHORTH   | AND REPORTING SERVICE             |                   |                  |                 |

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Clair                | mant Type  | DOL          | Insured Name             | Transaction Ty                | pe              | Payment<br>Amount | Policy<br>Period | Paymer  |
|-----------------|----------------------|------------|--------------|--------------------------|-------------------------------|-----------------|-------------------|------------------|---------|
|                 |                      |            |              |                          |                               |                 |                   |                  | Туре    |
| 2020197914      | INDEMNI <sup>*</sup> | ΓΥ         | 02/22/2020   | EGG HARBOR TOWNSHIP      | E-MISC LEGAL EXPENSE WC       |                 | \$75.00           | 2020-2020        | Expense |
| 2023279780      | INDEMNI <sup>*</sup> | ΓΥ         | 12/31/2021   | LOWER TOWNSHIP           | E-MISC LEGAL EXPENSE WC       |                 | \$75.00           | 2021-2021        | Expense |
|                 |                      |            |              |                          |                               | Check Amount:   | \$150.00          |                  |         |
| Check Numbe     | r: 45089             | Check Date | : 02/13/2024 | Payee Name: I C U INVEST | GATIONS INC                   |                 |                   |                  |         |
| 2024310732      | INDEMNI              | ΓΥ         | 08/06/2023   | PLEASANTVILLE CITY       | E-INDEP ADJUSTOR WC           |                 | \$2,100.00        | 2023-2023        | Expense |
|                 |                      |            |              |                          |                               | Check Amount:   | \$2,100.00        |                  |         |
| Check Numbe     | r: 45090             | Check Date | : 02/13/2024 | Payee Name: BARKER GEI   | FAND JAMES & SERVAS A PROFE   | SSIONAL CORPORA | ATION             |                  |         |
| 2021213081      | POLICE F             | ROF BI     | 06/04/2020   | GALLOWAY TOWNSHIP        | L-LEGAL GL                    |                 | \$89.50           | 2020-2020        | Legal   |
| 2023291904      | POLICE F             | ROF PI     | 09/24/2022   | WILDWOOD CITY            | L-LEGAL GL                    |                 | \$890.00          | 2022-2022        | Legal   |
|                 |                      |            |              |                          |                               | Check Amount:   | \$979.50          |                  |         |
| Check Numbe     | r: 45091             | Check Date | : 02/13/2024 | Payee Name: D'ARCY JOH   | NSON DAY PC                   |                 |                   |                  |         |
| 2020197914      | INDEMNI <sup>*</sup> | ΓΥ         | 02/22/2020   | EGG HARBOR TOWNSHIP      | I-ASSESSMENT-W.C. IND         |                 | \$2,100.00        | 2020-2020        | Loss    |
|                 |                      |            |              |                          |                               | Check Amount:   | \$2,100.00        |                  |         |
| Check Numbe     | r: 45092             | Check Date | : 02/13/2024 | Payee Name: PETRO-COHE   | EN ESQS                       |                 |                   |                  |         |
| 2023279780      | INDEMNI <sup>*</sup> | ΓΥ         | 12/31/2021   | LOWER TOWNSHIP           | I-ASSESSMENT-W.C. IND         |                 | \$16,771.00       | 2021-2021        | Loss    |
|                 |                      |            |              |                          |                               | Check Amount:   | \$16,771.00       |                  |         |
| Check Numbe     | r: 45093             | Check Date | : 02/13/2024 | Payee Name: BIRCHMEIER   | & POWELL LLC                  |                 |                   |                  |         |
| 2022249364      | BODILY II            | NJURY      | 07/27/2021   | CAPE MAY CITY            | L-LEGAL GL                    |                 | \$1,360.00        | 2021-2021        | Legal   |
| 2022265831      | BODILY II            | NJURY      | 01/29/2022   | WATERFORD TOWNSHIP       | L-LEGAL AL                    |                 | \$2,532.00        | 2022-2022        | Legal   |
| 2022275818      | BODILY II            | NJURY      | 04/24/2022   | WILDWOOD CITY            | L-LEGAL GL                    |                 | \$2,652.00        | 2022-2022        | Legal   |
| 2022276309      | PERSON               | AL INJURY  | 03/05/2022   | NORTH WILDWOOD CITY      | L-LEGAL GL                    |                 | \$1,240.50        | 2022-2022        | Legal   |
| 2023296798      | BODILY II            | NJURY      | 01/24/2023   | CAPE MAY CITY            | L-LEGAL GL                    |                 | \$1,620.00        | 2023-2023        | Legal   |
|                 |                      |            |              |                          |                               | Check Amount:   | \$9,404.50        |                  |         |
| Check Numbe     | r: 45094             | Check Date | : 02/13/2024 | Payee Name: EXAMWORKS    | S COMPLIANCE SOLUTIONS LLC    |                 |                   |                  |         |
| 2022244701      | INDEMNI <sup>*</sup> | ΓΥ         | 08/05/2021   | HAMILTON TOWNSHIP        | E-INDEP ADJUSTOR WC           |                 | \$325.00          | 2021-2021        | Expense |
|                 |                      |            |              |                          |                               | Check Amount:   | \$325.00          |                  |         |
| Check Numbe     | r: 45095             | Check Date | : 02/13/2024 | Payee Name: State of New | Jersey - Div of Worker's Comp |                 |                   |                  |         |
| 2024308764      | INDEMNI              | ΓΥ         | 07/12/2023   | WILDWOOD CITY            | E-MISC ALL OTHER WC           |                 | \$14.85           | 2023-2023        | Expense |
|                 |                      |            |              |                          |                               | Check Amount:   | \$14.85           |                  |         |

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Bank Account(s): 1000409678 Insurance Type(s): Claimant Type(s): Coverage(s):



#### **Insurer: AJF-ATL.JOINT INS.FUND**

|                 | LINKING YOU T | O QUALITY CLAIM SE | RVICES       |                         |                           |               |                   |                  |                 |
|-----------------|---------------|--------------------|--------------|-------------------------|---------------------------|---------------|-------------------|------------------|-----------------|
| Claim<br>Number | Clai          | mant Type          | DOL          | Insured Name            | Transaction Ty            | ре            | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
| Check Number    | : 45096       | Check Date:        | : 02/13/2024 | Payee Name: LEO S PETET | TI LLC                    |               |                   |                  |                 |
| 2024321405      | COMPRE        | HENSIVE            | 12/03/2023   | MULLICA TOWNSHIP        | E-APPRAISERS PR           |               | \$135.00          | 2023-2023        | Expense         |
| 2024325067      | 1ST PAR       | TY COLL PD         | 01/24/2024   | HAMILTON TOWNSHIP       | E-APPRAISERS PR           |               | \$675.00          | 2024-2024        | Expense         |
|                 |               |                    |              |                         |                           | Check Amount: | \$810.00          |                  |                 |
| Check Number    | : 45097       | Check Date:        | 02/13/2024   | Payee Name: HECKS SPRA  | Y CRAFT PAINT SHOP INC    |               |                   |                  |                 |
| 2024314856      | 1ST PAR       | TY COLL PD         | 09/23/2023   | ABSECON CITY            | M-MISC MED(WC) & PD (NON- | WC) PR COLL   | \$270.12          | 2023-2023        | Loss            |
|                 |               |                    |              |                         |                           | Check Amount: | \$270.12          |                  |                 |
| Check Number    | : 45098       | Check Date:        | : 02/13/2024 | Payee Name: THE DEWEES  | E LAW FIRM                |               |                   |                  |                 |
| 022277074       | MEDICAL       | . ONLY             | 06/28/2022   | MILLVILLE CITY          | E-SUBROGATION EXPENSE W   | 'C            | \$150.00          | 2022-2022        | Expense         |
| 2023277868      | INDEMNI       | TY                 | 07/10/2022   | MILLVILLE CITY          | E-SUBROGATION EXPENSE W   | C             | \$150.00          | 2022-2022        | Expense         |
| 2023277910      | INDEMNI       | TY                 | 07/11/2022   | VENTNOR CITY            | E-SUBROGATION EXPENSE W   | C             | \$150.00          | 2022-2022        | Expense         |
|                 |               |                    |              |                         |                           | Check Amount: | \$450.00          |                  |                 |
| Check Number    | : 45099       | Check Date:        | : 02/13/2024 | Payee Name: AFFANATO M  | IARUT LLC                 |               |                   |                  |                 |
| 2020197914      | INDEMNI       | TY                 | 02/22/2020   | EGG HARBOR TOWNSHIP     | L-LEGAL WC                |               | \$42.00           | 2020-2020        | Legal           |
| 2023285861      | INDEMNI       | TY                 | 10/12/2022   | OCEAN CITY              | L-LEGAL WC                |               | \$252.00          | 2022-2022        | Legal           |
| 2023288245      | INDEMNI       | TY                 | 11/04/2022   | LOWER TOWNSHIP          | L-LEGAL WC                |               | \$127.50          | 2022-2022        | Legal           |
| 2023294122      | INDEMNI       | TY                 | 01/19/2023   | EGG HARBOR TOWNSHIP     | L-LEGAL WC                |               | \$140.00          | 2023-2023        | Legal           |
| 2024310669      | INDEMNI       | TY                 | 08/04/2023   | NORTH WILDWOOD CITY     | L-LEGAL WC                |               | \$351.50          | 2023-2023        | Legal           |
|                 |               |                    |              |                         |                           | Check Amount: | \$913.00          |                  |                 |
| Check Number    | : 45100       | Check Date:        | : 02/13/2024 | Payee Name: JOEBOY INC  | T/A ACTION AUTO BODY      |               |                   |                  |                 |
| 024325810       | COMPRE        | HENSIVE            | 01/31/2024   | GALLOWAY TOWNSHIP       | M-MISC MED(WC) & PD (NON- | WC) PR COLL   | \$2,288.70        | 2024-2024        | Loss            |
|                 |               |                    |              |                         |                           | Check Amount: | \$2,288.70        |                  |                 |
| Check Number    | : 45101       | Check Date         | : 02/13/2024 | Payee Name: WYBLE REPO  | ORTING INC                |               |                   |                  |                 |
| 022265831       | BODILY I      | NJURY              | 01/29/2022   | WATERFORD TOWNSHIP      | L-LEGAL AL                |               | \$284.00          | 2022-2022        | Legal           |
|                 |               |                    |              |                         |                           | Check Amount: | \$284.00          |                  |                 |
| Check Number    | : 45102       | Check Date:        | : 02/13/2024 | Payee Name: HOWARD HA   | MMER PSYD LLC             |               |                   |                  |                 |
| 2022259943      | INDEMNI       | TY                 | 01/04/2022   | MILLVILLE CITY          | M-PHYSICIAN FEES          |               | \$20.00           | 2022-2022        | Loss            |
|                 |               |                    |              |                         |                           | Check Amount: | \$20.00           |                  |                 |
| Check Number    | : 45103       | Check Date:        | : 02/13/2024 | Payee Name: PIETRAS SAR | RACINO SMITH & MEEK LLP   |               |                   |                  |                 |

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### **Insurer: AJF-ATL.JOINT INS.FUND**

|                 | LINKING YOU TO Q | UALITY CLAIM SERVICES  |                            |                                 |               |                   |                  |                 |
|-----------------|------------------|------------------------|----------------------------|---------------------------------|---------------|-------------------|------------------|-----------------|
| Claim<br>Number | Claima           | int Type DOL           | Insured Name               | Transaction Type                | e             | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
| 2021216450      | INDEMNITY        | 10/02/2020             | PLEASANTVILLE CITY         | L-LEGAL WC                      |               | \$112.00          | 2020-2020        | Legal           |
| 2022253534      | INDEMNITY        | 10/29/202              | 1 EGG HARBOR TOWNSHIP      | L-LEGAL WC                      |               | \$964.00          | 2021-2021        | Legal           |
| 2023288755      | INDEMNITY        | 11/14/2022             | 2 EGG HARBOR TOWNSHIP      | L-LEGAL WC                      |               | \$499.00          | 2022-2022        | Legal           |
| 2023290296      | INDEMNITY        | 12/02/2022             | 2 MILLVILLE CITY           | L-LEGAL WC                      |               | \$800.50          | 2022-2022        | Legal           |
| 2023302221      | INDEMNITY        | 04/24/202              | 3 VENTNOR CITY             | L-LEGAL WC                      |               | \$621.00          | 2023-2023        | Legal           |
| 2023303903      | INDEMNITY        | 05/10/2023             | 3 LINWOOD CITY             | L-LEGAL WC                      |               | \$1,304.00        | 2023-2023        | Legal           |
|                 |                  |                        |                            |                                 | Check Amount: | \$4,300.50        |                  |                 |
| Check Numbe     | er: 45104        | Check Date: 02/13/2024 | Payee Name: PLEASANTVI     | LLE CITY                        |               |                   |                  |                 |
| 2021234332      | INDEMNITY        | 04/05/202              | 1 PLEASANTVILLE CITY       | I-TEMPORARY TOTAL DISABILIT     | Υ             | \$1,471.19        | 2021-2021        | Loss            |
|                 |                  |                        |                            |                                 | Check Amount: | \$1,471.19        |                  |                 |
| Check Numbe     | er: 45105        | Check Date: 02/13/2024 | Payee Name: UPPER TOWN     | NSHIP                           |               |                   |                  |                 |
| 2024324683      | INDEMNITY        | 01/23/2024             | 4 UPPER TOWNSHIP           | I-TEMPORARY TOTAL DISABILIT     | Υ             | \$1,774.78        | 2024-2024        | Loss            |
|                 |                  |                        |                            |                                 | Check Amount: | \$1,774.78        |                  |                 |
| Check Numbe     | er: 45106        | Check Date: 02/13/2024 | Payee Name: BRIGANTINE     | CITY                            |               |                   |                  |                 |
| 2024315684      | INDEMNITY        | 10/04/2023             | BRIGANTINE CITY            | I-TEMPORARY TOTAL DISABILIT     | Υ             | \$2,198.00        | 2023-2023        | Loss            |
|                 |                  |                        |                            |                                 | Check Amount: | \$2,198.00        |                  |                 |
| Check Numbe     | er: 45107        | Check Date: 02/13/2024 | Payee Name: OCEAN CITY     |                                 |               |                   |                  |                 |
| 2024318880      | INDEMNITY        | 11/03/202              | 3 OCEAN CITY               | I-TEMPORARY TOTAL DISABILIT     | Υ             | \$2,198.00        | 2023-2023        | Loss            |
|                 |                  |                        |                            |                                 | Check Amount: | \$2,198.00        |                  |                 |
| Check Numbe     | er: 45108        | Check Date: 02/13/2024 | Payee Name: FLORIO PERF    | RUCCI STEINHARDT CAPPELLI & TIF | PTON LLC      |                   |                  |                 |
| 2021211743      | BODILY INJ       | URY 07/09/2020         | BRIGANTINE CITY            | L-LEGAL GL                      |               | \$825.00          | 2020-2020        | Legal           |
|                 |                  |                        |                            |                                 | Check Amount: | \$825.00          |                  |                 |
| Check Numbe     | er: 45109        | Check Date: 02/13/2024 | Payee Name: William Hulitt |                                 |               |                   |                  |                 |
| 2024324636      | 3RD PARTY        | PD 01/19/2024          | 4 MILLVILLE CITY           | M-MISC MED(WC) & PD (NON-WO     | C) AL PD      | \$500.00          | 2024-2024        | Loss            |
|                 |                  |                        |                            |                                 | Check Amount: | \$500.00          |                  |                 |
| Check Numbe     | er: 45110        | Check Date: 02/13/2024 | Payee Name: The Rothman    | Institute                       |               |                   |                  |                 |
| 2024323138      | INDEMNITY        | 01/02/2024             | 4 HAMILTON TOWNSHIP        | M-IND MED EXAMS WC              |               | \$2,000.00        | 2024-2024        | Loss            |
|                 |                  |                        |                            |                                 | Check Amount: | \$2,000.00        |                  |                 |
| Check Numbe     | AE444            | Check Date: 02/13/2024 | Payee Name: LOWER TOW      | NOUID                           |               |                   |                  |                 |

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Insured Name(s): Bank Account(s): 1000409678 Insurance Type(s): Claimant Type(s): Coverage(s):

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Claim    | ant Type          | DOL     | Insured Name               | Transaction Typ             | е             | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
|-----------------|----------|-------------------|---------|----------------------------|-----------------------------|---------------|-------------------|------------------|----------------|
| 024323265       | INDEMNIT | ( 01/             | 05/2024 | LOWER TOWNSHIP             | I-TEMPORARY TOTAL DISABILIT | ΓY            | \$808.48          | 2024-2024        | Loss           |
|                 |          |                   |         |                            |                             | Check Amount: | \$808.48          |                  |                |
| Check Number    | : 45112  | Check Date: 02/13 | 3/2024  | Payee Name: OCEAN CITY     |                             |               |                   |                  |                |
| 2024325500      | INDEMNIT | γ 01/             | 26/2024 | OCEAN CITY                 | I-TEMPORARY TOTAL DISABILIT | Υ             | \$2,262.00        | 2024-2024        | Loss           |
|                 |          |                   |         |                            |                             | Check Amount: | \$2,262.00        |                  |                |
| Check Number    | : 45113  | Check Date: 02/13 | 3/2024  | Payee Name: UPPER TOWNSH   | НР                          |               |                   |                  |                |
| 2022272115      | INDEMNIT | ( 04/             | 29/2022 | UPPER TOWNSHIP             | I-TEMPORARY TOTAL DISABILIT | Υ             | \$1,344.86        | 2022-2022        | Loss           |
|                 |          |                   |         |                            |                             | Check Amount: | \$1,344.86        |                  |                |
| Check Number    | : 45114  | Check Date: 02/13 | 3/2024  | Payee Name: STONE HARBOR   | R BOROUGH                   |               |                   |                  |                |
| 2023308010      | INDEMNIT | 7 06/             | 29/2023 | STONE HARBOR BOROUGH       | I-TEMPORARY TOTAL DISABILIT | Υ             | \$1,191.14        | 2023-2023        | Loss           |
|                 |          |                   |         |                            |                             | Check Amount: | \$1,191.14        |                  |                |
| Check Number    | : 45115  | Check Date: 02/13 | 3/2024  | Payee Name: MILLVILLE CITY |                             |               |                   |                  |                |
| 2024315944      | INDEMNIT | / 10/             | 05/2023 | MILLVILLE CITY             | I-TEMPORARY TOTAL DISABILIT | Υ             | \$858.42          | 2023-2023        | Loss           |
|                 |          |                   |         |                            |                             | Check Amount: | \$858.42          |                  |                |
| Check Number    | : 45116  | Check Date: 02/13 | 3/2024  | Payee Name: STONE HARBOF   | R BOROUGH                   |               |                   |                  |                |
| 2023281071      | INDEMNIT | ( 08/             | 22/2022 | STONE HARBOR BOROUGH       | I-TEMPORARY TOTAL DISABILIT | Υ             | \$1,347.48        | 2022-2022        | Loss           |
|                 |          |                   |         |                            |                             | Check Amount: | \$1,347.48        |                  |                |
| Check Number    | : 45117  | Check Date: 02/13 | 3/2024  | Payee Name: MILLVILLE CITY |                             |               |                   |                  |                |
| 2024325363      | INDEMNIT | ( 01/             | 29/2024 | MILLVILLE CITY             | I-TEMPORARY TOTAL DISABILIT | Υ             | \$2,262.00        | 2024-2024        | Loss           |
|                 |          |                   |         |                            |                             | Check Amount: | \$2,262.00        |                  |                |
| Check Number    | : 45118  | Check Date: 02/13 | 3/2024  | Payee Name: MILLVILLE CITY |                             |               |                   |                  |                |
| 2022259943      | INDEMNIT | ( 01/             | 04/2022 | MILLVILLE CITY             | I-TEMPORARY TOTAL DISABILIT | Υ             | \$2,130.00        | 2022-2022        | Loss           |
|                 |          |                   |         |                            |                             | Check Amount: | \$2,130.00        |                  |                |
| Check Number    | : 45119  | Check Date: 02/13 | 3/2024  | Payee Name: NEW JERSEY IM  | IE ASSOCIATES LLC           |               |                   |                  |                |
| 2023296228      | INDEMNIT | ( 02/             | 09/2023 | WEYMOUTH TOWNSHIP          | E-ALLOCATED MED EXAM WC     |               | \$1,000.00        | 2023-2023        | Expense        |
|                 |          |                   |         |                            |                             | Check Amount: | \$1,000.00        |                  |                |
| Check Number    | : 45120  | Check Date: 02/13 | 3/2024  | Payee Name: Daniel Bonilla |                             |               |                   |                  |                |
| 2023279780      | INDEMNIT | / 12/             | 31/2021 | LOWER TOWNSHIP             | I-LUMP SUM SETTLEMENT       |               | \$58,229.00       | 2021-2021        | Loss           |
|                 |          |                   |         |                            |                             | Check Amount: | \$58,229.00       |                  |                |

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Insured Name(s): Bank Account(s): 1000409678 Claimant Type(s): Coverage(s):

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Claim     | ant Type                              | DOL        | Insured Name                | Transaction Typ             | е             | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
|-----------------|-----------|---------------------------------------|------------|-----------------------------|-----------------------------|---------------|-------------------|------------------|----------------|
| Check Numbe     | r: 45121  | Check Date:                           | 02/13/2024 | Payee Name: Thomas Schure   | •                           |               |                   |                  |                |
| 2022275826      | INDEMNIT  | · · · · · · · · · · · · · · · · · · · | 06/05/2022 | SEA ISLE CITY               | I-PERMANENT PARTIAL DISABIL | LITY          | \$1,136.00        | 2022-2022        | Loss           |
|                 |           |                                       |            |                             |                             | Check Amount: | \$1,136.00        |                  |                |
| Check Numbe     | r: 45122  | Check Date:                           | 02/13/2024 | Payee Name: John Schauble   |                             |               |                   |                  |                |
| 2022262682      | INDEMNIT  | <b>/</b>                              | 01/27/2022 | GALLOWAY TOWNSHIP           | I-PERMANENT PARTIAL DISABIL | LITY          | \$299.60          | 2022-2022        | Loss           |
|                 |           |                                       |            |                             |                             | Check Amount: | \$299.60          |                  |                |
| Check Numbe     | r: 45123  | Check Date:                           | 02/13/2024 | Payee Name: Jacob Hunter    |                             |               |                   |                  |                |
| 2020197914      | INDEMNIT  | 1                                     | 02/22/2020 | EGG HARBOR TOWNSHIP         | I-LUMP SUM SETTLEMENT       |               | \$5,400.00        | 2020-2020        | Loss           |
|                 |           |                                       |            |                             |                             | Check Amount: | \$5,400.00        |                  |                |
| Check Numbe     | r: 45124  | Check Date:                           | 02/13/2024 | Payee Name: Brian Fisher    |                             |               |                   |                  |                |
| 2020208258      | INDEMNIT  | 1                                     | 06/24/2020 | BRIGANTINE CITY             | I-PERMANENT PARTIAL DISABIL | LITY          | \$1,190.98        | 2020-2020        | Loss           |
|                 |           |                                       |            |                             |                             | Check Amount: | \$1,190.98        |                  |                |
| Check Numbe     | r: 45125  | Check Date:                           | 02/13/2024 | Payee Name: Mark Alexander  |                             |               |                   |                  |                |
| 2021236465      | INDEMNIT  | 1                                     | 04/26/2021 | PLEASANTVILLE CITY          | I-PERMANENT PARTIAL DISABIL | _ITY          | \$2,584.00        | 2021-2021        | Loss           |
|                 |           |                                       |            |                             |                             | Check Amount: | \$2,584.00        |                  |                |
| Check Numbe     | r: 45126  | Check Date:                           | 02/13/2024 | Payee Name: Christopher De\ | /ito                        |               |                   |                  |                |
| 2021214232      | INDEMNIT  | 1                                     | 09/08/2020 | GALLOWAY TOWNSHIP           | I-PERMANENT PARTIAL DISABIL | LITY          | \$1,235.60        | 2020-2020        | Loss           |
|                 |           |                                       |            |                             |                             | Check Amount: | \$1,235.60        |                  |                |
| Check Numbe     | r: 45127  | Check Date:                           | 02/13/2024 | Payee Name: Thomas Schmid   | t                           |               |                   |                  |                |
| 2022242474      | INDEMNIT  | <i>(</i>                              | 07/08/2021 | OCEAN CITY                  | I-PERMANENT PARTIAL DISABIL | _ITY          | \$1,177.44        | 2021-2021        | Loss           |
|                 |           |                                       |            |                             |                             | Check Amount: | \$1,177.44        |                  |                |
| Check Numbe     | r: 45128  | Check Date:                           | 02/13/2024 | Payee Name: Gerhard Thorese | en III                      |               |                   |                  |                |
| 2022273096      | INDEMNIT  | <i>(</i>                              | 05/13/2022 | HAMILTON TOWNSHIP           | I-PERMANENT PARTIAL DISABIL | _ITY          | \$1,136.00        | 2022-2022        | Loss           |
|                 |           |                                       |            |                             |                             | Check Amount: | \$1,136.00        |                  |                |
| Check Numbe     | r: 45129  | Check Date:                           | 02/13/2024 | Payee Name: Rodrigo Pimento | el                          |               |                   |                  |                |
| 2022276919      | INDEMNIT  | <b>(</b>                              | 06/26/2022 | EGG HARBOR TOWNSHIP         | I-PERMANENT PARTIAL DISABIL | _ITY          | \$1,278.12        | 2022-2022        | Loss           |
|                 |           |                                       |            |                             |                             | Check Amount: | \$1,278.12        |                  |                |
| Check Numbe     | r: 45130  | Check Date:                           | 02/13/2024 | Payee Name: Jeremy Grouse   |                             |               |                   |                  |                |
| 2023281461      | INDEMNIT' | 1                                     | 08/24/2022 | OCEAN CITY                  | I-PERMANENT PARTIAL DISABIL | LITY          | \$1,136.00        | 2022-2022        | Loss           |

Processed Date: Date Of Loss: Insured Name(s): Bank Account(s): Feb 1, 2024 through Feb 29, 2024

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Clair                | mant Type  | DOL          | Insured Name            | Transaction Type              |               | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
|-----------------|----------------------|------------|--------------|-------------------------|-------------------------------|---------------|-------------------|------------------|-----------------|
|                 |                      |            |              |                         |                               | Check Amount: | \$1,136.00        |                  |                 |
| Check Numbe     | r: 45131             | Check Date | : 02/13/2024 | Payee Name: OCEAN CITY  |                               |               |                   |                  |                 |
| 2024323059      | COMPRE               | HENSIVE    | 12/24/2023   | OCEAN CITY              | M-MISC MED(WC) & PD (NON-WC   | ) PR COLL     | \$1,000.00        | 2023-2023        | Loss            |
|                 |                      |            |              |                         |                               | Check Amount: | \$1,000.00        |                  |                 |
| Check Numbe     | r: 45132             | Check Date | : 02/13/2024 | Payee Name: HAMILTON To | OWNSHIP                       |               |                   |                  |                 |
| 2024325067      | 1ST PAR              | TY COLL PD | 01/24/2024   | HAMILTON TOWNSHIP       | M-MISC MED(WC) & PD (NON-WC   | ) PR COLL     | \$2,943.33        | 2024-2024        | Loss            |
|                 |                      |            |              |                         |                               | Check Amount: | \$2,943.33        |                  |                 |
| Check Numbe     | r: 45133             | Check Date | : 02/13/2024 | Payee Name: MULLICA TO  | WNSHIP                        |               |                   |                  |                 |
| 2024321405      | COMPRE               | HENSIVE    | 12/03/2023   | MULLICA TOWNSHIP        | M-MISC MED(WC) & PD (NON-WC   | ) PR COLL     | \$4,874.43        | 2023-2023        | Loss            |
|                 |                      |            |              |                         |                               | Check Amount: | \$4,874.43        |                  |                 |
| Check Numbe     | r: 45134             | Check Date | : 02/13/2024 | Payee Name: MIDDLE TOW  | NSHIP                         |               |                   |                  |                 |
| 2024326436      | COMPRE               | HENSIVE    | 02/05/2024   | MIDDLE TOWNSHIP         | M-MISC MED(WC) & PD (NON-WC   | ) PR COLL     | \$579.96          | 2024-2024        | Loss            |
|                 |                      |            |              |                         |                               | Check Amount: | \$579.96          |                  |                 |
| Check Numbe     | r: 45135             | Check Date | : 02/13/2024 | Payee Name: ATLANTICAR  | E PHYSICIAN GROUP, PA         |               |                   |                  |                 |
| 2024324457      | INDEMNI <sup>*</sup> | ΓΥ         | 01/20/2024   | HAMILTON TOWNSHIP       | M-OCCUPATIONAL MEDICINE       |               | \$140.98          | 2024-2024        | Loss            |
|                 |                      |            |              |                         |                               | Check Amount: | \$140.98          |                  |                 |
| Check Numbe     | r: 45136             | Check Date | : 02/13/2024 | Payee Name: IVYREHAB NI | ETWORK INC                    |               |                   |                  |                 |
| 2024308324      | INDEMNI              | ΓΥ         | 07/05/2023   | OCEAN CITY              | M-PHYSICIAN FEES              |               | \$659.00          | 2023-2023        | Loss            |
| 2024315985      | INDEMNI              | ΓΥ         | 10/05/2023   | MILLVILLE CITY          | M-PHYSICIAN FEES              |               | \$85.00           | 2023-2023        | Loss            |
| 2024318880      | INDEMNI <sup>*</sup> | ΓΥ         | 11/03/2023   | OCEAN CITY              | M-PHYSICIAN FEES              |               | \$170.00          | 2023-2023        | Loss            |
|                 |                      |            |              |                         |                               | Check Amount: | \$914.00          |                  |                 |
| Check Numbe     | r: 45137             | Check Date | : 02/13/2024 | Payee Name: REGIONAL D  | IAGNOSTIC IMAGING, PA         |               |                   |                  |                 |
| 2023306654      | INDEMNI <sup>*</sup> | ΓΥ         | 06/09/2023   | MILLVILLE CITY          | M-PHYSICIAN FEES              |               | \$12.34           | 2023-2023        | Loss            |
|                 |                      |            |              |                         |                               | Check Amount: | \$12.34           |                  |                 |
| Check Numbe     | r: 45138             | Check Date | : 02/13/2024 | Payee Name: CAPE REGIO  | NAL MEDICAL CENTER            |               |                   |                  |                 |
| 2024321387      | MEDICAL              | ONLY       | 12/08/2023   | OCEAN CITY              | M-ACUTE CARE HOSPITAL         |               | \$5,596.00        | 2023-2023        | Loss            |
|                 |                      |            |              |                         |                               | Check Amount: | \$5,596.00        |                  |                 |
| Check Numbe     | r: 45139             | Check Date | : 02/13/2024 | Payee Name: TWIN BORO F | PHYSICAL THERAPY ASSOCIATES P | A             |                   |                  |                 |
| 2023294910      | INDEMNI <sup>-</sup> | ГΥ         | 01/29/2023   | HAMILTON TOWNSHIP       | M-PHYSICIAN FEES              |               | \$160.00          | 2023-2023        | Loss            |

Processed Date: Date Of Loss: Insured Name(s): Bank Account(s): Feb 1, 2024 through Feb 29, 2024

All All 1000409678 Insurance Type(s): Claimant Type(s): Coverage(s): Page 18 of 48 Run Date: 3/2/2024 15:00:04 Cognos Version 1.0



### **Insurer: AJF-ATL.JOINT INS.FUND**

|                 | LINKING YOU TO | QUALITY CLAIM SERVI | ICES       |                          |                           |               |                   |                  |                 |
|-----------------|----------------|---------------------|------------|--------------------------|---------------------------|---------------|-------------------|------------------|-----------------|
| Claim<br>Number | Claim          | ant Type            | DOL        | Insured Name             | Transaction Ty            | уре           | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
| 2023305083      | INDEMNIT       | Y                   | 01/02/2020 | LINWOOD CITY             | M-PHYSICIAN FEES          |               | \$640.00          | 2020-2020        | Loss            |
| 2023305169      | INDEMNIT       | Y                   | 05/24/2023 | WILDWOOD CITY            | M-PHYSICIAN FEES          |               | \$80.00           | 2023-2023        | Loss            |
| 2023306945      | INDEMNIT       | Y                   | 05/31/2023 | EGG HARBOR TOWNSHIP      | M-PHYSICIAN FEES          |               | \$110.00          | 2023-2023        | Loss            |
| 2024313044      | INDEMNIT       | Y                   | 09/06/2023 | PLEASANTVILLE CITY       | M-PHYSICIAN FEES          |               | \$240.00          | 2023-2023        | Loss            |
| 2024319262      | INDEMNIT       | Y                   | 11/09/2023 | LOWER TOWNSHIP           | M-PHYSICIAN FEES          |               | \$160.00          | 2023-2023        | Loss            |
| 2024322698      | MEDICAL (      | ONLY                | 12/28/2023 | MIDDLE TOWNSHIP          | M-PHYSICIAN FEES          |               | \$240.00          | 2023-2023        | Loss            |
| 2024323003      | MEDICAL (      | ONLY                | 01/02/2024 | OCEAN CITY               | M-PHYSICIAN FEES          |               | \$160.00          | 2024-2024        | Loss            |
|                 |                |                     |            |                          |                           | Check Amount: | \$1,790.00        |                  |                 |
| Check Numbe     | er: 45140      | Check Date: 0       | 2/13/2024  | Payee Name: CAPE REGIONA | AL PHYSICIANS ASSOCIATES  |               |                   |                  |                 |
| 2024321387      | MEDICAL (      | ONLY                | 12/08/2023 | OCEAN CITY               | M-OCCUPATIONAL MEDICINE   |               | \$299.23          | 2023-2023        | Loss            |
|                 |                |                     |            |                          |                           | Check Amount: | \$299.23          |                  |                 |
| Check Numbe     | er: 45141      | Check Date: 0       | 2/13/2024  | Payee Name: ONE CALL CAR | RE DIAGNOSTICS            |               |                   |                  |                 |
| 2021214290      | INDEMNIT       | Y                   | 09/10/2020 | HAMILTON TOWNSHIP        | M-MRI                     |               | \$560.00          | 2020-2020        | Loss            |
| 2021223057      | INDEMNIT       | Y                   | 12/09/2020 | CAPE MAY CITY            | M-MRI                     |               | \$485.00          | 2020-2020        | Loss            |
| 2023282203      | INDEMNIT       | Y                   | 08/29/2022 | AVALON BOROUGH           | M-MRI                     |               | \$485.00          | 2022-2022        | Loss            |
| 2024308324      | INDEMNIT       | Y                   | 07/05/2023 | OCEAN CITY               | M-MRI                     |               | \$560.00          | 2023-2023        | Loss            |
| 2024313044      | INDEMNIT       | Y                   | 09/06/2023 | PLEASANTVILLE CITY       | M-MRI                     |               | \$75.00           | 2023-2023        | Loss            |
|                 |                |                     |            |                          |                           | Check Amount: | \$2,165.00        |                  |                 |
| Check Numbe     | er: 45142      | Check Date: 0       | 2/13/2024  | Payee Name: ATLANTICARE  | SURGERY CENTER EHT        |               |                   |                  |                 |
| 2021229497      | INDEMNIT       | Y                   | 02/10/2021 | WILDWOOD CITY            | M-AMBULATORY SURGERY CI   | ENTER         | \$1,381.09        | 2021-2021        | Loss            |
|                 |                |                     |            |                          |                           | Check Amount: | \$1,381.09        |                  |                 |
| Check Numbe     | er: 45143      | Check Date: 0       | 2/13/2024  | Payee Name: SOUTH JERSE  | Y HS EMG PHYS SV, PA      |               |                   |                  |                 |
| 2024324562      | MEDICAL (      | ONLY                | 01/12/2024 | MILLVILLE CITY           | M-PHYSICIAN FEES          |               | \$531.00          | 2024-2024        | Loss            |
|                 |                |                     |            |                          |                           | Check Amount: | \$531.00          |                  |                 |
| Check Numbe     | er: 45144      | Check Date: 0       | 2/13/2024  | Payee Name: ROTHMAN OR   | THOPAEDICS                |               |                   |                  |                 |
| 2023281071      | INDEMNIT       | Y                   | 08/22/2022 | STONE HARBOR BOROUGH     | M-ORTHO/NEURO FEES        |               | \$114.84          | 2022-2022        | Loss            |
| 2024312669      | INDEMNIT       | Y                   | 09/03/2023 | MIDDLE TOWNSHIP          | M-ORTHO/NEURO FEES        |               | \$114.84          | 2023-2023        | Loss            |
|                 |                |                     |            |                          |                           | Check Amount: | \$229.68          |                  |                 |
| Check Numbe     | er: 45145      | Check Date: 0       | 2/13/2024  | Pavee Name: JERSEY SHOR  | E AMBULATORY SURGICAL CEN | ITFR          |                   |                  |                 |

Processed Date: Date Of Loss: Insured Name(s): Feb 1, 2024 through Feb 29, 2024

Bank Account(s): 1000409678 Insurance Type(s): Claimant Type(s): Coverage(s):

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Claim     | ant Type DO          | )L        | Insured Name            | Transaction Typ               | De .          | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
|-----------------|-----------|----------------------|-----------|-------------------------|-------------------------------|---------------|-------------------|------------------|----------------|
| 2024312420      | INDEMNIT  | 08/27/               | /2023 HAI | MILTON TOWNSHIP         | M-AMBULATORY SURGERY CE       | NTER          | \$12,933.55       | 2023-2023        | Loss           |
|                 |           |                      |           |                         |                               | Check Amount: | \$12,933.55       |                  |                |
| Check Numbe     | r: 45146  | Check Date: 02/13/20 | )24 P     | ayee Name: NovaCare Reh | nabilitation                  |               |                   |                  |                |
| 2024315944      | INDEMNIT  | 10/05/               | /2023 MIL | LVILLE CITY             | M-PHYSICIAN FEES              |               | \$302.82          | 2023-2023        | Loss           |
|                 |           |                      |           |                         |                               | Check Amount: | \$302.82          |                  |                |
| Check Numbe     | r: 45147  | Check Date: 02/13/20 | )24 P     | ayee Name: CAPE REGION  | NAL URGENT CARE               |               |                   |                  |                |
| 2023282160      | INDEMNIT  | 09/03/               | /2022 SEA | A ISLE CITY             | M-PHYSICIAN FEES              |               | \$230.74          | 2022-2022        | Loss           |
|                 |           |                      |           |                         |                               | Check Amount: | \$230.74          |                  |                |
| Check Numbe     | r: 45148  | Check Date: 02/13/20 | )24 P     | ayee Name: SHREWSBUR    | Y AMBULATORY ANESTHESIA LLO   | ;             |                   |                  |                |
| 2024317754      | INDEMNIT  | / 10/19/             | /2023 PLE | ASANTVILLE CITY         | M-PHYSICIAN FEES              |               | \$1,062.50        | 2023-2023        | Loss           |
|                 |           |                      |           |                         |                               | Check Amount: | \$1,062.50        |                  |                |
| Check Numbe     | r: 45149  | Check Date: 02/13/20 | )24 P     | ayee Name: THERASPORT   | PHYSICAL THERAPY              |               |                   |                  |                |
| 2024312877      | INDEMNIT  | 09/06/               | /2023 HA  | MILTON TOWNSHIP         | M-PHYSICIAN FEES              |               | \$65.00           | 2023-2023        | Loss           |
|                 |           |                      |           |                         |                               | Check Amount: | \$65.00           |                  |                |
| Check Numbe     | r: 45150  | Check Date: 02/13/20 | )24 P     | ayee Name: ATLANTICARI  | E PHYSICIAN GROUP P A         |               |                   |                  |                |
| 2024324818      | MEDICAL C | ONLY 01/24/          | /2024 GAI | LOWAY TOWNSHIP          | M-OCCUPATIONAL MEDICINE       |               | \$291.93          | 2024-2024        | Loss           |
|                 |           |                      |           |                         |                               | Check Amount: | \$291.93          |                  |                |
| Check Numbe     | r: 45151  | Check Date: 02/13/20 | )24 P     | ayee Name: ATLANTICARI  | E REGIONAL MEDICAL CENTER     |               |                   |                  |                |
| 2024321659      | INDEMNIT  | 12/12/               | /2023 AVA | ALON BOROUGH            | M-ACUTE CARE HOSPITAL         |               | \$1,308.45        | 2023-2023        | Loss           |
| 2024324457      | INDEMNIT  | 01/20/               | /2024 HAI | MILTON TOWNSHIP         | M-ACUTE CARE HOSPITAL         |               | \$2,511.00        | 2024-2024        | Loss           |
|                 |           |                      |           |                         |                               | Check Amount: | \$3,819.45        |                  |                |
| Check Numbe     | r: 45152  | Check Date: 02/13/20 | )24 P     | ayee Name: NEUROSURG    | ICAL AND SPINE SPECIALIST LLC |               |                   |                  |                |
| 2024308324      | INDEMNIT  | 07/05/               | /2023 OCI | EAN CITY                | M-ORTHO/NEURO FEES            |               | \$300.00          | 2023-2023        | Loss           |
|                 |           |                      |           |                         |                               | Check Amount: | \$300.00          |                  |                |
| Check Numbe     | r: 45153  | Check Date: 02/13/20 | )24 P     | ayee Name: REMOTE NEU   | ROMONITORING PHYSICIANS       |               |                   |                  |                |
| 2022272115      | INDEMNIT  | 04/29/               | /2022 UPF | PER TOWNSHIP            | M-ORTHO/NEURO FEES            |               | \$7,388.00        | 2022-2022        | Loss           |
|                 |           |                      |           |                         |                               | Check Amount: | \$7,388.00        |                  |                |
| Check Numbe     | r: 45154  | Check Date: 02/13/20 | )24 P     | ayee Name: myMATRIXX    |                               |               |                   |                  |                |
| 2024317754      | INDEMNIT  | 10/19/               | /2023 PLE | ASANTVILLE CITY         | M-PHARMACY                    |               | \$28.88           | 2023-2023        | Loss           |

Processed Date: Date Of Loss: Insured Name(s): Feb 1, 2024 through Feb 29, 2024

Insured Name(s): All Bank Account(s): 1000409678

Insurance Type(s): Claimant Type(s): Coverage(s): Page 20 of 48 Run Date: 3/2/2024 15:00:04 Cognos Version 1.0



**Insurer: AJF-ATL.JOINT INS.FUND** 

| Claim<br>Number | Clair    | nant Type  | DOL           | Insured Name              | Transaction Ty             | ре            | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
|-----------------|----------|------------|---------------|---------------------------|----------------------------|---------------|-------------------|------------------|-----------------|
|                 | ,        |            |               |                           |                            | Check Amount: | \$28.88           |                  |                 |
| Check Number    | : 45155  | Check Date | e: 02/13/2024 | Payee Name: KIRSHNER SPIN | IE INSTITUTE               |               |                   |                  |                 |
| 2023291543      | INDEMNIT | Υ          | 12/18/2022    | MILLVILLE CITY            | M-ORTHO/NEURO FEES         |               | \$208.00          | 2022-2022        | Loss            |
|                 |          |            |               |                           |                            | Check Amount: | \$208.00          |                  |                 |
| Check Number    | : 45156  | Check Date | e: 02/13/2024 | Payee Name: ORTHONJ, LLC  |                            |               |                   |                  |                 |
| 2021223057      | INDEMNIT | Υ          | 12/09/2020    | CAPE MAY CITY             | M-ORTHO/NEURO FEES         |               | \$125.59          | 2020-2020        | Loss            |
| 023297016       | INDEMNIT | Υ          | 02/18/2023    | GALLOWAY TOWNSHIP         | M-ORTHO/NEURO FEES         |               | \$85.32           | 2023-2023        | Loss            |
| 023304426       | INDEMNIT | Υ          | 05/15/2023    | OCEAN CITY                | M-ORTHO/NEURO FEES         |               | \$311.35          | 2023-2023        | Loss            |
| 2024309464      | MEDICAL  | ONLY       | 07/14/2023    | PLEASANTVILLE CITY        | M-ORTHO/NEURO FEES         |               | \$125.59          | 2023-2023        | Loss            |
| 2024318268      | INDEMNIT | Υ          | 10/30/2023    | WILDWOOD CREST BOROUGH    | M-ORTHO/NEURO FEES         |               | \$174.46          | 2023-2023        | Loss            |
| 2024320831      | MEDICAL  | ONLY       | 12/02/2023    | PLEASANTVILLE CITY        | M-ORTHO/NEURO FEES         |               | \$300.11          | 2023-2023        | Loss            |
| 2024321659      | INDEMNIT | Υ          | 12/12/2023    | AVALON BOROUGH            | M-OCCUPATIONAL MEDICINE    |               | \$702.87          | 2023-2023        | Loss            |
| 2024322698      | MEDICAL  | ONLY       | 12/28/2023    | MIDDLE TOWNSHIP           | M-ORTHO/NEURO FEES         |               | \$125.59          | 2023-2023        | Loss            |
|                 |          |            |               |                           |                            | Check Amount: | \$1,950.88        |                  |                 |
| Check Number    | : 45157  | Check Date | e: 02/13/2024 | Payee Name: STRIVE PHYSIC | AL THERAPY SPECIALISTS LLC |               |                   |                  |                 |
| 2021236152      | INDEMNIT | Υ          | 04/27/2021    | VENTNOR CITY              | M-PHYSICIAN FEES           |               | \$180.00          | 2021-2021        | Loss            |
| 024310732       | INDEMNIT | Υ          | 08/06/2023    | PLEASANTVILLE CITY        | M-PHYSICIAN FEES           |               | \$270.00          | 2023-2023        | Loss            |
| 024312420       | INDEMNIT | Υ          | 08/27/2023    | HAMILTON TOWNSHIP         | M-PHYSICIAN FEES           |               | \$90.00           | 2023-2023        | Loss            |
| 024312936       | INDEMNIT | Υ          | 09/07/2023    | BRIGANTINE CITY           | M-PHYSICIAN FEES           |               | \$690.00          | 2023-2023        | Loss            |
| 024315688       | INDEMNIT | Υ          | 10/04/2023    | BRIGANTINE CITY           | M-PHYSICIAN FEES           |               | \$90.00           | 2023-2023        | Loss            |
| 024317754       | INDEMNIT | Υ          | 10/19/2023    | PLEASANTVILLE CITY        | M-PHYSICIAN FEES           |               | \$270.00          | 2023-2023        | Loss            |
| 024319133       | INDEMNIT | Υ          | 10/27/2023    | PLEASANTVILLE CITY        | M-PHYSICIAN FEES           |               | \$90.00           | 2023-2023        | Loss            |
| 024319788       | MEDICAL  | ONLY       | 11/17/2023    | VENTNOR CITY              | M-PHYSICIAN FEES           |               | \$180.00          | 2023-2023        | Loss            |
| 2024322176      | INDEMNIT | Υ          | 12/19/2023    | OCEAN CITY                | M-PHYSICIAN FEES           |               | \$180.00          | 2023-2023        | Loss            |
|                 |          |            |               |                           |                            | Check Amount: | \$2,040.00        |                  |                 |
| Check Number    | : 45158  | Check Date | e: 02/13/2024 | Payee Name: ORTHONJ, LLC  |                            |               |                   |                  |                 |
| 2024312420      | INDEMNIT | Υ          | 08/27/2023    | HAMILTON TOWNSHIP         | M-ORTHO/NEURO FEES         |               | \$676.40          | 2023-2023        | Loss            |
|                 |          |            |               |                           |                            | Check Amount: | \$676.40          |                  |                 |
| Check Number    | : 45159  | Check Date | e: 02/13/2024 | Payee Name: HOWARD HAMN   | MER PSYD LLC               |               |                   |                  |                 |

Processed Date: Date Of Loss: Insured Name(s): Bank Account(s): Feb 1, 2024 through Feb 29, 2024

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

|                         | LINKING YOU TO             | QUALITY CLAIM SER | VICES       |                           |                          |               |                   |                  |                 |
|-------------------------|----------------------------|-------------------|-------------|---------------------------|--------------------------|---------------|-------------------|------------------|-----------------|
| Claim<br>Number         | Clair                      | mant Type         | DOL         | Insured Name              | Transaction Ty           | ре            | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
| 022259943               | INDEMNIT                   | ΓΥ                | 01/04/2022  | MILLVILLE CITY            | M-BEHAVIORAL HEALTH      |               | \$145.00          | 2022-2022        | Loss            |
|                         |                            |                   |             |                           |                          | Check Amount: | \$145.00          |                  |                 |
| Check Number:           | 45160                      | Check Date:       | 02/13/2024  | Payee Name: QUALCARE INC  |                          |               |                   |                  |                 |
| 2024325873              | MEDICAL                    | ONLY              | 02/04/2024  | GALLOWAY TOWNSHIP         | M-MEDICAL REHAB/NON VOCA | ATIONAL WC    | \$565.00          | 2024-2024        | Loss            |
| 024325961               | MEDICAL                    | ONLY              | 02/05/2024  | MIDDLE TOWNSHIP           | M-MEDICAL REHAB/NON VOCA | ATIONAL WC    | \$565.00          | 2024-2024        | Loss            |
| 2024325968              | MEDICAL                    | ONLY              | 02/05/2024  | MIDDLE TOWNSHIP           | M-MEDICAL REHAB/NON VOCA | ATIONAL WC    | \$565.00          | 2024-2024        | Loss            |
| 2024326243              | MEDICAL                    | ONLY              | 02/07/2024  | HAMILTON TOWNSHIP         | M-MEDICAL REHAB/NON VOCA | ATIONAL WC    | \$565.00          | 2024-2024        | Loss            |
| 024326306               | MEDICAL                    | ONLY              | 02/06/2024  | CAPE MAY CITY             | M-MEDICAL REHAB/NON VOCA | ATIONAL WC    | \$565.00          | 2024-2024        | Loss            |
|                         |                            |                   |             |                           |                          | Check Amount: | \$2,825.00        |                  |                 |
| Check Number            | 45161                      | Check Date:       | 02/13/2024  | Payee Name: QUAL-LYNX     |                          |               |                   |                  |                 |
| 2021221162              | INDEMNIT                   | ΓΥ                | 11/06/2020  | MARGATE CITY              | E-MISC ALL OTHER WC      |               | \$61.75           | 2020-2020        | Expense         |
| 2021227113              | INDEMNIT                   | ΓΥ                | 01/21/2021  | MILLVILLE CITY            | E-MISC ALL OTHER WC      |               | \$19.50           | 2021-2021        | Expense         |
| 022246035               | INDEMNIT                   | ΓΥ                | 08/17/2021  | LONGPORT BOROUGH          | E-MISC ALL OTHER WC      |               | \$32.50           | 2021-2021        | Expense         |
| 2022258827              | INDEMNIT                   | ΓΥ                | 12/27/2021  | MILLVILLE CITY            | E-MISC ALL OTHER WC      |               | \$3.25            | 2021-2021        | Expense         |
| 2022267511              | INDEMNIT                   | ΓΥ                | 02/09/2021  | MILLVILLE CITY            | E-MISC ALL OTHER WC      |               | \$35.75           | 2021-2021        | Expense         |
|                         |                            |                   |             |                           |                          | Check Amount: | \$152.75          |                  |                 |
| Check Number:           | 45162                      | Check Date:       | 02/20/2024  | Payee Name: CAPEHART & So | CATCHARD PA              |               |                   |                  |                 |
| 2024319228              | INDEMNIT                   | ΓΥ                | 11/01/2023  | BRIGANTINE CITY           | L-LEGAL WC               |               | \$843.50          | 2023-2023        | Legal           |
|                         |                            |                   |             |                           |                          | Check Amount: | \$843.50          |                  |                 |
| Check Number:           | 45163                      | Check Date:       | 02/20/2024  | Payee Name: GOLDENBERG,   | MACKLER & SAYEGH, PA     |               |                   |                  |                 |
| 2022254087              | INDEMNIT                   | ΓΥ                | 11/10/2021  | WILDWOOD CREST BOROUGH    | I-ASSESSMENT-W.C. IND    |               | \$4,980.00        | 2021-2021        | Loss            |
|                         |                            |                   |             |                           |                          | Check Amount: | \$4,980.00        |                  |                 |
| Check Number:           | : 45164                    | Check Date:       | 02/20/2024  | Payee Name: MADDEN & MAD  | DEN PA                   |               |                   |                  |                 |
| 2021219785              | BODILY IN                  | NJURY             | 08/13/2020  | MARGATE CITY              | L-LEGAL GL               |               | \$528.00          | 2020-2020        | Legal           |
| 022243874               | BODILY IN                  | NJURY             | 07/04/2021  | NEWFIELD BOROUGH          | L-LEGAL GL               |               | \$544.00          | 2021-2021        | Legal           |
|                         |                            |                   |             |                           |                          | Check Amount: | \$1,072.00        |                  |                 |
|                         |                            | Check Date:       | 02/20/2024  | Pavee Name: STATE SHORTH  | AND REPORTING SERVICE    |               |                   |                  |                 |
| Check Number:           | 45165                      | Oncon Date.       | OL/LU/LUL-T | ,                         |                          |               |                   |                  |                 |
| Oheck Number: 022254087 | : <b>45165</b><br>INDEMNIT |                   | 11/10/2021  | WILDWOOD CREST BOROUGH    | E-MISC LEGAL EXPENSE WC  |               | \$75.00           | 2021-2021        | Expense         |

Processed Date: Date Of Loss: Insured Name(s): Bank Account(s):

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Insurance Type(s): Claimant Type(s): Coverage(s):

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Clai                 | mant Type   | DOL          | Insured Name               | Transaction Ty                | rpe           | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
|-----------------|----------------------|-------------|--------------|----------------------------|-------------------------------|---------------|-------------------|------------------|-----------------|
|                 | <u> </u>             |             |              |                            | ·                             | Check Amount: | \$150.00          |                  | ·               |
| Check Numbe     | r: 45166             | Check Date  | : 02/20/2024 | Payee Name: CENTRAL OR     | THOPEDIC ASSOCIATES           |               |                   |                  |                 |
| 2021228757      | BODILY II            | NJURY       | 12/21/2020   | BRIGANTINE CITY            | L-LEGAL GL                    |               | \$575.00          | 2020-2020        | Legal           |
|                 |                      |             |              |                            |                               | Check Amount: | \$575.00          |                  |                 |
| Check Numbe     | r: 45167             | Check Date: | : 02/20/2024 | Payee Name: ALLERGY AN     | D PULMONARY ASSOC.            |               |                   |                  |                 |
| 2021216450      | INDEMNI'             | ГΥ          | 10/02/2020   | PLEASANTVILLE CITY         | E-ALLOCATED MED EXAM WC       |               | \$600.00          | 2020-2020        | Expense         |
|                 |                      |             |              |                            |                               | Check Amount: | \$600.00          |                  |                 |
| Check Numbe     | r: 45168             | Check Date: | : 02/20/2024 | Payee Name: ERIC V THOM    | AS DMD LLC                    |               |                   |                  |                 |
| 2024325411      | MEDICAL              | ONLY        | 01/30/2024   | CAPE MAY CITY              | M-PHYSICIAN FEES              |               | \$468.00          | 2024-2024        | Loss            |
|                 |                      |             |              |                            |                               | Check Amount: | \$468.00          |                  |                 |
| Check Numbe     | r: 45169             | Check Date  | 02/20/2024   | Payee Name: I C U INVESTI  | GATIONS INC                   |               |                   |                  |                 |
| 2021226687      | INDEMNI <sup>*</sup> | ΓΥ          | 01/18/2021   | EGG HARBOR TOWNSHIP        | E-INDEP ADJUSTOR WC           |               | \$275.00          | 2021-2021        | Expense         |
| 2024317754      | INDEMNI <sup>*</sup> | ΓΥ          | 10/19/2023   | PLEASANTVILLE CITY         | E-INDEP ADJUSTOR WC           |               | \$475.00          | 2023-2023        | Expense         |
|                 |                      |             |              |                            |                               | Check Amount: | \$750.00          |                  |                 |
| Check Numbe     | r: 45170             | Check Date: | : 02/20/2024 | Payee Name: BAY HEAD IN    | VESTMENTS INC                 |               |                   |                  |                 |
| 2024325410      | 1ST PAR              | TY COLL PD  | 01/29/2024   | CAPE MAY CITY              | M-MISC MED(WC) & PD (NON-     | WC) PR COLL   | \$6,977.78        | 2024-2024        | Loss            |
|                 |                      |             |              |                            |                               | Check Amount: | \$6,977.78        |                  |                 |
| Check Numbe     | r: 45171             | Check Date: | : 02/20/2024 | Payee Name: PETRO-COHE     | N ESQS                        |               |                   |                  |                 |
| 2023282229      | INDEMNI <sup>*</sup> | ΓΥ          | 08/31/2022   | WILDWOOD CITY              | I-ASSESSMENT-W.C. IND         |               | \$5,473.00        | 2022-2022        | Loss            |
|                 |                      |             |              |                            |                               | Check Amount: | \$5,473.00        |                  |                 |
| Check Numbe     | r: 45172             | Check Date: | : 02/20/2024 | Payee Name: BIRCHMEIER     | & POWELL LLC                  |               |                   |                  |                 |
| 2021234471      | PERSON               | AL INJURY   | 03/30/2021   | MILLVILLE CITY             | L-LEGAL GL                    |               | \$331.50          | 2021-2021        | Legal           |
| 2022244737      | BODILY II            | NJURY       | 08/05/2021   | EGG HARBOR TOWNSHIP        | L-LEGAL AL                    |               | \$6,662.00        | 2021-2021        | Legal           |
| 2022263626      | BODILY II            | NJURY       | 11/06/2021   | MIDDLE TOWNSHIP            | L-LEGAL GL                    |               | \$867.00          | 2021-2021        | Legal           |
| 2022266771      | BODILY II            | NJURY       | 02/26/2022   | WILDWOOD CITY              | L-LEGAL GL                    |               | \$1,325.00        | 2022-2022        | Legal           |
| 2023279695      | BODILY II            | NJURY       | 07/04/2022   | HAMILTON TOWNSHIP          | L-LEGAL GL                    |               | \$2,922.00        | 2022-2022        | Legal           |
| 2023283610      | BODILY II            | NJURY       | 07/03/2022   | LOWER TOWNSHIP             | L-LEGAL GL                    |               | \$2,316.00        | 2022-2022        | Legal           |
|                 |                      |             |              |                            |                               | Check Amount: | \$14,423.50       |                  |                 |
| Check Numbe     | r: 45173             | Check Date: | 02/20/2024   | Payee Name: State of New J | Jersey - Div of Worker's Comp |               |                   |                  |                 |

Processed Date: Fe Date Of Loss: Al Insured Name(s): Al

Bank Account(s):

Feb 1, 2024 through Feb 29, 2024

All All

All 1000409678 Insurance Type(s): Claimant Type(s): Coverage(s):

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Clair    | mant Type   | DOL          | Insured Name              | Transaction         | Туре          | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
|-----------------|----------|-------------|--------------|---------------------------|---------------------|---------------|-------------------|------------------|----------------|
| 2023308010      | INDEMNI  | Υ           | 06/29/2023   | STONE HARBOR BOROUGH      | E-MISC ALL OTHER WC | ,             | \$1.66            | 2023-2023        | Expense        |
|                 |          |             |              |                           |                     | Check Amount: | \$1.66            |                  |                |
| Check Numbe     | r: 45174 | Check Date: | 02/20/2024   | Payee Name: ATLANTIC SECU | JRITY INT'L         |               |                   |                  |                |
| 2021236152      | INDEMNIT | Υ           | 04/27/2021   | VENTNOR CITY              | E-MISC ALL OTHER WC |               | \$399.84          | 2021-2021        | Expense        |
| 2023300580      | INDEMNIT | Υ           | 03/31/2023   | STONE HARBOR BOROUGH      | E-MISC ALL OTHER WC |               | \$2,385.00        | 2023-2023        | Expense        |
| 2024315688      | INDEMNIT | Υ           | 10/04/2023   | BRIGANTINE CITY           | E-MISC ALL OTHER WC |               | \$399.84          | 2023-2023        | Expense        |
| 2024325158      | INDEMNIT | Υ           | 01/26/2024   | MILLVILLE CITY            | E-MISC ALL OTHER WC |               | \$375.00          | 2024-2024        | Expense        |
|                 |          |             |              |                           |                     | Check Amount: | \$3,559.68        |                  |                |
| Check Numbe     | r: 45175 | Check Date: | 02/20/2024   | Payee Name: NAGLE & ASSO  | CIATES LLC          |               |                   |                  |                |
| 2024311724      | MEDICAL  | ONLY        | 08/21/2023   | MULLICA TOWNSHIP          | E-INDEP ADJUSTOR WC |               | \$401.00          | 2023-2023        | Expense        |
|                 |          |             |              |                           |                     | Check Amount: | \$401.00          |                  |                |
| Check Numbe     | r: 45176 | Check Date: | : 02/20/2024 | Payee Name: LEO S PETETTI | LLC                 |               |                   |                  |                |
| 2024312435      | COMPRE   | HENSIVE     | 07/07/2023   | MULLICA TOWNSHIP          | E-APPRAISERS PR     |               | \$135.00          | 2023-2023        | Expense        |
| 2024325283      | 1ST PART | Y COLL PD   | 01/25/2024   | MULLICA TOWNSHIP          | E-APPRAISERS PR     |               | \$135.00          | 2024-2024        | Expense        |
| 2024326683      | 1ST PART | Y COLL PD   | 02/04/2024   | MULLICA TOWNSHIP          | E-APPRAISERS PR     |               | \$135.00          | 2024-2024        | Expense        |
|                 |          |             |              |                           |                     | Check Amount: | \$405.00          |                  |                |
| Check Numbe     | r: 45177 | Check Date: | : 02/20/2024 | Payee Name: THE DEWEESE   | LAW FIRM            |               |                   |                  |                |
| 2020190355      | 1ST PART | Y COLL PD   | 11/19/2019   | UPPER DEERFIELD TOWNSHIP  | L-LEGAL PR          |               | \$335.72          | 2019-2019        | Legal          |
|                 |          |             |              |                           |                     | Check Amount: | \$335.72          |                  |                |
| Check Numbe     | r: 45178 | Check Date: | : 02/20/2024 | Payee Name: AFFANATO MAF  | RUT LLC             |               |                   |                  |                |
| 2022254087      | INDEMNI  | Υ           | 11/10/2021   | WILDWOOD CREST BOROUGH    | L-LEGAL WC          |               | \$182.00          | 2021-2021        | Legal          |
| 2023282229      | INDEMNIT | Υ           | 08/31/2022   | WILDWOOD CITY             | L-LEGAL WC          |               | \$252.00          | 2022-2022        | Legal          |
|                 |          |             |              |                           |                     | Check Amount: | \$434.00          |                  |                |
| Check Numbe     | r: 45179 | Check Date: | : 02/20/2024 | Payee Name: HOWARD HAMN   | IER PSY D LLC       |               |                   |                  |                |
| 2021225008      | INDEMNIT | Υ           | 12/30/2020   | SEA ISLE CITY             | M-PHYSICIAN FEES    |               | \$330.00          | 2020-2020        | Loss           |
|                 |          |             |              |                           |                     | Check Amount: | \$330.00          |                  |                |
| Check Numbe     | r: 45180 | Check Date: | : 02/20/2024 | Payee Name: ANDREW P ASU  | NCION               |               |                   |                  |                |
| 2024308597      | MEDICAL  | ONLY        | 07/08/2023   | LONGPORT BOROUGH          | M-PHYSICIAN FEES    |               | \$96.00           | 2023-2023        | Loss           |
|                 |          |             |              |                           |                     | Check Amount: | \$96.00           |                  |                |

Processed Date: Feb 1, 2024 through Feb 29, 2024
Date Of Loss: All
Insured Name(s): All

Bank Account(s): All 1000409678

Insurance Type(s):
Claimant Type(s):
Coverage(s):



#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Clain           | nant Type   | DOL          | Insured Name              | Transaction Typ             | e             | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
|-----------------|-----------------|-------------|--------------|---------------------------|-----------------------------|---------------|-------------------|------------------|----------------|
| Check Numbe     | r: 45181        | Check Date: | : 02/20/2024 | Payee Name: CAPE MAY CITY | 1                           |               |                   |                  |                |
| 2024312850      | INDEMNIT        | Υ           | 09/06/2023   | CAPE MAY CITY             | I-TEMPORARY TOTAL DISABILIT | ΓΥ            | \$1,561.74        | 2023-2023        | Loss           |
|                 |                 |             |              |                           |                             | Check Amount: | \$1,561.74        |                  |                |
| Check Numbe     | r: 45182        | Check Date: | 02/20/2024   | Payee Name: LOWER TOWNS   | SHIP                        |               |                   |                  |                |
| 2024319262      | INDEMNIT        | Υ           | 11/09/2023   | LOWER TOWNSHIP            | I-TEMPORARY TOTAL DISABILIT | ГҮ            | \$2,076.34        | 2023-2023        | Loss           |
|                 |                 |             |              |                           |                             | Check Amount: | \$2,076.34        |                  |                |
| Check Numbe     | r: <b>45183</b> | Check Date: | 02/20/2024   | Payee Name: BRIGANTINE CI | TY                          |               |                   |                  |                |
| 2024315688      | INDEMNIT        | Υ           | 10/04/2023   | BRIGANTINE CITY           | I-TEMPORARY TOTAL DISABILIT | ΓΥ            | \$1,429.38        | 2023-2023        | Loss           |
|                 |                 |             |              |                           |                             | Check Amount: | \$1,429.38        |                  |                |
| Check Numbe     | r: 45184        | Check Date: | : 02/20/2024 | Payee Name: ROTHMAN INST  | TTUTE                       |               |                   |                  |                |
| 2024312936      | INDEMNIT        | Υ           | 09/07/2023   | BRIGANTINE CITY           | M-OTHER PROVIDER FEES       |               | \$2,000.00        | 2023-2023        | Loss           |
|                 |                 |             |              |                           |                             | Check Amount: | \$2,000.00        |                  |                |
| Check Numbe     | r: 45185        | Check Date: | : 02/20/2024 | Payee Name: PLEASANTVILL  | E CITY                      |               |                   |                  |                |
| 2024310732      | INDEMNIT        | Υ           | 08/06/2023   | PLEASANTVILLE CITY        | I-TEMPORARY TOTAL DISABILIT | ГҮ            | \$2,198.00        | 2023-2023        | Loss           |
|                 |                 |             |              |                           |                             | Check Amount: | \$2,198.00        |                  |                |
| Check Numbe     | r: 45186        | Check Date: | : 02/20/2024 | Payee Name: VENTNOR CITY  |                             |               |                   |                  |                |
| 2023290740      | INDEMNIT        | Υ           | 12/08/2022   | VENTNOR CITY              | I-TEMPORARY TOTAL DISABILIT | ГҮ            | \$2,130.00        | 2022-2022        | Loss           |
|                 |                 |             |              |                           |                             | Check Amount: | \$2,130.00        |                  |                |
| Check Numbe     | r: 45187        | Check Date: | 02/20/2024   | Payee Name: HAMILTON TOV  | VNSHIP                      |               |                   |                  |                |
| 2024312420      | INDEMNIT        | Υ           | 08/27/2023   | HAMILTON TOWNSHIP         | I-TEMPORARY TOTAL DISABILIT | ГҮ            | \$1,637.24        | 2023-2023        | Loss           |
|                 |                 |             |              |                           |                             | Check Amount: | \$1,637.24        |                  |                |
| Check Numbe     | r: 45188        | Check Date: | 02/20/2024   | Payee Name: HAMILTON TOV  | VNSHIP                      |               |                   |                  |                |
| 2023294910      | INDEMNIT        | Υ           | 01/29/2023   | HAMILTON TOWNSHIP         | I-TEMPORARY TOTAL DISABILIT | ГҮ            | \$2,198.00        | 2023-2023        | Loss           |
|                 |                 |             |              |                           |                             | Check Amount: | \$2,198.00        |                  |                |
| Check Numbe     | r: 45189        | Check Date: | 02/20/2024   | Payee Name: LAW OFFICES ( | OF THOMAS G SMITH PC        |               |                   |                  |                |
| 2021228757      | BODILY IN       | IJURY       | 12/21/2020   | BRIGANTINE CITY           | L-LEGAL GL                  |               | \$697.00          | 2020-2020        | Legal          |
|                 |                 |             |              |                           |                             | Check Amount: | \$697.00          |                  |                |
| Check Numbe     | r: 45190        | Check Date: | : 02/20/2024 | Payee Name: NEW JERSEY IN | ME ASSOCIATES LLC           |               |                   |                  |                |
| 2020194275      | INDEMNIT        | 7/          | 01/10/2020   | LOWER TOWNSHIP            | E-ALLOCATED MED EXAM WC     |               | Ф <b>7</b> 00 00  | 2020-2020        | Expense        |

Processed Date: Date Of Loss: Insured Name(s): Bank Account(s): Feb 1, 2024 through Feb 29, 2024

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

|                 |          | QUALITY CLAIM SER |            |                             |                             |               | _                 |                  | _              |
|-----------------|----------|-------------------|------------|-----------------------------|-----------------------------|---------------|-------------------|------------------|----------------|
| Claim<br>Number | Claim    | ant Type          | DOL        | Insured Name                | Transaction Typ             | oe            | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
| 023300442       | INDEMNIT | Y                 | 03/27/2023 | LOWER TOWNSHIP              | E-ALLOCATED MED EXAM WC     |               | \$700.00          | 2023-2023        | Expense        |
|                 |          |                   |            |                             |                             | Check Amount: | \$1,400.00        |                  |                |
| Check Numbe     | r: 45191 | Check Date:       | 02/20/2024 | Payee Name: Guy Raffa       |                             |               |                   |                  |                |
| 2022254087      | INDEMNIT | Y                 | 11/10/2021 | WILDWOOD CREST BOROUGH      | I-PERMANENT PARTIAL DISABI  | LITY          | \$19,159.00       | 2021-2021        | Loss           |
|                 |          |                   |            |                             |                             | Check Amount: | \$19,159.00       |                  |                |
| Check Numbe     | r: 45192 | Check Date:       | 02/20/2024 | Payee Name: Mark Alexander  |                             |               |                   |                  |                |
| 2021236465      | INDEMNIT | Y                 | 04/26/2021 | PLEASANTVILLE CITY          | I-PERMANENT PARTIAL DISABI  | LITY          | \$686.00          | 2021-2021        | Loss           |
|                 |          |                   |            |                             |                             | Check Amount: | \$686.00          |                  |                |
| Check Numbe     | r: 45193 | Check Date:       | 02/20/2024 | Payee Name: Eric Munyon     |                             |               |                   |                  |                |
| 2021237391      | INDEMNIT | Y                 | 05/11/2021 | GALLOWAY TOWNSHIP           | I-TEMPORARY TOTAL DISABILIT | ГΥ            | \$1,480.52        | 2021-2021        | Loss           |
|                 |          |                   |            |                             |                             | Check Amount: | \$1,480.52        |                  |                |
| Check Numbe     | r: 45194 | Check Date:       | 02/20/2024 | Payee Name: William Ferris  |                             |               |                   |                  |                |
| 2023286210      | INDEMNIT | Y                 | 10/15/2022 | BRIGANTINE CITY             | I-PERMANENT PARTIAL DISABI  | LITY          | \$1,253.76        | 2022-2022        | Loss           |
|                 |          |                   |            |                             |                             | Check Amount: | \$1,253.76        |                  |                |
| Check Numbe     | r: 45195 | Check Date:       | 02/20/2024 | Payee Name: Michael Mabkho  | uti                         |               |                   |                  |                |
| 2021219674      | INDEMNIT | Y                 | 11/08/2020 | PLEASANTVILLE CITY          | I-PERMANENT PARTIAL DISABI  | LITY          | \$2,268.00        | 2020-2020        | Loss           |
|                 |          |                   |            |                             |                             | Check Amount: | \$2,268.00        |                  |                |
| Check Numbe     | r: 45196 | Check Date:       | 02/20/2024 | Payee Name: Michael Mabkho  | uti                         |               |                   |                  |                |
| 2021219674      | INDEMNIT | Y                 | 11/08/2020 | PLEASANTVILLE CITY          | I-PERMANENT PARTIAL DISABI  | LITY          | \$2,268.00        | 2020-2020        | Loss           |
|                 |          |                   |            |                             |                             | Check Amount: | \$2,268.00        |                  |                |
| Check Numbe     | r: 45197 | Check Date:       | 02/20/2024 | Payee Name: Mario Fuscia    |                             |               |                   |                  |                |
| 2021217221      | INDEMNIT | Y                 | 10/13/2020 | VENTNOR CITY                | I-PERMANENT PARTIAL DISABI  | LITY          | \$1,764.00        | 2020-2020        | Loss           |
|                 |          |                   |            |                             |                             | Check Amount: | \$1,764.00        |                  |                |
| Check Numbe     | r: 45198 | Check Date:       | 02/20/2024 | Payee Name: Ryan Clark      |                             |               |                   |                  |                |
| 2022261128      | INDEMNIT | Y                 | 01/13/2022 | OCEAN CITY                  | I-PERMANENT PARTIAL DISABI  | LITY          | \$1,220.40        | 2022-2022        | Loss           |
|                 |          |                   |            |                             |                             | Check Amount: | \$1,220.40        |                  |                |
| Check Numbe     | r: 45199 | Check Date:       | 02/20/2024 | Payee Name: Michael Palment | tieri                       |               |                   |                  |                |
| 2021236577      | INDEMNIT | Y                 | 04/25/2021 | EGG HARBOR TOWNSHIP         | I-PERMANENT PARTIAL DISABI  | LITY          | \$2,068.00        | 2021-2021        | Loss           |
|                 |          |                   |            |                             |                             | Check Amount: | \$2,068.00        |                  |                |

Processed Date: Feb 1, 2024 through Feb 29, 2024
Date Of Loss: All
Insured Name(s): All

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Bank Account(s):

, 2024 Insurance Type(s): Claimant Type(s): Coverage(s): Page 26 of 48 Run Date: 3/2/2024 15:00:04 Cognos Version 1.0



#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Claim            | nant Type   | DOL        | Insured Name               | Transaction Typ            | oe e          | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
|-----------------|------------------|-------------|------------|----------------------------|----------------------------|---------------|-------------------|------------------|----------------|
| Check Numbe     | r: 45200         | Check Date: | 02/20/2024 | Payee Name: Matthew Gorha  | am                         | l .           |                   |                  |                |
| 2023277910      | INDEMNIT         | Y           | 07/11/2022 | VENTNOR CITY               | I-PERMANENT PARTIAL DISABI | LITY          | \$1,136.00        | 2022-2022        | Loss           |
|                 |                  |             |            |                            |                            | Check Amount: | \$1,136.00        |                  |                |
| Check Numbe     | r: 45201         | Check Date: | 02/20/2024 | Payee Name: Francis Sutton |                            |               |                   |                  |                |
| 2021214761      | INDEMNIT         | Y           | 09/15/2020 | EGG HARBOR TOWNSHIP        | I-PERMANENT PARTIAL DISABI | LITY          | \$1,235.60        | 2020-2020        | Loss           |
|                 |                  |             |            |                            |                            | Check Amount: | \$1,235.60        |                  |                |
| Check Numbe     | r: 45202         | Check Date: | 02/20/2024 | Payee Name: Craig Dennis   |                            |               |                   |                  |                |
| 2023282124      | INDEMNIT         | Y           | 09/06/2022 | PLEASANTVILLE CITY         | I-PERMANENT PARTIAL DISABI | LITY          | \$1,198.40        | 2022-2022        | Loss           |
|                 |                  |             |            |                            |                            | Check Amount: | \$1,198.40        |                  |                |
| Check Numbe     | r: 45203         | Check Date: | 02/20/2024 | Payee Name: Kevin Livingst | on                         |               |                   |                  |                |
| 2021234875      | INDEMNIT         | Υ           | 04/09/2021 | MILLVILLE CITY             | I-PERMANENT PARTIAL DISABI | LITY          | \$1,140.64        | 2021-2021        | Loss           |
|                 |                  |             |            |                            |                            | Check Amount: | \$1,140.64        |                  |                |
| Check Numbe     | r: 45204         | Check Date: | 02/20/2024 | Payee Name: MULLICA TOW    | NSHIP                      |               |                   |                  |                |
| 2024312435      | COMPRE           | IENSIVE     | 07/07/2023 | MULLICA TOWNSHIP           | M-MISC MED(WC) & PD (NON-V | /C) PR COLL   | \$3,866.61        | 2023-2023        | Loss           |
|                 |                  |             |            |                            |                            | Check Amount: | \$3,866.61        |                  |                |
| Check Numbe     | r: <b>4520</b> 5 | Check Date: | 02/20/2024 | Payee Name: MIDDLE TOWN    | ISHIP                      |               |                   |                  |                |
| 2024326436      | COMPRE           | IENSIVE     | 02/05/2024 | MIDDLE TOWNSHIP            | M-MISC MED(WC) & PD (NON-V | /C) PR COLL   | \$30.00           | 2024-2024        | Loss           |
|                 |                  |             |            |                            |                            | Check Amount: | \$30.00           |                  |                |
| Check Numbe     | r: 45206         | Check Date: | 02/20/2024 | Payee Name: MIDDLE TOWN    | ISHIP                      |               |                   |                  |                |
| 2023305438      | 1ST PART         | Y COLL PD   | 05/26/2023 | MIDDLE TOWNSHIP            | M-MISC MED(WC) & PD (NON-V | /C) PR COLL   | \$1,000.00        | 2023-2023        | Loss           |
|                 |                  |             |            |                            |                            | Check Amount: | \$1,000.00        |                  |                |
| Check Numbe     | r: <b>45207</b>  | Check Date: | 02/20/2024 | Payee Name: MULLICA TOW    | /NSHIP                     |               |                   |                  |                |
| 2024326683      | 1ST PART         | Y COLL PD   | 02/04/2024 | MULLICA TOWNSHIP           | M-MISC MED(WC) & PD (NON-V | /C) PR COLL   | \$168.02          | 2024-2024        | Loss           |
|                 |                  |             |            |                            |                            | Check Amount: | \$168.02          |                  |                |
| Check Numbe     | r: 45208         | Check Date: | 02/20/2024 | Payee Name: MULLICA TOW    | NSHIP                      |               |                   |                  |                |
| 2024325283      | 1ST PART         | Y COLL PD   | 01/25/2024 | MULLICA TOWNSHIP           | M-MISC MED(WC) & PD (NON-V | /C) PR COLL   | \$2,736.17        | 2024-2024        | Loss           |
|                 |                  |             |            |                            |                            | Check Amount: | \$2,736.17        |                  |                |
| Check Numbe     | r: 45209         | Check Date: | 02/20/2024 | Payee Name: EGG HARBOR     | TOWNSHIP                   |               |                   |                  |                |
| 2024323054      | 1CT DADT         | Y COLL PD   | 12/28/2023 | EGG HARBOR TOWNSHIP        | M-MISC MED(WC) & PD (NON-V | (O) DD OOL I  | \$3,201.10        | 0000 0000        | Loss           |

Processed Date: Date Of Loss: Insured Name(s): Bank Account(s):

Feb 1, 2024 through Feb 29, 2024

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Insurance Type(s): Claimant Type(s): Coverage(s):

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Clain    | nant Type   | DOL        | Insured Name              | Transaction Ty           | pe            | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
|-----------------|----------|-------------|------------|---------------------------|--------------------------|---------------|-------------------|------------------|----------------|
| ,               |          |             | <u>'</u>   |                           |                          | Check Amount: | \$3,201.10        |                  |                |
| Check Number:   | 45210    | Check Date: | 02/20/2024 | Payee Name: ATLANTICARE F | PHYSICIAN GROUP, PA      |               |                   |                  |                |
| 2024324818      | MEDICAL  | ONLY        | 01/24/2024 | GALLOWAY TOWNSHIP         | M-OCCUPATIONAL MEDICINE  |               | \$78.43           | 2024-2024        | Loss           |
|                 |          |             |            |                           |                          | Check Amount: | \$78.43           |                  |                |
| Check Number:   | 45211    | Check Date: | 02/20/2024 | Payee Name: IVYREHAB NETV | VORK INC                 |               |                   |                  |                |
| 2023304426      | INDEMNIT | Υ           | 05/15/2023 | OCEAN CITY                | M-PHYSICIAN FEES         |               | \$260.00          | 2023-2023        | Loss           |
| 2024315985      | INDEMNIT | Υ           | 10/05/2023 | MILLVILLE CITY            | M-PHYSICIAN FEES         |               | \$234.00          | 2023-2023        | Loss           |
| 2024318880      | INDEMNIT | Υ           | 11/03/2023 | OCEAN CITY                | M-PHYSICIAN FEES         |               | \$404.00          | 2023-2023        | Loss           |
|                 |          |             |            |                           |                          | Check Amount: | \$898.00          |                  |                |
| Check Number:   | 45212    | Check Date: | 02/20/2024 | Payee Name: ARMC ANESTHE  | SIOLOGISTS               |               |                   |                  |                |
| 2021234007      | INDEMNIT | Υ           | 03/31/2021 | NORTHFIELD CITY           | M-PHYSICIAN FEES         |               | \$1,320.00        | 2021-2021        | Loss           |
| 2021234332      | INDEMNIT | Υ           | 04/05/2021 | PLEASANTVILLE CITY        | M-PHYSICIAN FEES         |               | \$770.00          | 2021-2021        | Loss           |
| 2023294910      | INDEMNIT | Υ           | 01/29/2023 | HAMILTON TOWNSHIP         | M-PHYSICIAN FEES         |               | \$1,904.00        | 2023-2023        | Loss           |
| 2023295046      | MEDICAL  | ONLY        | 01/22/2023 | MIDDLE TOWNSHIP           | M-PHYSICIAN FEES         |               | \$770.00          | 2023-2023        | Loss           |
|                 |          |             |            |                           |                          | Check Amount: | \$4,764.00        |                  |                |
| Check Number:   | 45213    | Check Date: | 02/20/2024 | Payee Name: CAPE REGIONA  | L MEDICAL CENTER         |               |                   |                  |                |
| 2024318268      | INDEMNIT | Υ           | 10/30/2023 | WILDWOOD CREST BOROUGH    | M-ACUTE CARE HOSPITAL    |               | \$1,404.00        | 2023-2023        | Loss           |
|                 |          |             |            |                           |                          | Check Amount: | \$1,404.00        |                  |                |
| Check Number:   | 45214    | Check Date: | 02/20/2024 | Payee Name: TWIN BORO PHY | SICAL THERAPY ASSOCIATES | PA            |                   |                  |                |
| 2021214290      | INDEMNIT | Υ           | 09/10/2020 | HAMILTON TOWNSHIP         | M-PHYSICIAN FEES         |               | \$400.00          | 2020-2020        | Loss           |
| 2023294910      | INDEMNIT | Υ           | 01/29/2023 | HAMILTON TOWNSHIP         | M-PHYSICIAN FEES         |               | \$240.00          | 2023-2023        | Loss           |
| 2023305083      | INDEMNIT | Υ           | 01/02/2020 | LINWOOD CITY              | M-PHYSICIAN FEES         |               | \$240.00          | 2020-2020        | Loss           |
| 2023305169      | INDEMNIT | Υ           | 05/24/2023 | WILDWOOD CITY             | M-PHYSICIAN FEES         |               | \$80.00           | 2023-2023        | Loss           |
| 2023306945      | INDEMNIT | Υ           | 05/31/2023 | EGG HARBOR TOWNSHIP       | M-PHYSICIAN FEES         |               | \$405.00          | 2023-2023        | Loss           |
| 2024319262      | INDEMNIT | Υ           | 11/09/2023 | LOWER TOWNSHIP            | M-PHYSICIAN FEES         |               | \$160.00          | 2023-2023        | Loss           |
| 2024320664      | INDEMNIT | Υ           | 11/30/2023 | PLEASANTVILLE CITY        | M-PHYSICIAN FEES         |               | \$160.00          | 2023-2023        | Loss           |
| 2024323003      | MEDICAL  | ONLY        | 01/02/2024 | OCEAN CITY                | M-PHYSICIAN FEES         |               | \$240.00          | 2024-2024        | Loss           |
| 2024324464      | MEDICAL  | ONLY        | 01/22/2024 | WILDWOOD CITY             | M-PHYSICIAN FEES         |               | \$160.00          | 2024-2024        | Loss           |
|                 |          |             |            |                           |                          | Check Amount: | \$2,085.00        |                  |                |

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### Insurer: AJF-ATL.JOINT INS.FUND

| Claim<br>Number | Claim     | ant Type    | DOL        | Insured Name               | Transaction Type            |                 | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
|-----------------|-----------|-------------|------------|----------------------------|-----------------------------|-----------------|-------------------|------------------|----------------|
| Check Number    | 45215     | Check Date: | 02/20/2024 | Payee Name: CAPE EMERGE    | NCY PHYSICIANS, PA          | ·               |                   |                  |                |
| 2022244428      | INDEMNIT  | Y           | 07/31/2021 | NORTH WILDWOOD CITY        | M-PHYSICIAN FEES            |                 | \$611.12          | 2021-2021        | Loss           |
| 2024319226      | MEDICAL ( | ONLY        | 11/08/2023 | DENNIS TOWNSHIP            | M-PHYSICIAN FEES            |                 | \$1,077.44        | 2023-2023        | Loss           |
|                 |           |             |            |                            |                             | Check Amount:   | \$1,688.56        |                  |                |
| Check Number    | 45216     | Check Date: | 02/20/2024 | Payee Name: ONE CALL CAR   | E DIAGNOSTICS               |                 |                   |                  |                |
| 2023294583      | INDEMNIT  | Y           | 01/03/2023 | NORTH WILDWOOD CITY        | M-MRI                       |                 | \$75.00           | 2023-2023        | Loss           |
| 2023305169      | INDEMNIT  | Y           | 05/24/2023 | WILDWOOD CITY              | M-MRI                       |                 | \$485.00          | 2023-2023        | Loss           |
|                 |           |             |            |                            |                             | Check Amount:   | \$560.00          |                  |                |
| Check Number    | : 45217   | Check Date: | 02/20/2024 | Payee Name: ATLANTICARE S  | SURGERY CENTER EHT          |                 |                   |                  |                |
| 2021233791      | INDEMNIT  | Y           | 03/26/2021 | GALLOWAY TOWNSHIP          | M-AMBULATORY SURGERY CEN    | TER             | \$1,367.34        | 2021-2021        | Loss           |
| 2023305169      | INDEMNIT  | Y           | 05/24/2023 | WILDWOOD CITY              | M-AMBULATORY SURGERY CEN    | TER             | \$1,367.34        | 2023-2023        | Loss           |
|                 |           |             |            |                            |                             | Check Amount:   | \$2,734.68        |                  |                |
| Check Number    | : 45218   | Check Date: | 02/20/2024 | Payee Name: NovaCare Rehal | pilitation                  |                 |                   |                  |                |
| 2023291543      | INDEMNIT  | Y           | 12/18/2022 | MILLVILLE CITY             | M-PHYSICIAN FEES            |                 | \$302.82          | 2022-2022        | Loss           |
| 2024315944      | INDEMNIT  | Y           | 10/05/2023 | MILLVILLE CITY             | M-PHYSICIAN FEES            |                 | \$302.82          | 2023-2023        | Loss           |
|                 |           |             |            |                            |                             | Check Amount:   | \$605.64          |                  |                |
| Check Number    | : 45219   | Check Date: | 02/20/2024 | Payee Name: ATLANTIC ER A  | SSOC-KESSLER SED            |                 |                   |                  |                |
| 2024324457      | INDEMNIT  | Y           | 01/20/2024 | HAMILTON TOWNSHIP          | M-PHYSICIAN FEES            |                 | \$417.60          | 2024-2024        | Loss           |
|                 |           |             |            |                            |                             | Check Amount:   | \$417.60          |                  |                |
| Check Number    | 45220     | Check Date: | 02/20/2024 | Payee Name: PREMIER ORTH   | OPAEDIC & SPORTS MEDICINE A | SSOCIATES OF SN | J LLC             |                  |                |
| 2022262929      | INDEMNIT  | Y           | 01/29/2022 | WEST WILDWOOD BOROUGH      | M-ORTHO/NEURO FEES          |                 | \$88.09           | 2022-2022        | Loss           |
| 024315944       | INDEMNIT  | Y           | 10/05/2023 | MILLVILLE CITY             | M-ORTHO/NEURO FEES          |                 | \$162.43          | 2023-2023        | Loss           |
| 2024319788      | MEDICAL ( | ONLY        | 11/17/2023 | VENTNOR CITY               | M-OCCUPATIONAL MEDICINE     |                 | \$140.94          | 2023-2023        | Loss           |
|                 |           |             |            |                            |                             | Check Amount:   | \$391.46          |                  |                |
| Check Number    | 45221     | Check Date: | 02/20/2024 | Payee Name: CAPE PHYSICA   | L THERAPY LLC               |                 |                   |                  |                |
| 2022272115      | INDEMNIT  | Y           | 04/29/2022 | UPPER TOWNSHIP             | M-PHYSICIAN FEES            |                 | \$270.00          | 2022-2022        | Loss           |
| 2023294583      | INDEMNIT  | Y           | 01/03/2023 | NORTH WILDWOOD CITY        | M-PHYSICIAN FEES            |                 | \$60.00           | 2023-2023        | Loss           |
| 023307686       | INDEMNIT  | Y           | 06/23/2023 | SEA ISLE CITY              | M-PHYSICIAN FEES            |                 | \$168.00          | 2023-2023        | Loss           |
| 024312757       | INDEMNIT  | Y           | 09/05/2023 | STONE HARBOR BOROUGH       | M-PHYSICIAN FEES            |                 | \$288.00          | 2023-2023        | Loss           |

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Claim     | ant Type      | DOL        | Insured Name              | Transaction <sup>*</sup> | Гуре          | Payment<br>Amount | Policy<br>Period | Paymer<br>Type |
|-----------------|-----------|---------------|------------|---------------------------|--------------------------|---------------|-------------------|------------------|----------------|
| 2024312850      | INDEMNITY | ,             | 09/06/2023 | CAPE MAY CITY             | M-PHYSICIAN FEES         |               | \$180.00          | 2023-2023        | Loss           |
|                 |           |               |            |                           |                          | Check Amount: | \$966.00          |                  |                |
| Check Number:   | 45222     | Check Date: 0 | 2/20/2024  | Payee Name: THERASPORT P  | HYSICAL THERAPY          |               |                   |                  |                |
| 2024312877      | INDEMNITY | ,             | 09/06/2023 | HAMILTON TOWNSHIP         | M-PHYSICIAN FEES         |               | \$40.63           | 2023-2023        | Loss           |
|                 |           |               |            |                           |                          | Check Amount: | \$40.63           |                  |                |
| Check Number:   | 45223     | Check Date: 0 | 2/20/2024  | Payee Name: SHORE SPECIAL | LTY CONSULTANTS, PA      |               |                   |                  |                |
| 2024315688      | INDEMNITY | ,             | 10/04/2023 | BRIGANTINE CITY           | M-PHYSICIAN FEES         |               | \$491.35          | 2023-2023        | Loss           |
|                 |           |               |            |                           |                          | Check Amount: | \$491.35          |                  |                |
| Check Number:   | 45224     | Check Date: 0 | 2/20/2024  | Payee Name: PRECISION MED | DICAL PRODUCTS INC       |               |                   |                  |                |
| 2020204206      | INDEMNITY | ,             | 05/01/2020 | BRIGANTINE CITY           | M-DME/PROSTHETICS        |               | \$995.00          | 2020-2020        | Loss           |
|                 |           |               |            |                           |                          | Check Amount: | \$995.00          |                  |                |
| Check Number:   | 45225     | Check Date: 0 | 2/20/2024  | Payee Name: WORKERS COM   | P PSYCH NET              |               |                   |                  |                |
| 2024316603      | MEDICAL C | NLY           | 10/09/2023 | PLEASANTVILLE CITY        | M-BEHAVIORAL HEALTH      |               | \$170.00          | 2023-2023        | Loss           |
|                 |           |               |            |                           |                          | Check Amount: | \$170.00          |                  |                |
| Check Number:   | 45226     | Check Date: 0 | 2/20/2024  | Payee Name: FUSION HEALTH | ICARE SOLUTIONS          |               |                   |                  |                |
| 2023294910      | INDEMNITY | ′             | 01/29/2023 | HAMILTON TOWNSHIP         | M-DME/PROSTHETICS        |               | \$1,188.00        | 2023-2023        | Loss           |
|                 |           |               |            |                           |                          | Check Amount: | \$1,188.00        |                  |                |
| Check Number:   | 45227     | Check Date: 0 | 2/20/2024  | Payee Name: myMATRIXX     |                          |               |                   |                  |                |
| 2023305169      | INDEMNITY | ,             | 05/24/2023 | WILDWOOD CITY             | M-PHARMACY               |               | \$44.88           | 2023-2023        | Loss           |
|                 |           |               |            |                           |                          | Check Amount: | \$44.88           |                  |                |
| Check Number:   | 45228     | Check Date: 0 | 2/20/2024  | Payee Name: ORTHONJ, LLC  |                          |               |                   |                  |                |
| 2022253534      | INDEMNITY | ,             | 10/29/2021 | EGG HARBOR TOWNSHIP       | M-ORTHO/NEURO FEES       |               | \$125.59          | 2021-2021        | Loss           |
| 2024317486      | INDEMNITY | ,             | 10/22/2023 | STONE HARBOR BOROUGH      | M-PHYSICIAN FEES         |               | \$85.32           | 2023-2023        | Loss           |
| 2024318268      | INDEMNITY | ,             | 10/30/2023 | WILDWOOD CREST BOROUGH    | M-ORTHO/NEURO FEES       |               | \$118.14          | 2023-2023        | Loss           |
| 2024322176      | INDEMNITY | ,             | 12/19/2023 | OCEAN CITY                | M-ORTHO/NEURO FEES       |               | \$85.32           | 2023-2023        | Loss           |
| 2024323265      | INDEMNITY | ′             | 01/05/2024 | LOWER TOWNSHIP            | M-ORTHO/NEURO FEES       |               | \$273.19          | 2024-2024        | Loss           |
| 2024323671      | MEDICAL C | NLY           | 01/10/2024 | SEA ISLE CITY             | M-ORTHO/NEURO FEES       |               | \$208.89          | 2024-2024        | Loss           |
| 2024324531      | INDEMNITY | ′             | 01/18/2024 | LOWER TOWNSHIP            | M-ORTHO/NEURO FEES       |               | \$1,019.62        | 2024-2024        | Loss           |
|                 |           |               |            |                           |                          | Check Amount: | \$1,916.07        |                  |                |

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| Check Number: 45290         Check Date: 1/20/20/2024         Payee Name: STRIVE PHYSICAL THERAPY SPECIALISTS LLC         0.021-020 <th< th=""><th>Loss Loss Loss Loss Loss Loss</th></th<>   | Loss Loss Loss Loss Loss Loss |
|--|-------------------------------|
| 2023297016   NIDEMITY   02/18/202   GALLOWAY TOWNSHIP   M-PHYSICIAN FEES   \$60.00   2023-2023   2024312420   NIDEMITY   08/27/202   HAMILTON TOWNSHIP   M-PHYSICIAN FEES   \$18.00   2023-2023   2024315688   NIDEMITY   10/04/202   BRIGANTINE CITY   M-PHYSICIAN FEES   \$18.00   2023-2023   2024317574   NIDEMITY   10/19/202   PLEASANTVILLE CITY   M-PHYSICIAN FEES   \$18.00   2023-2023   2024319133   NIDEMITY   10/19/202   PLEASANTVILLE CITY   M-PHYSICIAN FEES   \$18.00   2023-2023   2024319188   MEDICAL ONLY   11/17/202   VENTHOR CITY   M-PHYSICIAN FEES   \$18.00   2023-2023   2024322176   NIDEMITY   12/19/202   VENTHOR CITY   M-PHYSICIAN FEES   \$18.00   2023-2023   2024322176   NIDEMITY   12/19/202   OCEAN CITY   M-PHYSICIAN FEES   \$18.00   2023-2023   2024322176   NIDEMITY   11/19/202   OCEAN CITY   M-PHYSICIAN FEES   \$18.00   2023-2023   20243192176   NIDEMITY   10/99/2023   GALLOWAY TOWNSHIP   M-ORTHO/NEURO FEES   \$12.197   2023-2023   2024319262   INDEMITY   11/09/2023   COWER TOWNSHIP   M-ORTHO/NEURO FEES   \$12.197   2023-2023   2024319262   INDEMITY   10/09/2024   OCEAN CITY   M-ORTHO/NEURO FEES   \$12.197   2024-2024   2024323203   MEDICAL ONLY   01/02/2024   OCEAN CITY   M-ORTHO/NEURO FEES   \$12.197   2024-2024   2024323203   MEDICAL ONLY   01/11/2024   OCEAN CITY   M-ORTHO/NEURO FEES   \$12.197   2024-2024   2024323203   MEDICAL ONLY   01/11/2024   OCEAN CITY   M-ORTHO/NEURO FEES   \$12.197   2024-2024   2024323203   MEDICAL ONLY   01/11/2024   OCEAN CITY   M-ORTHO/NEURO FEES   \$12.197   2024-2024   2024323203   MEDICAL ONLY   01/11/2024   OCEAN CITY   M-ORTHO/NEURO FEES   \$12.197   2024-2024   2024323203   MEDICAL ONLY   01/11/2024   OCEAN CITY   M-ORTHO/NEURO FEES   \$12.197   2024-2024   202432323   202432323   202432323   202432323   202432323   202432323   NIDEMITY   04/05/2021   PLEASANTVILLE CITY   M-PHYSICIAN FEES   \$14.35   2024-2024   2024323233   NIDEMITY   04/05/2021   PLEASANTVILLE CITY   M-PHYSICIAN FEES   \$14.25   2024-2024   202432323324   NIDEMITY   04/05/2021   PLEASANTVILLE CITY   M-PHYSICIAN F                          | Loss<br>Loss<br>Loss          |
| 2024312420   INDEMNITY   08/27/2023   HAMILTON TOWNSHIP   M-PHYSICIAN FEES   \$180.00   2023-2023   20243176588   INDEMNITY   10/04/2023   BRIGANTINE CITY   M-PHYSICIAN FEES   \$180.00   2023-2023   2024317754   INDEMNITY   10/19/2023   PLEASANTVILLE CITY   M-PHYSICIAN FEES   \$180.00   2023-2023   2024319133   INDEMNITY   10/19/2023   PLEASANTVILLE CITY   M-PHYSICIAN FEES   \$180.00   2023-2023   2024319788   MEDICAL ONLY   11/17/2023   VENTNOR CITY   M-PHYSICIAN FEES   \$180.00   2023-2023   2024322176   INDEMNITY   12/19/2023   VENTNOR CITY   M-PHYSICIAN FEES   \$180.00   2023-2023   2024322176   INDEMNITY   12/19/2023   CEAN CITY   M-PHYSICIAN FEES   \$180.00   2023-2023   VENTNOR CITY   M-PHYSICIAN FEES   \$120.00   VENTNOR CITY   M-ORTHO/NEURO FEES   \$121.97   2023-2023   VENTNOR CITY   M-ORTHO/NEURO FEES   \$233.31   2024-2024   VENTNOR CITY   M-ORTHO/NEURO FEES   VENTNOR CITY   VEN                  | Loss<br>Loss                  |
| 2024315688   NDEMNITY   10/04/2023   BRIGANTINE CITY   M-PHYSICIAN FEES   \$18.00   2023-2023   2024317754   NDEMNITY   10/19/2023   PLEASANTVILLE CITY   M-PHYSICIAN FEES   \$18.00   2023-2023   2024319133   NDEMNITY   10/27/2023   PLEASANTVILLE CITY   M-PHYSICIAN FEES   \$18.00   2023-2023   2024319788   MEDICAL ONLY   11/17/2023   VENTNOR CITY   M-PHYSICIAN FEES   \$90.00   2023-2023   2024322176   NDEMNITY   12/19/2023   OCEAN CITY   M-PHYSICIAN FEES   \$90.00   2023-2023   VENTOR CITY   M-PHYSICIAN FEES   \$12.97   VENTOR CITY   M-PHYSICIAN FEES   \$12.97   VENTOR CITY   M-PHYSICIAN FEES   \$12.97   VENTOR CITY   M-PHYSICIAN FEES   \$12.            | Loss<br>Loss                  |
| 2024317754   INDEMNITY   10/19/2023   PLEASANTVILLE CITY   M-PHYSICIAN FEES   \$18.00   2023-2023   2024319133   INDEMNITY   10/27/2023   PLEASANTVILLE CITY   M-PHYSICIAN FEES   \$180.00   2023-2023   2024319788   MEDICAL ONLY   11/17/2023   VENTNOR CITY   M-PHYSICIAN FEES   \$90.00   2023-2023   2024322176   INDEMNITY   12/19/2023   OCEAN CITY   M-PHYSICIAN FEES   \$90.00   2023-2023   VENTNOR CITY   VENTNOR CITY   M-PHYSICIAN FEES   \$121.97   2023-2023   VENTNOR CITY                                    | Loss                          |
| 10/27/2023   10/   |                               |
| 2024319788   MEDICAL ONLY   11/17/2023   VENTNOR CITY   M-PHYSICIAN FEES   \$270.00   2023-2023     2024322176   INDEMNITY   12/19/2023   OCEAN CITY   M-PHYSICIAN FEES   \$90.00   2023-2023     Check Number: 45230   Check Date: 02/20/2024   Payee Name: ORTHONJ, LLC     2023307835   MEDICAL ONLY   06/27/2023   GALLOWAY TOWNSHIP   M-ORTHO/NEURO FEES   \$121.07   2023-2023     2024312757   INDEMNITY   09/05/2023   STONE HARBOR BOROUGH   M-ORTHO/NEURO FEES   \$121.07   2023-2023     2024319262   INDEMNITY   11/09/2023   LOWER TOWNSHIP   M-ORTHO/NEURO FEES   \$121.07   2023-2023     20243233003   MEDICAL ONLY   01/02/2024   OCEAN CITY   M-ORTHO/NEURO FEES   \$121.07   2024-2024     20243233799   MEDICAL ONLY   01/12/2024   OCEAN CITY   M-ORTHO/NEURO FEES   \$121.07   2024-2024     2024324464   MEDICAL ONLY   01/12/2024   WILDWOOD CITY   M-ORTHO/NEURO FEES   \$233.31     2024-2024   2024-2024     2024324464   MEDICAL ONLY   01/22/2024   WILDWOOD CITY   M-ORTHO/NEURO FEES   \$233.31     2024-2024   2024-2024     20243243007   INDEMNITY   03/31/2021   NORTHFIELD CITY   M-PHYSICIAN FEES   \$144.35   2021-2021     2021234332   INDEMNITY   04/05/2021   PLEASANTVILLE CITY   M-PHYSICIAN FEES   \$1,300.00   2023-2023     2023-2023   2023-2023   MIDDLE TOWNSHIP   M-PHYSICIAN FEES   \$1,300.00   2023-2023     2023-2023   2023-2023   MIDDLE TOWNSHIP   M-PHYSICIAN FEES   \$1,300.00   2023-2023     2024-2024   2024-2                                  | Loss                          |
| 2024322176 NDEMNITY 12/19/2023 OCEAN CITY M-PHYSICIAN FEES \$9.00 2023-2023 OCEAN CITY M-PHYSICIAN FEES \$9.00 2024-2024 OCEAN CITY M-PHYSICIAN FEES \$9.00 | 2000                          |
| Check Number:         45230         Check Date: 02/20/2024         Payee Name: ORTHONJ, LLC           2023307835         MEDICAL ONLY         06/27/2023         GALLOWAY TOWNSHIP         M-ORTHO/NEURO FEES         \$121.97         2023-2023           2024312757         INDEMITY         09/05/2023         STONE HARBOR BOROUGH         M-ORTHO/NEURO FEES         \$121.97         2023-2023           2024312962         INDEMITY         11/09/2023         LOWER TOWNSHIP         M-ORTHO/NEURO FEES         \$121.97         2023-2023           2024323003         MEDICAL ONLY         01/02/2024         OCEAN CITY         M-ORTHO/NEURO FEES         \$121.97         2024-2024           2024323799         MEDICAL ONLY         01/11/2024         OCEAN CITY         M-ORTHO/NEURO FEES         \$233.31         2024-2024           2024324464         MEDICAL ONLY         01/22/2024         WILDWOOD CITY         M-ORTHO/NEURO FEES         Check Amount:         \$953.61           Check Number:         45231         Check Date: 02/20/2024         Payee Name: SOUTH JERSEY REHAB & SPINE INC         \$144.35         2021-2021           20212343007         INDEMITY         03/31/2021         NORTHFIELD CITY         M-PHYSICIAN FEES         \$144.35         2021-2021           20212343320         INDEMITY         04/05/2021   | Loss                          |
| Check Number: 45230         Check Date: 02/20/2024         Payee Name: ORTHONJ, LLC           2023307835         MEDICAL ONLY         06/27/2023         GALLOWAY TOWNSHIP         M-ORTHO/NEURO FEES         \$121.97         2023-2023           2024312757         INDEMNITY         09/05/2023         STONE HARBOR BOROUGH         M-ORTHO/NEURO FEES         \$121.97         2023-2023           2024319262         INDEMNITY         11/09/2023         LOWER TOWNSHIP         M-ORTHO/NEURO FEES         \$121.97         2023-2023           20243233003         MEDICAL ONLY         01/02/2024         OCEAN CITY         M-ORTHO/NEURO FEES         \$121.97         2024-2024           20243234464         MEDICAL ONLY         01/12/2024         WILDWOOD CITY         M-ORTHO/NEURO FEES         \$233.31         2024-2024           2024324464         MEDICAL ONLY         01/22/2024         WILDWOOD CITY         M-ORTHO/NEURO FEES         \$235.242         2024-2024           2024324466         MEDICAL ONLY         01/22/2024         Payee Name: SOUTH JERSEY REHAB & SPINE INC         Check Amount:         \$953.61           2021234007         INDEMNITY         03/31/2021         NORTHFIELD CITY         M-PHYSICIAN FEES         \$144.35         2021-2021           20212343332         INDEMNITY         04/05/2021         PLEASANTV  | Loss                          |
| MEDICAL ONLY   06/27/2023   GALLOWAY TOWNSHIP   M-ORTHO/NEURO FEES   \$121.97   2023-2023   2024312757   INDEMNITY   09/05/2023   STONE HARBOR BOROUGH   M-ORTHO/NEURO FEES   \$121.97   2023-2023   2024319262   INDEMNITY   11/09/2023   LOWER TOWNSHIP   M-ORTHO/NEURO FEES   \$121.97   2023-2023   2024323003   MEDICAL ONLY   01/02/2024   OCEAN CITY   M-ORTHO/NEURO FEES   \$121.97   2024-2024   2024323799   MEDICAL ONLY   01/11/2024   OCEAN CITY   M-ORTHO/NEURO FEES   \$233.31   2024-2024   2024324464   MEDICAL ONLY   01/22/2024   WILDWOOD CITY   M-ORTHO/NEURO FEES   \$233.31   2024-2024   2024-   |                               |
| 2024312757   INDEMNITY   09/05/2023   STONE HARBOR BOROUGH   M-ORTHO/NEURO FEES   \$121.97   2023-2023     2024319262   INDEMNITY   11/09/2023   LOWER TOWNSHIP   M-ORTHO/NEURO FEES   \$121.97   2023-2023     2024323003   MEDICAL ONLY   01/02/2024   OCEAN CITY   M-ORTHO/NEURO FEES   \$121.97   2024-2024     2024323799   MEDICAL ONLY   01/11/2024   OCEAN CITY   M-ORTHO/NEURO FEES   \$233.31   2024-2024     2024324464   MEDICAL ONLY   01/22/2024   WILDWOOD CITY   M-ORTHO/NEURO FEES   \$233.31   2024-2024     2024324464   MEDICAL ONLY   01/22/2024   WILDWOOD CITY   M-ORTHO/NEURO FEES   \$232.42   2024-2024     2024324464   MEDICAL ONLY   01/22/2024   Payee Name: SOUTH JERSEY REHAB & SPINE INC     2021234007   INDEMNITY   03/31/2021   NORTHFIELD CITY   M-PHYSICIAN FEES   \$144.35   2021-2021     2021234332   INDEMNITY   04/05/2021   PLEASANTVILLE CITY   M-PHYSICIAN FEES   \$2,975.00   2021-2021     2023295046   MEDICAL ONLY   01/22/2023   MIDDLE TOWNSHIP   M-PHYSICIAN FEES   \$1,300.00   2023-2023     3023-2023                                      |                               |
| 11/09/2023   10/09/2024   11/09/2023   10/09/2024      | Loss                          |
| MEDICAL ONLY   01/02/2024   OCEAN CITY   M-ORTHO/NEURO FEES   \$121.97   2024-2024   2024323799   MEDICAL ONLY   01/11/2024   OCEAN CITY   M-ORTHO/NEURO FEES   \$233.31   2024-2024   2024324464   MEDICAL ONLY   01/22/2024   WILDWOOD CITY   M-ORTHO/NEURO FEES   \$232.42   2024-2024  | Loss                          |
| Medical Only   01/11/2024   Ocean City   M-Ortho/Neuro Fees   \$233.31   2024-2024   | Loss                          |
| 2024324464   MEDICAL ONLY   01/22/2024   WILDWOOD CITY   M-ORTHO/NEURO FEES   \$232.42   2024-2024   | Loss                          |
| Check Number: 45231         Check Date: 02/20/2024         Payee Name: SOUTH JERSEY REHAB & SPINE INC           2021234007         INDEMNITY         03/31/2021         NORTHFIELD CITY         M-PHYSICIAN FEES         \$144.35         2021-2021           2021234332         INDEMNITY         04/05/2021         PLEASANTVILLE CITY         M-PHYSICIAN FEES         \$2,975.00         2021-2021           2023295046         MEDICAL ONLY         01/22/2023         MIDDLE TOWNSHIP         M-PHYSICIAN FEES         \$1,300.00         2023-2023  | Loss                          |
| Check Number: 45231         Check Date: 02/20/2024         Payee Name: SOUTH JERSEY REHAB & SPINE INC           2021234007         INDEMNITY         03/31/2021         NORTHFIELD CITY         M-PHYSICIAN FEES         \$144.35         2021-2021           2021234332         INDEMNITY         04/05/2021         PLEASANTVILLE CITY         M-PHYSICIAN FEES         \$2,975.00         2021-2021           2023295046         MEDICAL ONLY         01/22/2023         MIDDLE TOWNSHIP         M-PHYSICIAN FEES         \$1,300.00         2023-2023  | Loss                          |
| 2021234007 INDEMNITY 03/31/2021 NORTHFIELD CITY M-PHYSICIAN FEES \$144.35 2021-2021 2021234332 INDEMNITY 04/05/2021 PLEASANTVILLE CITY M-PHYSICIAN FEES \$2,975.00 2021-2021 2023295046 MEDICAL ONLY 01/22/2023 MIDDLE TOWNSHIP M-PHYSICIAN FEES \$1,300.00 2023-2023  |                               |
| 2021234332       INDEMNITY       04/05/2021       PLEASANTVILLE CITY       M-PHYSICIAN FEES       \$2,975.00       2021-2021         2023295046       MEDICAL ONLY       01/22/2023       MIDDLE TOWNSHIP       M-PHYSICIAN FEES       \$1,300.00       2023-2023  |                               |
| 2023295046 MEDICAL ONLY 01/22/2023 MIDDLE TOWNSHIP M-PHYSICIAN FEES \$1,300.00 2023-2023   | Loss                          |
| •  | Loss                          |
|  | Loss                          |
| Check Amount: \$4,419.35   |                               |
| Check Number: 45232 Check Date: 02/20/2024 Payee Name: RADCLIFF SPINE CARE   |                               |
| 2021240978 INDEMNITY 12/30/2020 EGG HARBOR TOWNSHIP M-ORTHO/NEURO FEES \$68.85 2020-2020   | Loss                          |
| Check Amount: \$68.85  |                               |
| Check Number: 45233 Check Date: 02/20/2024 Payee Name: QUALCARE INC  |                               |
| 2024326421 MEDICAL ONLY 02/08/2024 MARGATE CITY M-MEDICAL REHAB/NON VOCATIONAL WC \$565.00 2024-2024   |                               |
| 2024326502 MEDICAL ONLY 08/18/2023 WEST WILDWOOD BOROUGH M-MEDICAL REHAB/NON VOCATIONAL WC \$565.00 2023-2023  | Loss                          |

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| - In            | LINKING YOU TO QU | ALITY CLAIM SERVICES  |                         |                              |                  |                   |                  |                 |
|-----------------|-------------------|-----------------------|-------------------------|------------------------------|------------------|-------------------|------------------|-----------------|
| Claim<br>Number | Claiman           | t Type DOL            | Insured Name            | Transaction T                | уре              | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
| 2024326524      | INDEMNITY         | 02/09/2024            | PLEASANTVILLE CITY      | M-MEDICAL REHAB/NON VOC      | CATIONAL WC      | \$565.00          | 2024-2024        | Loss            |
| 2024326560      | MEDICAL ON        | LY 02/11/2024         | 4 MIDDLE TOWNSHIP       | M-MEDICAL REHAB/NON VOC      | CATIONAL WC      | \$565.00          | 2024-2024        | Loss            |
| 2024326589      | MEDICAL ON        | LY 02/11/2024         | 4 MIDDLE TOWNSHIP       | M-MEDICAL REHAB/NON VOC      | CATIONAL WC      | \$565.00          | 2024-2024        | Loss            |
| 2024326622      | INDEMNITY         | 02/11/2024            | 4 SEA ISLE CITY         | M-MEDICAL REHAB/NON VOC      | CATIONAL WC      | \$565.00          | 2024-2024        | Loss            |
| 2024326631      | MEDICAL ON        | LY 02/10/2024         | 4 AVALON BOROUGH        | M-MEDICAL REHAB/NON VOC      | CATIONAL WC      | \$565.00          | 2024-2024        | Loss            |
| 2024326676      | INDEMNITY         | 02/12/2024            | 4 MIDDLE TOWNSHIP       | M-MEDICAL REHAB/NON VOC      | CATIONAL WC      | \$565.00          | 2024-2024        | Loss            |
| 2024326742      | MEDICAL ON        | LY 02/13/2024         | WILDWOOD CITY           | M-MEDICAL REHAB/NON VOC      | CATIONAL WC      | \$565.00          | 2024-2024        | Loss            |
| 2024326750      | MEDICAL ON        | LY 02/13/2024         | 4 MILLVILLE CITY        | M-MEDICAL REHAB/NON VOC      | CATIONAL WC      | \$565.00          | 2024-2024        | Loss            |
| 2024326785      | MEDICAL ON        | LY 02/13/2024         | 4 OCEAN CITY            | M-MEDICAL REHAB/NON VOC      | CATIONAL WC      | \$565.00          | 2024-2024        | Loss            |
| 2024326848      | INDEMNITY         | 03/08/2023            | 3 OCEAN CITY            | M-MEDICAL REHAB/NON VOC      | CATIONAL WC      | \$565.00          | 2023-2023        | Loss            |
| 2024326900      | MEDICAL ON        | LY 02/14/2024         | 4 CAPE MAY CITY         | M-MEDICAL REHAB/NON VOC      | CATIONAL WC      | \$565.00          | 2024-2024        | Loss            |
|                 |                   |                       |                         |                              | Check Amount:    | \$7,345.00        |                  |                 |
| Check Numbe     | r: 45234 C        | heck Date: 02/27/2024 | Payee Name: CAPEHART    | & SCATCHARD PA               |                  |                   |                  |                 |
| 2023279780      | INDEMNITY         | 12/31/202             | I LOWER TOWNSHIP        | L-LEGAL WC                   |                  | \$184.00          | 2021-2021        | Legal           |
|                 |                   |                       |                         |                              | Check Amount:    | \$184.00          |                  |                 |
| Check Numbe     | r: 45235 C        | heck Date: 02/27/2024 | Payee Name: GEMMEL TO   | DDD & MERENICH PA            |                  |                   |                  |                 |
| 2021230995      | BODILY INJU       | RY 02/22/202          | I VENTNOR CITY          | L-LEGAL AL                   |                  | \$1,629.86        | 2021-2021        | Legal           |
|                 |                   |                       |                         |                              | Check Amount:    | \$1,629.86        |                  |                 |
| Check Numbe     | r: 45236 C        | heck Date: 02/27/2024 | Payee Name: SOUTH JER   | SEY PHYSICIAN ASSOCS         |                  |                   |                  |                 |
| 2020197416      | INDEMNITY         | 02/11/2020            | OCEAN CITY              | E-ALLOCATED MED EXAM W       | С                | \$800.00          | 2020-2020        | Expense         |
|                 |                   |                       |                         |                              | Check Amount:    | \$800.00          |                  |                 |
| Check Numbe     | r: 45237 C        | heck Date: 02/27/2024 | Payee Name: FERNANDO    | DELASOTTA MD                 |                  |                   |                  |                 |
| 2023294583      | INDEMNITY         | 01/03/2023            | NORTH WILDWOOD CITY     | M-IND MED EXAMS WC           |                  | \$1,350.00        | 2023-2023        | Loss            |
|                 |                   |                       |                         |                              | Check Amount:    | \$1,350.00        |                  |                 |
| Check Numbe     | r: 45238 C        | heck Date: 02/27/2024 | Payee Name: RELI OF ATI | LANTIC COUNTY, INC.          |                  |                   |                  |                 |
| 2024327605      | 1ST PARTY C       | OLL PD 02/09/2024     | PLEASANTVILLE CITY      | M-MISC MED(WC) & PD (NON     | -WC) PR COLL     | \$2,570.42        | 2024-2024        | Loss            |
|                 |                   |                       |                         |                              | Check Amount:    | \$2,570.42        |                  |                 |
| Check Numbe     | r: 45239 C        | heck Date: 02/27/2024 | Payee Name: BARKER GE   | ELFAND JAMES & SERVAS A PROF | ESSIONAL CORPORA | TION              |                  |                 |
| 2021216082      | POLICE PRO        | F PI 09/28/2020       | ) MILLVILLE CITY        | L-LEGAL GL                   |                  | \$1,524.25        | 2020-2020        | Legal           |
|                 |                   |                       |                         |                              |                  |                   |                  | -               |

Processed Date: Date Of Loss: Insured Name(s):

Bank Account(s):

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Clai      | mant Type   | DOL        | Insured Name              | Transaction T              | ype           | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
|-----------------|-----------|-------------|------------|---------------------------|----------------------------|---------------|-------------------|------------------|----------------|
| 024309875       | BODILY II | NJURY       | 07/23/2023 | MARGATE CITY              | L-LEGAL GL                 |               | \$1,968.00        | 2023-2023        | Legal          |
|                 |           |             |            |                           |                            | Check Amount: | \$3,492.25        |                  |                |
| Check Number    | : 45240   | Check Date: | 02/27/2024 | Payee Name: BIRCHMEIER &  | POWELL LLC                 |               |                   |                  |                |
| 2021215929      | BODILY II | NJURY       | 07/17/2020 | WILDWOOD CITY             | L-LEGAL GL                 |               | \$3,976.95        | 2020-2020        | Legal          |
| 2021240314      | BODILY II | NJURY       | 05/08/2021 | WILDWOOD CITY             | L-LEGAL GL                 |               | \$1,793.00        | 2021-2021        | Legal          |
|                 |           |             |            |                           |                            | Check Amount: | \$5,769.95        |                  |                |
| Check Number    | : 45241   | Check Date: | 02/27/2024 | Payee Name: DJS ASSOCIATE | ES INC                     |               |                   |                  |                |
| 2021214185      | BODILY II | NJURY       | 08/28/2020 | NORTH WILDWOOD CITY       | E-MISC ALL OTHER AL        |               | \$4,800.00        | 2020-2020        | Expense        |
|                 |           |             |            |                           |                            | Check Amount: | \$4,800.00        |                  |                |
| Check Number    | : 45242   | Check Date: | 02/27/2024 | Payee Name: HIGHLANDS FO  | RENSIC INVESTIGATIONS & CO | NSULTING      |                   |                  |                |
| 2022256707      | POLICE F  | PROF BI     | 09/11/2021 | WILDWOOD CREST BOROUGH    | E-MISC ALL OTHER GL        |               | \$1,650.00        | 2021-2021        | Expense        |
|                 |           |             |            |                           |                            | Check Amount: | \$1,650.00        |                  |                |
| Check Number    | : 45243   | Check Date  | 02/27/2024 | Payee Name: LEO S PETETTI | LLC                        |               |                   |                  |                |
| 2024325410      | 1ST PAR   | TY COLL PD  | 01/29/2024 | CAPE MAY CITY             | E-APPRAISERS PR            |               | \$615.62          | 2024-2024        | Expense        |
|                 |           |             |            |                           |                            | Check Amount: | \$615.62          |                  |                |
| Check Number    | : 45244   | Check Date: | 02/27/2024 | Payee Name: DAVID S DEWEE | SE                         |               |                   |                  |                |
| 2024327179      | PERSON    | AL INJURY   | 02/16/2022 | OCEAN CITY                | L-LEGAL GL                 |               | \$750.00          | 2022-2022        | Legal          |
|                 |           |             |            |                           |                            | Check Amount: | \$750.00          |                  |                |
| Check Number    | : 45245   | Check Date: | 02/27/2024 | Payee Name: THE DEWEESE   | LAW FIRM                   |               |                   |                  |                |
| 2023283434      | INDEMNI'  | TY          | 09/17/2022 | NORTH WILDWOOD CITY       | E-SUBROGATION EXPENSE V    | VC            | \$758.53          | 2022-2022        | Expense        |
|                 |           |             |            |                           |                            | Check Amount: | \$758.53          |                  |                |
| Check Number    | : 45246   | Check Date  | 02/27/2024 | Payee Name: REYNOLDS & He | ORN PC                     |               |                   |                  |                |
| 2024308823      | POLICE F  | PROF PI     | 12/29/2022 | HAMILTON TOWNSHIP         | L-LEGAL GL                 |               | \$3,000.00        | 2022-2022        | Legal          |
| 2024312284      | POLICE F  | PROF BI     | 08/24/2021 | PLEASANTVILLE CITY        | L-LEGAL GL                 |               | \$3,000.00        | 2021-2021        | Legal          |
|                 |           |             |            |                           |                            | Check Amount: | \$6,000.00        |                  |                |
| Check Number    | : 45247   | Check Date: | 02/27/2024 | Payee Name: ExamWorks LLC |                            |               |                   |                  |                |
| 2021215929      | BODILY II | NJURY       | 07/17/2020 | WILDWOOD CITY             | E-MISC ALL OTHER GL        |               | \$2,675.00        | 2020-2020        | Expense        |
|                 |           |             |            |                           |                            | Check Amount: | \$2,675.00        |                  |                |
| Check Number    | · 45248   | Check Date: | 02/27/2024 | Payee Name: HOWARD HAMN   | IFR PSYDIIC                |               |                   |                  |                |

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Bank Account(s): 1000409678 Insurance Type(s): Claimant Type(s): Coverage(s):

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Cla      | imant Type  | DOL        | Insured Name                | Transaction Type                         | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
|-----------------|----------|-------------|------------|-----------------------------|--|-------------------|------------------|----------------|
| 022259943       | INDEMN   | ITY         | 01/04/2022 | MILLVILLE CITY              | M-BEHAVIORAL HEALTH                      | \$185.00          | 2022-2022        | Loss           |
|                 |          |             |            |                             | Check Amount:                            | \$185.00          |                  |                |
| Check Numbe     | r: 45249 | Check Date: | 02/27/2024 | Payee Name: ISO SERVICES II | NC                                       |                   |                  |                |
| 2024321417      | BODILY   | INJURY      | 12/06/2023 | NORTH WILDWOOD CITY         | E-MISC ALL OTHER AL                      | \$13.75           | 2023-2023        | Expense        |
| 2024323688      | BODILY   | INJURY      | 11/26/2023 | WATERFORD TOWNSHIP          | E-MISC ALL OTHER GL                      | \$13.75           | 2023-2023        | Expense        |
| 024323688       | BODILY   | INJURY      | 11/26/2023 | WATERFORD TOWNSHIP          | E-MISC ALL OTHER GL                      | \$13.75           | 2023-2023        | Expense        |
|                 |          |             |            |                             | Check Amount:                            | \$41.25           |                  |                |
| Check Numbe     | r: 45250 | Check Date: | 02/27/2024 | Payee Name: EDDIES AUTO B   | ODY INC                                  |                   |                  |                |
| 2024318088      | 1ST PAR  | RTY COLL PD | 10/26/2023 | LOWER TOWNSHIP              | M-MISC MED(WC) & PD (NON-WC) PR COLL     | \$2,957.29        | 2023-2023        | Loss           |
| 2024326436      | COMPRI   | EHENSIVE    | 02/05/2024 | MIDDLE TOWNSHIP             | M-MISC MED(WC) & PD (NON-WC) PR COLL     | \$579.96          | 2024-2024        | Loss           |
|                 |          |             |            |                             | Check Amount:                            | \$3,537.25        |                  |                |
| Check Numbe     | r: 45251 | Check Date: | 02/27/2024 | Payee Name: MILLVILLE CITY  |  |                   |                  |                |
| 024325158       | INDEMN   | ITY         | 01/26/2024 | MILLVILLE CITY              | I-TEMPORARY TOTAL DISABILITY             | \$2,496.57        | 2024-2024        | Loss           |
|                 |          |             |            |                             | Check Amount:                            | \$2,496.57        |                  |                |
| Check Numbe     | r: 45252 | Check Date: | 02/27/2024 | Payee Name: OCEAN CITY      |  |                   |                  |                |
| 024318880       | INDEMN   | ITY         | 11/03/2023 | OCEAN CITY                  | I-TEMPORARY TOTAL DISABILITY             | \$2,198.00        | 2023-2023        | Loss           |
|                 |          |             |            |                             | Check Amount:                            | \$2,198.00        |                  |                |
| Check Numbe     | r: 45253 | Check Date: | 02/27/2024 | Payee Name: MEL PROPERTY    |  |                   |                  |                |
| 2020204214      | INLAND   | MARINE      | 04/30/2020 | DOWNE TOWNSHIP              | M-MISC MED(WC) & PD (NON-WC) OTR LOSS PR | \$865.61          | 2020-2020        | Loss           |
|                 |          |             |            |                             | Check Amount:                            | \$865.61          |                  |                |
| Check Numbe     | r: 45254 | Check Date: | 02/27/2024 | Payee Name: MEL PROPERTY    |  |                   |                  |                |
| 2021209240      | COMPRI   | EHENSIVE    | 07/06/2020 | OCEAN CITY                  | M-MISC MED(WC) & PD (NON-WC) OTR LOSS PR | \$6,538.00        | 2020-2020        | Loss           |
|                 |          |             |            |                             | Check Amount:                            | \$6,538.00        |                  |                |
| Check Numbe     | r: 45255 | Check Date: | 02/27/2024 | Payee Name: MEL PROPERTY    |  |                   |                  |                |
| 021213143       | INLAND   | MARINE      | 08/04/2020 | CAPE MAY CITY               | M-MISC MED(WC) & PD (NON-WC) OTR LOSS PR | \$176.25          | 2020-2020        | Loss           |
|                 |          |             |            |                             | Check Amount:                            | \$176.25          |                  |                |
| Check Numbe     | r: 45256 | Check Date: | 02/27/2024 | Payee Name: MEL PROPERTY    |  |                   |                  |                |
| 021211651       | BLDG/C   | ONTENT      | 08/04/2020 | COMMERCIAL TOWNSHIP         | M-MISC MED(WC) & PD (NON-WC) OTR LOSS PR | \$381.22          | 2020-2020        | Loss           |
|                 |          |             |            |                             | Check Amount:                            | \$381.22          |                  |                |

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

|                 | LINKING YOU TO | QUALITY CLAIM SERV | ICES       |                            |                             |               |                   |                  |                 |
|-----------------|----------------|--------------------|------------|----------------------------|-----------------------------|---------------|-------------------|------------------|-----------------|
| Claim<br>Number | Clain          | nant Type          | DOL        | Insured Name               | Transaction Type            | e             | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
| Check Numbe     | er: 45257      | Check Date: 0      | 2/27/2024  | Payee Name: SEA ISLE CITY  |                             |               |                   |                  |                 |
| 2024326622      | INDEMNIT       | Υ                  | 02/11/2024 | SEA ISLE CITY              | I-TEMPORARY TOTAL DISABILIT | Υ             | \$1,901.62        | 2024-2024        | Loss            |
|                 |                |                    |            |                            |                             | Check Amount: | \$1,901.62        |                  |                 |
| Check Numbe     | er: 45258      | Check Date: 0      | 2/27/2024  | Payee Name: UPPER TOWNS    | HIP                         |               |                   |                  |                 |
| 2024322063      | INDEMNIT       | Υ                  | 12/18/2023 | UPPER TOWNSHIP             | I-TEMPORARY TOTAL DISABILIT | Υ             | \$4,352.05        | 2023-2023        | Loss            |
|                 |                |                    |            |                            |                             | Check Amount: | \$4,352.05        |                  |                 |
| Check Numbe     | er: 45259      | Check Date: 0      | 2/27/2024  | Payee Name: BRIGANTINE CI  | TY                          |               |                   |                  |                 |
| 2024315684      | INDEMNIT       | Υ                  | 10/04/2023 | BRIGANTINE CITY            | I-TEMPORARY TOTAL DISABILIT | Υ             | \$2,198.00        | 2023-2023        | Loss            |
|                 |                |                    |            |                            |                             | Check Amount: | \$2,198.00        |                  |                 |
| Check Numbe     | er: 45260      | Check Date: 0      | 2/27/2024  | Payee Name: LOWER TOWNS    | HIP                         |               |                   |                  |                 |
| 2024324531      | INDEMNIT       | Υ                  | 01/18/2024 | LOWER TOWNSHIP             | I-TEMPORARY TOTAL DISABILIT | Υ             | \$984.85          | 2024-2024        | Loss            |
|                 |                |                    |            |                            |                             | Check Amount: | \$984.85          |                  |                 |
| Check Numbe     | er: 45261      | Check Date: 0      | 2/27/2024  | Payee Name: Raymond Chapr  | man                         |               |                   |                  |                 |
| 2024324394      | 3RD PART       | Y PD               | 01/17/2024 | GALLOWAY TOWNSHIP          | M-MISC MED(WC) & PD (NON-W  | C) AL PD      | \$573.17          | 2024-2024        | Loss            |
|                 |                |                    |            |                            |                             | Check Amount: | \$573.17          |                  |                 |
| Check Numbe     | r: 45262       | Check Date: 0      | 2/27/2024  | Payee Name: LOWER TOWNS    | HIP                         |               |                   |                  |                 |
| 2024323265      | INDEMNIT       | Υ                  | 01/05/2024 | LOWER TOWNSHIP             | I-TEMPORARY TOTAL DISABILIT | Υ             | \$808.48          | 2024-2024        | Loss            |
|                 |                |                    |            |                            |                             | Check Amount: | \$808.48          |                  |                 |
| Check Numbe     | er: 45263      | Check Date: 0      | 2/27/2024  | Payee Name: PLEASANTVILL   | E CITY                      |               |                   |                  |                 |
| 2024326524      | INDEMNIT       | Υ                  | 02/09/2024 | PLEASANTVILLE CITY         | I-TEMPORARY TOTAL DISABILIT | Υ             | \$2,262.00        | 2024-2024        | Loss            |
|                 |                |                    |            |                            |                             | Check Amount: | \$2,262.00        |                  |                 |
| Check Numbe     | er: 45264      | Check Date: 0      | 2/27/2024  | Payee Name: MILLVILLE CITY | •                           |               |                   |                  |                 |
| 2024325363      | INDEMNIT       | Υ                  | 01/29/2024 | MILLVILLE CITY             | I-TEMPORARY TOTAL DISABILIT | Υ             | \$1,615.71        | 2024-2024        | Loss            |
|                 |                |                    |            |                            |                             | Check Amount: | \$1,615.71        |                  |                 |
| Check Numbe     | r: 45265       | Check Date: 0      | 2/27/2024  | Payee Name: OCEAN CITY     |                             |               |                   |                  |                 |
| 2024325500      | INDEMNIT       | Υ                  | 01/26/2024 | OCEAN CITY                 | I-TEMPORARY TOTAL DISABILIT | Υ             | \$2,262.00        | 2024-2024        | Loss            |
|                 |                |                    |            |                            |                             | Check Amount: | \$2,262.00        |                  |                 |
| Check Numbe     | er: 45266      | Check Date: 0      | 2/27/2024  | Payee Name: MILLVILLE CITY |                             |               |                   |                  |                 |
| 2024315944      | INDEMNIT       | Υ                  | 10/05/2023 | MILLVILLE CITY             | I-TEMPORARY TOTAL DISABILIT | Υ             | \$858.42          | 2023-2023        | Loss            |
|                 |                |                    |            |                            |                             |               |                   |                  |                 |

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Clai            | mant Type   | DOL          | Insured Name               | Transaction Type                         | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
|-----------------|-----------------|-------------|--------------|----------------------------|--|-------------------|------------------|-----------------|
|                 |                 |             |              |                            | Check Amount:                            | \$858.42          |                  |                 |
| Check Numbe     | r: 45267        | Check Date  | 02/27/2024   | Payee Name: STONE HARBOR   | R BOROUGH                                |                   |                  |                 |
| 2023308010      | INDEMNI         | TY          | 06/29/2023   | STONE HARBOR BOROUGH       | I-TEMPORARY TOTAL DISABILITY             | \$1,191.14        | 2023-2023        | Loss            |
|                 |                 |             |              |                            | Check Amount:                            | \$1,191.14        |                  |                 |
| Check Numbe     | r: 45268        | Check Date: | : 02/27/2024 | Payee Name: AVALON BORO    | UGH                                      |                   |                  |                 |
| 2024321659      | INDEMNI         | TY          | 12/12/2023   | AVALON BOROUGH             | I-TEMPORARY TOTAL DISABILITY             | \$586.00          | 2023-2023        | Loss            |
|                 |                 |             |              |                            | Check Amount:                            | \$586.00          |                  |                 |
| Check Numbe     | r: 45269        | Check Date: | : 02/27/2024 | Payee Name: AVALON BORO    | UGH                                      |                   |                  |                 |
| 2024321659      | INDEMNI         | TY          | 12/12/2023   | AVALON BOROUGH             | I-TEMPORARY TOTAL DISABILITY             | \$586.00          | 2023-2023        | Loss            |
|                 |                 |             |              |                            | Check Amount:                            | \$586.00          |                  |                 |
| Check Numbe     | r: <b>45270</b> | Check Date: | : 02/27/2024 | Payee Name: MILLVILLE CITY |  |                   |                  |                 |
| 2022259943      | INDEMNI         | TY          | 01/04/2022   | MILLVILLE CITY             | I-TEMPORARY TOTAL DISABILITY             | \$2,130.00        | 2022-2022        | Loss            |
|                 |                 |             |              |                            | Check Amount:                            | \$2,130.00        |                  |                 |
| Check Number    | r: 45271        | Check Date: | : 02/27/2024 | Payee Name: UPPER TOWNSI   | HIP                                      |                   |                  |                 |
| 2022272115      | INDEMNI         | TY          | 04/29/2022   | UPPER TOWNSHIP             | I-TEMPORARY TOTAL DISABILITY             | \$1,344.86        | 2022-2022        | Loss            |
|                 |                 |             |              |                            | Check Amount:                            | \$1,344.86        |                  |                 |
| Check Number    | r: <b>45272</b> | Check Date: | : 02/27/2024 | Payee Name: MEL PROPERTY   | ,  |                   |                  |                 |
| 2021211441      | INLAND I        | MARINE      | 08/04/2020   | WEYMOUTH TOWNSHIP          | M-MISC MED(WC) & PD (NON-WC) BLD & CNT   | \$344.99          | 2020-2020        | Loss            |
|                 |                 |             |              |                            | Check Amount:                            | \$344.99          |                  |                 |
| Check Numbe     | r: 45273        | Check Date: | : 02/27/2024 | Payee Name: MEL PROPERTY   | ,  |                   |                  |                 |
| 2021211469      | INLAND I        | MARINE      | 08/04/2020   | WATERFORD TOWNSHIP         | M-MISC MED(WC) & PD (NON-WC) OTR LOSS PR | \$267.21          | 2020-2020        | Loss            |
|                 |                 |             |              |                            | Check Amount:                            | \$267.21          |                  |                 |
| Check Number    | r: <b>45274</b> | Check Date: | : 02/27/2024 | Payee Name: MEL PROPERTY   | ,  |                   |                  |                 |
| 2021211481      | INLAND I        | MARINE      | 08/04/2020   | BRIGANTINE CITY            | M-MISC MED(WC) & PD (NON-WC) OTR LOSS PR | \$1,772.83        | 2020-2020        | Loss            |
|                 |                 |             |              |                            | Check Amount:                            | \$1,772.83        |                  |                 |
| Check Numbe     | r: 45275        | Check Date: | 02/27/2024   | Payee Name: MEL PROPERTY   |  |                   |                  |                 |
| 2021211424      | INLAND I        | MARINE      | 08/04/2020   | WILDWOOD CREST BOROUGH     | M-MISC MED(WC) & PD (NON-WC) OTR LOSS PR | \$9,319.45        | 2020-2020        | Loss            |
|                 |                 |             |              |                            | Check Amount:                            | \$9,319.45        |                  |                 |
| Check Numbe     | r: 45276        | Check Date: | 02/27/2024   | Payee Name: MEL PROPERTY   |  |                   |                  |                 |

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Claima    | int Type    | DOL        | Insured Name             | Transaction Type                         | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
|-----------------|-----------|-------------|------------|--------------------------|--|-------------------|------------------|----------------|
| 2021211826      | BLDG/CON  | ENT         | 08/04/2020 | NORTH WILDWOOD CITY      | M-MISC MED(WC) & PD (NON-WC) BLD & CNT   | \$3,356.33        | 2020-2020        | Loss           |
|                 |           |             |            |                          | Check Amount:                            | \$3,356.33        |                  |                |
| Check Numbe     | r: 45277  | Check Date: | 02/27/2024 | Payee Name: MEL PROPERTY | •  |                   |                  |                |
| 2021212268      | INLAND MA | RINE        | 08/04/2020 | HAMILTON TOWNSHIP        | M-MISC MED(WC) & PD (NON-WC) OTR LOSS PR | \$63.78           | 2020-2020        | Loss           |
|                 |           |             |            |                          | Check Amount:                            | \$63.78           |                  |                |
| Check Numbe     | r: 45278  | Check Date: | 02/27/2024 | Payee Name: MEL PROPERTY | ,  |                   |                  |                |
| 2021211916      | INLAND MA | RINE        | 08/04/2020 | DOWNE TOWNSHIP           | M-MISC MED(WC) & PD (NON-WC) OTR LOSS PR | \$46.74           | 2020-2020        | Loss           |
|                 |           |             |            |                          | Check Amount:                            | \$46.74           |                  |                |
| Check Number    | r: 45279  | Check Date: | 02/27/2024 | Payee Name: MEL PROPERTY | ,  |                   |                  |                |
| 2021212033      | BLDG/CON  | ENT         | 08/04/2020 | GALLOWAY TOWNSHIP        | M-MISC MED(WC) & PD (NON-WC) BLD & CNT   | \$749.88          | 2020-2020        | Loss           |
|                 |           |             |            |                          | Check Amount:                            | \$749.88          |                  |                |
| Check Number    | r: 45280  | Check Date: | 02/27/2024 | Payee Name: MEL PROPERTY | ,  |                   |                  |                |
| 2021211707      | BLDG/CON  | ENT         | 08/04/2020 | SOMERS POINT CITY        | M-MISC MED(WC) & PD (NON-WC) BLD & CNT   | \$1,328.56        | 2020-2020        | Loss           |
|                 |           |             |            |                          | Check Amount:                            | \$1,328.56        |                  |                |
| Check Number    | r: 45281  | Check Date: | 02/27/2024 | Payee Name: MEL PROPERTY | ,  |                   |                  |                |
| 2021211701      | BLDG/CON  | ENT         | 08/04/2020 | MARGATE CITY             | M-MISC MED(WC) & PD (NON-WC) BLD & CNT   | \$695.41          | 2020-2020        | Loss           |
|                 |           |             |            |                          | Check Amount:                            | \$695.41          |                  |                |
| Check Number    | r: 45282  | Check Date: | 02/27/2024 | Payee Name: MEL PROPERTY | ,  |                   |                  |                |
| 2021211392      | BLDG/CON  | ENT         | 08/03/2020 | NEWFIELD BOROUGH         | M-MISC MED(WC) & PD (NON-WC) BLD & CNT   | \$148.35          | 2020-2020        | Loss           |
|                 |           |             |            |                          | Check Amount:                            | \$148.35          |                  |                |
| Check Number    | r: 45283  | Check Date: | 02/27/2024 | Payee Name: MEL PROPERTY | ,  |                   |                  |                |
| 2021223795      | INLAND MA | RINE        | 11/15/2020 | WILDWOOD CITY            | M-MISC MED(WC) & PD (NON-WC) OTR LOSS PR | \$5,337.62        | 2020-2020        | Loss           |
|                 |           |             |            |                          | Check Amount:                            | \$5,337.62        |                  |                |
| Check Number    | r: 45284  | Check Date: | 02/27/2024 | Payee Name: MEL PROPERTY | ,  |                   |                  |                |
| 2021224616      | BLDG/CON  | ENT         | 12/24/2020 | GALLOWAY TOWNSHIP        | M-MISC MED(WC) & PD (NON-WC) BLD & CNT   | \$2,473.39        | 2020-2020        | Loss           |
|                 |           |             |            |                          | Check Amount:                            | \$2,473.39        |                  |                |
| Check Number    | r: 45285  | Check Date: | 02/27/2024 | Payee Name: MEL PROPERTY | •  |                   |                  |                |
| 2022243055      | BOILER/MA | CHINERY     | 07/07/2021 | BRIGANTINE CITY          | M-MISC MED(WC) & PD (NON-WC) BLD & CNT   | \$1,399.54        | 2021-2021        | Loss           |
|                 |           |             |            |                          | Check Amount:                            | \$1,399.54        |                  |                |

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Claim      | ant Type    | DOL        | Insured Name                | Transaction Type                   | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
|-----------------|------------|-------------|------------|-----------------------------|------------------------------------|-------------------|------------------|----------------|
| Check Number:   | 45286      | Check Date: | 02/27/2024 | Payee Name: MEL PROPERTY    | •                                  |                   |                  |                |
| 2022245562      | BLDG/CON   | TENT        | 07/09/2021 | EGG HARBOR TOWNSHIP         | M-MISC MED(WC) & PD (NON-WC) BLD 8 | CNT \$4,765       | .99 2021-2021    | Loss           |
|                 |            |             |            |                             | Check A                            | Amount: \$4,765   | .99              |                |
| Check Number:   | 45287      | Check Date: | 02/27/2024 | Payee Name: LAW OFFICES O   | OF THOMAS G SMITH PC               |                   |                  |                |
| 2020196798      | BODILY INJ | URY         | 01/16/2020 | PLEASANTVILLE CITY          | L-LEGAL AL                         | \$1,566           | .75 2020-2020    | Legal          |
|                 |            |             |            |                             | Check A                            | Amount: \$1,566   | .75              |                |
| Check Number:   | 45288      | Check Date: | 02/27/2024 | Payee Name: NEW JERSEY IN   | IE ASSOCIATES LLC                  |                   |                  |                |
| 2023288635      | INDEMNITY  |             | 11/09/2022 | SOMERS POINT CITY           | E-ALLOCATED MED EXAM WC            | \$1,000           | .00 2022-2022    | Expense        |
|                 |            |             |            |                             | Check A                            | Amount: \$1,000   | .00              |                |
| Check Number:   | 45289      | Check Date: | 02/27/2024 | Payee Name: Frank Wilson    |                                    |                   |                  |                |
| 2024322176      | INDEMNITY  | ,           | 12/19/2023 | OCEAN CITY                  | I-TEMPORARY TOTAL DISABILITY       | \$472             | .65 2023-2023    | Loss           |
|                 |            |             |            |                             | Check A                            | Amount: \$472     | .65              |                |
| Check Number:   | 45290      | Check Date: | 02/27/2024 | Payee Name: Dennis Davino   |                                    |                   |                  |                |
| 2024321160      | 3RD PART\  | PD          | 12/06/2023 | EGG HARBOR TOWNSHIP         | M-MISC MED(WC) & PD (NON-WC) AL PD | \$5,850           | .59 2023-2023    | Loss           |
|                 |            |             |            |                             | Check A                            | Amount: \$5,850   | .59              |                |
| Check Number:   | 45291      | Check Date: | 02/27/2024 | Payee Name: Thomas Kresz    |                                    |                   |                  |                |
| 2021215991      | INDEMNITY  | •           | 09/28/2020 | MARGATE CITY                | I-PERMANENT PARTIAL DISABILITY     | \$2,016           | .00 2020-2020    | Loss           |
|                 |            |             |            |                             | Check A                            | Amount: \$2,016   | .00              |                |
| Check Number:   | 45292      | Check Date: | 02/27/2024 | Payee Name: Charles Cripps  | lr .                               |                   |                  |                |
| 2022244042      | INDEMNITY  | •           | 07/28/2021 | WILDWOOD CITY               | I-PERMANENT PARTIAL DISABILITY     | \$1,110           | .00 2021-2021    | Loss           |
|                 |            |             |            |                             | Check A                            | Amount: \$1,110   | .00              |                |
| Check Number:   | 45293      | Check Date: | 02/27/2024 | Payee Name: Kenneth Pollock | 1                                  |                   |                  |                |
| 2021229119      | INDEMNITY  | •           | 01/30/2021 | OCEAN CITY                  | I-PERMANENT PARTIAL DISABILITY     | \$2,584           | .00 2021-2021    | Loss           |
|                 |            |             |            |                             | Check A                            | Amount: \$2,584   | .00              |                |
| Check Number:   | 45294      | Check Date: | 02/27/2024 | Payee Name: Michael Mabkho  | uti                                |                   |                  |                |
| 2021219674      | INDEMNITY  | •           | 11/08/2020 | PLEASANTVILLE CITY          | I-PERMANENT PARTIAL DISABILITY     | \$2,268           | .00 2020-2020    | Loss           |
|                 |            |             |            |                             | Check A                            | Amount: \$2,268   | .00              |                |
| Check Number:   | 45295      | Check Date: | 02/27/2024 | Payee Name: William Lakes   |                                    |                   |                  |                |
| 2022246353      | INDEMNITY  |             | 08/25/2021 | BRIGANTINE CITY             | I-PERMANENT PARTIAL DISABILITY     | \$1,177           | .44 2021-2021    | Loss           |

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Clai     | mant Type  | DOL           | Insured Name               | Transaction Type                         | Payment<br>Amount | Policy<br>Period | Paymer<br>Type |
|-----------------|----------|------------|---------------|----------------------------|--|-------------------|------------------|----------------|
|                 | ,        |            | '             |                            | Check Amount:                            | \$1,177.44        |                  | '              |
| Check Numbe     | r: 45296 | Check Date | e: 02/27/2024 | Payee Name: Peter Byron    |  |                   |                  |                |
| 2021229497      | INDEMNI  | TY         | 02/10/2021    | WILDWOOD CITY              | I-PERMANENT PARTIAL DISABILITY           | \$1,611.04        | 2021-2021        | Loss           |
|                 |          |            |               |                            | Check Amount:                            | \$1,611.04        |                  |                |
| Check Numbe     | r: 45297 | Check Date | e: 02/27/2024 | Payee Name: Robert Shepher | rd                                       |                   |                  |                |
| 2022244124      | INDEMNI  | TY         | 07/23/2021    | MIDDLE TOWNSHIP            | I-PERMANENT PARTIAL DISABILITY           | \$1,808.00        | 2021-2021        | Loss           |
|                 |          |            |               |                            | Check Amount:                            | \$1,808.00        |                  |                |
| Check Numbe     | r: 45298 | Check Date | e: 02/27/2024 | Payee Name: GALLOWAY TO    | WNSHIP                                   |                   |                  |                |
| 2024321593      | INLAND I | MARINE     | 12/11/2023    | GALLOWAY TOWNSHIP          | M-MISC MED(WC) & PD (NON-WC) OTR LOSS PR | \$582.00          | 2023-2023        | Loss           |
|                 |          |            |               |                            | Check Amount:                            | \$582.00          |                  |                |
| Check Numbe     | r: 45299 | Check Date | e: 02/27/2024 | Payee Name: GALLOWAY TO    | WNSHIP                                   |                   |                  |                |
| 2024325938      | INLAND I | MARINE     | 01/22/2024    | GALLOWAY TOWNSHIP          | M-MISC MED(WC) & PD (NON-WC) OTR LOSS PR | \$392.03          | 2024-2024        | Loss           |
|                 |          |            |               |                            | Check Amount:                            | \$392.03          |                  |                |
| Check Numbe     | r: 45300 | Check Date | e: 02/27/2024 | Payee Name: QUAL-LYNX      |  |                   |                  |                |
| 2024321088      | MEDICAL  | ONLY       | 12/05/2023    | OCEAN CITY                 | E-MISC ALL OTHER WC                      | \$4.25            | 2023-2023        | Expense        |
| 2024322698      | MEDICAL  | ONLY       | 12/28/2023    | MIDDLE TOWNSHIP            | E-MISC ALL OTHER WC                      | \$4.25            | 2023-2023        | Expense        |
| 2024322903      | MEDICAL  | ONLY       | 01/03/2024    | VENTNOR CITY               | E-MISC ALL OTHER WC                      | \$4.25            | 2024-2024        | Expense        |
| 2024323003      | MEDICAL  | ONLY       | 01/02/2024    | OCEAN CITY                 | E-MISC ALL OTHER WC                      | \$4.25            | 2024-2024        | Expense        |
| 2024323138      | INDEMNI  | TY         | 01/02/2024    | HAMILTON TOWNSHIP          | E-MISC ALL OTHER WC                      | \$4.25            | 2024-2024        | Expense        |
| 2024323246      | MEDICAL  | ONLY       | 01/08/2024    | PLEASANTVILLE CITY         | E-MISC ALL OTHER WC                      | \$4.25            | 2024-2024        | Expense        |
| 2024323253      | MEDICAL  | ONLY       | 01/05/2024    | OCEAN CITY                 | E-MISC ALL OTHER WC                      | \$4.25            | 2024-2024        | Expense        |
| 2024323258      | MEDICAL  | ONLY       | 01/05/2024    | LOWER TOWNSHIP             | E-MISC ALL OTHER WC                      | \$4.25            | 2024-2024        | Expense        |
| 2024323265      | INDEMNI  | TY         | 01/05/2024    | LOWER TOWNSHIP             | E-MISC ALL OTHER WC                      | \$4.25            | 2024-2024        | Expense        |
| 2024323481      | INDEMNI  | TY         | 01/05/2024    | NORTH WILDWOOD CITY        | E-MISC ALL OTHER WC                      | \$4.25            | 2024-2024        | Expense        |
| 2024323497      | MEDICAL  | ONLY       | 01/10/2024    | DENNIS TOWNSHIP            | E-MISC ALL OTHER WC                      | \$4.25            | 2024-2024        | Expense        |
| 2024323671      | MEDICAL  | ONLY       | 01/10/2024    | SEA ISLE CITY              | E-MISC ALL OTHER WC                      | \$4.25            | 2024-2024        | Expense        |
| 2024323799      | MEDICAL  | ONLY       | 01/11/2024    | OCEAN CITY                 | E-MISC ALL OTHER WC                      | \$4.25            | 2024-2024        | Expense        |
| 2024324191      | MEDICAL  | ONLY       | 12/02/2023    | LONGPORT BOROUGH           | E-MISC ALL OTHER WC                      | \$4.25            | 2023-2023        | Expense        |
| 2024324457      | INDEMNI  | TY         | 01/20/2024    | HAMILTON TOWNSHIP          | E-MISC ALL OTHER WC                      | \$4.25            | 2024-2024        | Expense        |

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Insurer: AJF-ATL.JOINT INS.FUND

| Claim<br>Number | Clair    | nant Type     | DOL        | Insured Name             | Transaction Typ           | oe e          | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
|-----------------|----------|---------------|------------|--------------------------|---------------------------|---------------|-------------------|------------------|-----------------|
| 2024324524      | MEDICAL  | ONLY          | 01/22/2024 | VENTNOR CITY             | E-MISC ALL OTHER WC       |               | \$4.25            | 2024-2024        | Expense         |
| 2024324531      | INDEMNIT | Υ             | 01/18/2024 | LOWER TOWNSHIP           | E-MISC ALL OTHER WC       |               | \$4.25            | 2024-2024        | Expense         |
| 2024324562      | MEDICAL  | ONLY          | 01/12/2024 | MILLVILLE CITY           | E-MISC ALL OTHER WC       |               | \$4.25            | 2024-2024        | Expense         |
| 2024324661      | MEDICAL  | ONLY          | 01/19/2024 | UPPER TOWNSHIP           | E-MISC ALL OTHER WC       |               | \$4.25            | 2024-2024        | Expense         |
| 2024324683      | INDEMNIT | Υ             | 01/23/2024 | UPPER TOWNSHIP           | E-MISC ALL OTHER WC       |               | \$4.25            | 2024-2024        | Expense         |
| 2024324818      | MEDICAL  | ONLY          | 01/24/2024 | GALLOWAY TOWNSHIP        | E-MISC ALL OTHER WC       |               | \$4.25            | 2024-2024        | Expense         |
| 2024324914      | MEDICAL  | ONLY          | 01/25/2024 | SOMERS POINT CITY        | E-MISC ALL OTHER WC       |               | \$4.25            | 2024-2024        | Expense         |
| 2024325050      | MEDICAL  | ONLY          | 01/25/2024 | OCEAN CITY               | E-MISC ALL OTHER WC       |               | \$4.25            | 2024-2024        | Expense         |
| 2024325103      | MEDICAL  | ONLY          | 12/22/2023 | NORTHFIELD CITY          | E-MISC ALL OTHER WC       |               | \$4.25            | 2023-2023        | Expense         |
| 2024325155      | MEDICAL  | ONLY          | 01/22/2024 | CAPE MAY CITY            | E-MISC ALL OTHER WC       |               | \$4.25            | 2024-2024        | Expense         |
| 2024325158      | INDEMNIT | Υ             | 01/26/2024 | MILLVILLE CITY           | E-MISC ALL OTHER WC       |               | \$4.25            | 2024-2024        | Expense         |
| 2024325255      | MEDICAL  | ONLY          | 01/29/2024 | WILDWOOD CITY            | E-MISC ALL OTHER WC       |               | \$4.25            | 2024-2024        | Expense         |
| 2024325279      | MEDICAL  | ONLY          | 01/28/2024 | MILLVILLE CITY           | E-MISC ALL OTHER WC       |               | \$4.25            | 2024-2024        | Expense         |
| 2024325363      | INDEMNIT | Υ             | 01/29/2024 | MILLVILLE CITY           | E-MISC ALL OTHER WC       |               | \$4.25            | 2024-2024        | Expense         |
|                 |          |               |            |                          |                           | Check Amount: | \$123.25          |                  |                 |
| Check Number:   | 45301    | Check Date: 0 | 2/27/2024  | Payee Name: ATLANTICARE  | PHYSICIAN GROUP, PA       |               |                   |                  |                 |
| 2024312609      | MEDICAL  | ONLY          | 09/01/2023 | OCEAN CITY               | M-OCCUPATIONAL MEDICINE   |               | \$200.00          | 2023-2023        | Loss            |
| 2024321659      | INDEMNIT | Υ             | 12/12/2023 | AVALON BOROUGH           | M-OCCUPATIONAL MEDICINE   |               | \$169.46          | 2023-2023        | Loss            |
|                 |          |               |            |                          |                           | Check Amount: | \$369.46          |                  |                 |
| Check Number:   | 45302    | Check Date: 0 | 2/27/2024  | Payee Name: IVYREHAB NET | WORK INC                  |               |                   |                  |                 |
| 2023304426      | INDEMNIT | Υ             | 05/15/2023 | OCEAN CITY               | M-PHYSICIAN FEES          |               | \$170.00          | 2023-2023        | Loss            |
| 2024318880      | INDEMNIT | Υ             | 11/03/2023 | OCEAN CITY               | M-PHYSICIAN FEES          |               | \$170.00          | 2023-2023        | Loss            |
| 2024326785      | MEDICAL  | ONLY          | 02/13/2024 | OCEAN CITY               | M-PHYSICIAN FEES          |               | \$90.00           | 2024-2024        | Loss            |
|                 |          |               |            |                          |                           | Check Amount: | \$430.00          |                  |                 |
| Check Number:   | 45303    | Check Date: 0 | 2/27/2024  | Payee Name: ARMC ANESTH  | ESIOLOGISTS               |               |                   |                  |                 |
| 2023290740      | INDEMNIT | Υ             | 12/08/2022 | VENTNOR CITY             | M-PHYSICIAN FEES          |               | \$880.00          | 2022-2022        | Loss            |
|                 |          |               |            |                          |                           | Check Amount: | \$880.00          |                  |                 |
| Check Number:   | 45304    | Check Date: 0 | 2/27/2024  | Payee Name: SHORE MEDICA | AL CENTER                 |               |                   |                  |                 |
|                 |          |               |            |                          | MA A OLUTE OADE LICODITAL |               | ¢4 007 00         | 2022 2022        | Loss            |
| 2023302179      | MEDICAL  | ONLY          | 04/22/2023 | EGG HARBOR TOWNSHIP      | M-ACUTE CARE HOSPITAL     |               | \$1,887.00        | 2023-2023        | LUSS            |

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All 1000409678 Insurance Type(s): All Claimant Type(s): All Coverage(s):

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

|                      |   | RVICES   |  |  |  |   |  |  |
|----------------------|---|--|--|--|--|---|--|--|
| Clai                 | mant Type   | DOL  | Insured Name                           | Transaction Ty                         | ype  | Payment<br>Amount   | Policy<br>Period                         | Paymen<br>Type   |
|                      |   |  |  |  | Check Amount:  | \$2,220.75  |  |  |
| 45305                | Check Date:   | 02/27/2024   | Payee Name: UPPER TWP                  | EMS,                                   |  |   |  |  |
| MEDICAL              | ONLY  | 11/08/2023   | DENNIS TOWNSHIP                        | M-OTHER PROVIDER FEES                  |  | \$1,012.00  | 2023-2023                                | Loss   |
|                      |   |  |  |  | Check Amount:  | \$1,012.00  |  |  |
| 45306                | Check Date:   | 02/27/2024   | Payee Name: NEW JERSE                  | Y HEALTHCARE SPECIALISTS PC            |  |   |  |  |
| INDEMNI              | ΓΥ  | 11/03/2023   | OCEAN CITY                             | M-PHYSICIAN FEES                       |  | \$1,455.62  | 2023-2023                                | Loss   |
| INDEMNI              | ΓΥ  | 12/12/2023   | AVALON BOROUGH                         | M-PHYSICIAN FEES                       |  | \$1,186.90  | 2023-2023                                | Loss   |
|                      |   |  |  |  | Check Amount:  | \$2,642.52  |  |  |
| 45307                | Check Date:   | 02/27/2024   | Payee Name: ATLANTIC N                 | EDICAL IMAGING LLC                     |  |   |  |  |
| INDEMNI              | ΓΥ  | 10/05/2023   | MILLVILLE CITY                         | M-MRI                                  |  | \$301.05  | 2023-2023                                | Loss   |
|                      |   |  |  |  | Check Amount:  | \$301.05  |  |  |
| 45308                | Check Date:   | 02/27/2024   | Payee Name: TWIN BORO                  | PHYSICAL THERAPY ASSOCIATES            | S PA   |   |  |  |
| INDEMNI              | ΓΥ  | 09/10/2020   | HAMILTON TOWNSHIP                      | M-PHYSICIAN FEES                       |  | \$160.00  | 2020-2020                                | Loss   |
| INDEMNI              | ΓΥ  | 01/29/2023   | HAMILTON TOWNSHIP                      | M-PHYSICIAN FEES                       |  | \$320.00  | 2023-2023                                | Loss   |
| INDEMNI              | ΓΥ  | 01/02/2020   | LINWOOD CITY                           | M-PHYSICIAN FEES                       |  | \$80.00   | 2020-2020                                | Loss   |
| INDEMNI              | ΓΥ  | 09/06/2023   | PLEASANTVILLE CITY                     | M-PHYSICIAN FEES                       |  | \$480.00  | 2023-2023                                | Loss   |
| INDEMNI              | ΓΥ  | 11/09/2023   | LOWER TOWNSHIP                         | M-PHYSICIAN FEES                       |  | \$80.00   | 2023-2023                                | Loss   |
| INDEMNI              | ΓΥ  | 11/30/2023   | PLEASANTVILLE CITY                     | M-PHYSICIAN FEES                       |  | \$80.00   | 2023-2023                                | Loss   |
| MEDICAL              | ONLY  | 01/02/2024   | OCEAN CITY                             | M-PHYSICIAN FEES                       |  | \$80.00   | 2024-2024                                | Loss   |
| MEDICAL              | ONLY  | 01/22/2024   | WILDWOOD CITY                          | M-PHYSICIAN FEES                       |  | \$80.00   | 2024-2024                                | Loss   |
|                      |   |  |  |  | Check Amount:  | \$1,360.00  |  |  |
| 45309                | Check Date:   | 02/27/2024   | Payee Name: FERNANDO                   | J. DELASOTTA MD                        |  |   |  |  |
| INDEMNI              | ΓΥ  | 09/10/2020   | HAMILTON TOWNSHIP                      | M-ORTHO/NEURO FEES                     |  | \$115.00  | 2020-2020                                | Loss   |
|                      |   |  |  |  | Check Amount:  | \$115.00  |  |  |
| 45310                | Check Date:   | 02/27/2024   | Payee Name: ONE CALL C                 | ARE DIAGNOSTICS                        |  |   |  |  |
| INDEMNI              | ГҮ  | 11/12/2023   | LONGPORT BOROUGH                       | M-MRI                                  |  | \$485.00  | 2023-2023                                | Loss   |
|                      |   |  |  |  | Check Amount:  | \$485.00  |  |  |
| 45311                | Check Date:   | 02/27/2024   | Payee Name: CAPE RADIO                 | DLOGY                                  |  |   |  |  |
| INDEMNI <sup>2</sup> | T\/   | 00/00/0000   | CAPE MAY CITY                          | M-DIAGNOSTICS                          |  | <b>.</b>  |  | Loss   |
|                      | 45305 MEDICAL  45306 INDEMNIT INDEMNIT  45307 INDEMNIT  45308 INDEMNIT  45310 INDEMNIT | MEDICAL ONLY  45306 Check Date: INDEMNITY INDEMNITY  45307 Check Date: INDEMNITY  45308 Check Date: INDEMNITY  45309 Check Date: INDEMNITY  45310 Check Date: INDEMNITY  45311 Check Date: | ### ### ### ### ### ### ### ### ### ## | ### ### ### ### ### ### ### ### ### ## | 45305   Check Date: 02/27/2024   Payee Name: UPPER TWP EMS,   MEDICAL ONLY | Check Amount:   Check Amoun | Check Amount   Check Amount   St. 220.75 | Period   Period |

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**Insurer: AJF-ATL.JOINT INS.FUND** 

| Claim<br>Number | Clai     | mant Type  | DOL           | Insured Name              | Transaction Type                           | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
|-----------------|----------|------------|---------------|---------------------------|--|-------------------|------------------|-----------------|
|                 | 1        |            |               |                           | Check Amount:                              | \$43.19           |                  |                 |
| Check Numbe     | r: 45312 | Check Date | e: 02/27/2024 | Payee Name: PROFESSIONA   | AL PAIN MANAGEMENT ASSOC                   |                   |                  |                 |
| 2021214063      | INDEMNI  | TY         | 09/04/2020    | WILDWOOD CITY             | M-PAIN MANAGEMENT                          | \$134.71          | 2020-2020        | Loss            |
|                 |          |            |               |                           | Check Amount:                              | \$134.71          |                  |                 |
| Check Numbe     | r: 45313 | Check Date | e: 02/27/2024 | Payee Name: ATLANTICARE   | SURGERY CENTER EHT                         |                   |                  |                 |
| 2021233791      | INDEMNI  | TY         | 03/26/2021    | GALLOWAY TOWNSHIP         | M-AMBULATORY SURGERY CENTER                | \$13.75           | 2021-2021        | Loss            |
| 2021234332      | INDEMNI  | TY         | 04/05/2021    | PLEASANTVILLE CITY        | M-AMBULATORY SURGERY CENTER                | \$13.75           | 2021-2021        | Loss            |
| 2023295046      | MEDICAL  | ONLY       | 01/22/2023    | MIDDLE TOWNSHIP           | M-AMBULATORY SURGERY CENTER                | \$13.75           | 2023-2023        | Loss            |
| 2023305169      | INDEMNI  | TY         | 05/24/2023    | WILDWOOD CITY             | M-AMBULATORY SURGERY CENTER                | \$13.75           | 2023-2023        | Loss            |
|                 |          |            |               |                           | Check Amount:                              | \$55.00           |                  |                 |
| Check Numbe     | r: 45314 | Check Date | e: 02/27/2024 | Payee Name: ROTHMAN OR    | THOPAEDICS                                 |                   |                  |                 |
| 2024312877      | INDEMNI  | TY         | 09/06/2023    | HAMILTON TOWNSHIP         | M-ORTHO/NEURO FEES                         | \$163.06          | 2023-2023        | Loss            |
|                 |          |            |               |                           | Check Amount:                              | \$163.06          |                  |                 |
| Check Numbe     | r: 45315 | Check Date | e: 02/27/2024 | Payee Name: JERSEY SHOR   | E AMBULATORY SURGICAL CENTER               |                   |                  |                 |
| 2024315684      | INDEMNI  | TY         | 10/04/2023    | BRIGANTINE CITY           | M-AMBULATORY SURGERY CENTER                | \$15,362.60       | 2023-2023        | Loss            |
| 2024322063      | INDEMNI  | TY         | 12/18/2023    | UPPER TOWNSHIP            | M-AMBULATORY SURGERY CENTER                | \$12,860.50       | 2023-2023        | Loss            |
|                 |          |            |               |                           | Check Amount:                              | \$28,223.10       |                  |                 |
| Check Numbe     | r: 45316 | Check Date | e: 02/27/2024 | Payee Name: ATLANTIC PH   | SICAL THERAPY CENTER                       |                   |                  |                 |
| 2023281071      | INDEMNI  | TY         | 08/22/2022    | STONE HARBOR BOROUGH      | M-PHYSICIAN FEES                           | \$800.00          | 2022-2022        | Loss            |
|                 |          |            |               |                           | Check Amount:                              | \$800.00          |                  |                 |
| Check Numbe     | r: 45317 | Check Date | e: 02/27/2024 | Payee Name: NovaCare Reha | abilitation                                |                   |                  |                 |
| 2023291543      | INDEMNI  | TY         | 12/18/2022    | MILLVILLE CITY            | M-PHYSICIAN FEES                           | \$100.94          | 2022-2022        | Loss            |
| 2024315944      | INDEMNI  | TY         | 10/05/2023    | MILLVILLE CITY            | M-PHYSICIAN FEES                           | \$302.82          | 2023-2023        | Loss            |
|                 |          |            |               |                           | Check Amount:                              | \$403.76          |                  |                 |
| Check Numbe     | r: 45318 | Check Date | e: 02/27/2024 | Payee Name: CAPE REGION   | AL URGENT CARE                             |                   |                  |                 |
| 2024315135      | MEDICAL  | ONLY       | 09/28/2023    | CAPE MAY CITY             | M-URGENT CARE CENTER                       | \$183.10          | 2023-2023        | Loss            |
| 2024315136      | MEDICAL  | ONLY       | 09/28/2023    | CAPE MAY CITY             | M-URGENT CARE CENTER                       | \$183.10          | 2023-2023        | Loss            |
|                 |          |            |               |                           | Check Amount:                              | \$366.20          |                  |                 |
| Check Numbe     | r: 45319 | Check Date | e: 02/27/2024 | Payee Name: PREMIER ORT   | HOPAEDIC & SPORTS MEDICINE ASSOCIATES OF S | NJ LLC            |                  |                 |

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All All

All 1000409678 Insurance Type(s): All Claimant Type(s): 204

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Claima    | ant Type DOL           | Insured Name             | Transaction Ty            | pe            | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
|-----------------|-----------|------------------------|--------------------------|---------------------------|---------------|-------------------|------------------|-----------------|
| 2023300609      | INDEMNITY | 04/02/2023             | WATERFORD TOWNSHIP       | M-ORTHO/NEURO FEES        |               | \$88.09           | 2023-2023        | Loss            |
| 2024313044      | INDEMNITY | 09/06/2023             | PLEASANTVILLE CITY       | M-ORTHO/NEURO FEES        |               | \$88.09           | 2023-2023        | Loss            |
| 024315944       | INDEMNITY | 10/05/2023             | MILLVILLE CITY           | M-ORTHO/NEURO FEES        |               | \$16,875.47       | 2023-2023        | Loss            |
| 2024325158      | INDEMNITY | 01/26/2024             | MILLVILLE CITY           | M-OCCUPATIONAL MEDICINE   |               | \$220.22          | 2024-2024        | Loss            |
| 024325363       | INDEMNITY | 01/29/2024             | MILLVILLE CITY           | M-ORTHO/NEURO FEES        |               | \$1,129.64        | 2024-2024        | Loss            |
|                 |           |                        |                          |                           | Check Amount: | \$18,401.51       |                  |                 |
| Check Numbe     | er: 45320 | Check Date: 02/27/2024 | Payee Name: CAPE PHYSICA | AL THERAPY LLC            |               |                   |                  |                 |
| 022272115       | INDEMNITY | 04/29/2022             | UPPER TOWNSHIP           | M-PHYSICIAN FEES          |               | \$300.00          | 2022-2022        | Loss            |
| 023307686       | INDEMNITY | 06/23/2023             | SEA ISLE CITY            | M-PHYSICIAN FEES          |               | \$348.00          | 2023-2023        | Loss            |
| 2024312757      | INDEMNITY | 09/05/2023             | STONE HARBOR BOROUGH     | M-PHYSICIAN FEES          |               | \$408.00          | 2023-2023        | Loss            |
| 2024312850      | INDEMNITY | 09/06/2023             | CAPE MAY CITY            | M-PHYSICIAN FEES          |               | \$180.00          | 2023-2023        | Loss            |
| 2024321646      | MEDICAL C | NLY 12/12/2023         | LOWER TOWNSHIP           | M-PHYSICIAN FEES          |               | \$270.00          | 2023-2023        | Loss            |
|                 |           |                        |                          |                           | Check Amount: | \$1,506.00        |                  |                 |
| Check Numbe     | er: 45321 | Check Date: 02/27/2024 | Payee Name: SHREWSBURY   | AMBULATORY ANESTHESIA LLO | C             |                   |                  |                 |
| 2024322063      | INDEMNITY | 12/18/2023             | UPPER TOWNSHIP           | M-PHYSICIAN FEES          |               | \$2,250.00        | 2023-2023        | Loss            |
|                 |           |                        |                          |                           | Check Amount: | \$2,250.00        |                  |                 |
| Check Numbe     | er: 45322 | Check Date: 02/27/2024 | Payee Name: THERASPORT   | PHYSICAL THERAPY          |               |                   |                  |                 |
| 024312877       | INDEMNITY | 09/06/2023             | HAMILTON TOWNSHIP        | M-PHYSICIAN FEES          |               | \$65.00           | 2023-2023        | Loss            |
|                 |           |                        |                          |                           | Check Amount: | \$65.00           |                  |                 |
| Check Numbe     | er: 45323 | Check Date: 02/27/2024 | Payee Name: THE FRANKEL  | ORTHOPEDICS AND SPORTS    |               |                   |                  |                 |
| 2024320664      | INDEMNITY | 11/30/2023             | PLEASANTVILLE CITY       | M-ORTHO/NEURO FEES        |               | \$300.00          | 2023-2023        | Loss            |
| 024321509       | INDEMNITY | 12/11/2023             | MARGATE CITY             | M-ORTHO/NEURO FEES        |               | \$150.00          | 2023-2023        | Loss            |
|                 |           |                        |                          |                           | Check Amount: | \$450.00          |                  |                 |
| Check Numbe     | er: 45324 | Check Date: 02/27/2024 | Payee Name: ATLANTICARE  | REGIONAL MEDICAL CENTER   |               |                   |                  |                 |
| 024326243       | MEDICAL C | NLY 02/07/2024         | HAMILTON TOWNSHIP        | M-ACUTE CARE HOSPITAL     |               | \$2,611.00        | 2024-2024        | Loss            |
| 024326524       | INDEMNITY | 02/09/2024             | PLEASANTVILLE CITY       | M-ACUTE CARE HOSPITAL     |               | \$2,611.00        | 2024-2024        | Loss            |
|                 |           |                        |                          |                           | Check Amount: | \$5,222.00        |                  |                 |
|                 |           |                        |                          |                           |               |                   |                  |                 |
| Check Numbe     | er: 45325 | Check Date: 02/27/2024 | Payee Name: HOME CARE C  | ONNECT LLC                |               |                   |                  |                 |

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Insurance Type(s):

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Claim     | ant Type      | DOL        | Insured Name              | Transaction Ty            | /pe           | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
|-----------------|-----------|---------------|------------|---------------------------|---------------------------|---------------|-------------------|------------------|-----------------|
| ,               |           |               |            |                           |                           | Check Amount: | \$2,898.57        |                  |                 |
| Check Number:   | 45326     | Check Date: 0 | 02/27/2024 | Payee Name: ARMC ANESTHE  | SIOLOGISTS                |               |                   |                  |                 |
| 2021233791      | INDEMNITY | ′             | 03/26/2021 | GALLOWAY TOWNSHIP         | M-PHYSICIAN FEES          |               | \$702.10          | 2021-2021        | Loss            |
|                 |           |               |            |                           |                           | Check Amount: | \$702.10          |                  |                 |
| Check Number:   | 45327     | Check Date: 0 | 02/27/2024 | Payee Name: ATLANTICARE F | PHYSICIAN GROUP           |               |                   |                  |                 |
| 2024309707      | MEDICAL C | NLY           | 07/24/2023 | LONGPORT BOROUGH          | M-PHYSICIAN FEES          |               | \$162.00          | 2023-2023        | Loss            |
|                 |           |               |            |                           |                           | Check Amount: | \$162.00          |                  |                 |
| Check Number:   | 45328     | Check Date: 0 | 02/27/2024 | Payee Name: myMATRIXX     |                           |               |                   |                  |                 |
| 2022263876      | INDEMNITY | ,             | 02/06/2022 | HAMILTON TOWNSHIP         | M-PHARMACY                |               | \$10.51           | 2022-2022        | Loss            |
|                 |           |               |            |                           |                           | Check Amount: | \$10.51           |                  |                 |
| Check Number:   | 45329     | Check Date: ( | 02/27/2024 | Payee Name: ORTHONJ, LLC  |                           |               |                   |                  |                 |
| 2021238363      | INDEMNITY | ′             | 05/24/2021 | PLEASANTVILLE CITY        | M-ORTHO/NEURO FEES        |               | \$85.32           | 2021-2021        | Loss            |
| 2023307686      | INDEMNITY | ′             | 06/23/2023 | SEA ISLE CITY             | M-ORTHO/NEURO FEES        |               | \$85.32           | 2023-2023        | Loss            |
| 2024312936      | INDEMNITY | ′             | 09/07/2023 | BRIGANTINE CITY           | M-ORTHO/NEURO FEES        |               | \$296.89          | 2023-2023        | Loss            |
| 2024315684      | INDEMNITY | ,             | 10/04/2023 | BRIGANTINE CITY           | M-ORTHO/NEURO FEES        |               | \$4,149.34        | 2023-2023        | Loss            |
| 2024317754      | INDEMNITY | ,             | 10/19/2023 | PLEASANTVILLE CITY        | M-ORTHO/NEURO FEES        |               | \$427.02          | 2023-2023        | Loss            |
| 2024318268      | INDEMNITY | ,             | 10/30/2023 | WILDWOOD CREST BOROUGH    | M-ORTHO/NEURO FEES        |               | \$118.14          | 2023-2023        | Loss            |
| 2024319667      | INDEMNITY | ,             | 11/12/2023 | LONGPORT BOROUGH          | M-ORTHO/NEURO FEES        |               | \$85.32           | 2023-2023        | Loss            |
| 2024321646      | MEDICAL C | NLY           | 12/12/2023 | LOWER TOWNSHIP            | M-ORTHO/NEURO FEES        |               | \$125.59          | 2023-2023        | Loss            |
| 2024321659      | INDEMNITY | ′             | 12/12/2023 | AVALON BOROUGH            | M-ORTHO/NEURO FEES        |               | \$5,716.62        | 2023-2023        | Loss            |
| 2024322063      | INDEMNITY | ′             | 12/18/2023 | UPPER TOWNSHIP            | M-PHYSICIAN FEES          |               | \$36.63           | 2023-2023        | Loss            |
| 2024322176      | INDEMNITY | ′             | 12/19/2023 | OCEAN CITY                | M-ORTHO/NEURO FEES        |               | \$168.79          | 2023-2023        | Loss            |
| 2024322903      | MEDICAL C | NLY           | 01/03/2024 | VENTNOR CITY              | M-PHYSICIAN FEES          |               | \$85.32           | 2024-2024        | Loss            |
| 2024323497      | MEDICAL C | NLY           | 01/10/2024 | DENNIS TOWNSHIP           | M-ORTHO/NEURO FEES        |               | \$125.59          | 2024-2024        | Loss            |
| 2024324457      | INDEMNITY | ′             | 01/20/2024 | HAMILTON TOWNSHIP         | M-PHYSICIAN FEES          |               | \$436.72          | 2024-2024        | Loss            |
| 2024326676      | INDEMNITY | ′             | 02/12/2024 | MIDDLE TOWNSHIP           | M-ORTHO/NEURO FEES        |               | \$265.56          | 2024-2024        | Loss            |
|                 |           |               |            |                           |                           | Check Amount: | \$12,208.17       |                  |                 |
| Check Number:   | 45330     | Check Date: ( | 02/27/2024 | Payee Name: ATLANTICARE O | CENTER FOR ORTHOPEDIC SUI | RGERY         |                   |                  |                 |
| 2021222460      | INDEMNITY | ,             | 12/04/2020 | MIDDLE TOWNSHIP           | M-AMBULATORY SURGERY C    | ENTER         | \$1,042.81        | 2020-2020        | Loss            |

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Insurance Type(s):

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

|                 | LINKING YOU TO C           | RUALITY CLAIM SERVICES |                          |                            |               |                   |                  |                 |  |  |
|-----------------|----------------------------|------------------------|--------------------------|----------------------------|---------------|-------------------|------------------|-----------------|--|--|
| Claim<br>Number | Claim                      | ant Type DOL           | Insured Name             | Transaction 1              | Туре          | Payment<br>Amount | Policy<br>Period | Payment<br>Type |  |  |
| 2023277463      | INDEMNITY                  | 07/04/2022             | HAMILTON TOWNSHIP        | M-AMBULATORY SURGERY       | CENTER        | \$893.89          | 2022-2022        | Loss            |  |  |
| 2023277935      | INDEMNITY                  | 07/11/2022             | SOMERS POINT CITY        | M-AMBULATORY SURGERY       | CENTER        | \$491.23          | 2022-2022        | Loss            |  |  |
| 2023290740      | INDEMNITY                  | 12/08/2022             | VENTNOR CITY             | M-AMBULATORY SURGERY       | CENTER        | \$426.38          | 2022-2022        | Loss            |  |  |
|                 |                            |                        |                          |                            | Check Amount: | \$2,854.31        |                  |                 |  |  |
| Check Number    | er: 45331                  | Check Date: 02/27/2024 | Payee Name: STRIVE PHYSI | CAL THERAPY SPECIALISTS LL | LC            |                   |                  |                 |  |  |
| 2021236152      | INDEMNITY                  | 04/27/2021             | VENTNOR CITY             | M-PHYSICIAN FEES           |               | \$180.00          | 2021-2021        | Loss            |  |  |
| 2024310217      | MEDICAL C                  | NLY 07/29/2023         | PLEASANTVILLE CITY       | M-PHYSICIAN FEES           |               | \$90.00           | 2023-2023        | Loss            |  |  |
| 2024310732      | INDEMNITY                  | 08/06/2023             | PLEASANTVILLE CITY       | M-PHYSICIAN FEES           |               | \$360.00          | 2023-2023        | Loss            |  |  |
| 2024312420      | INDEMNITY                  | 08/27/2023             | HAMILTON TOWNSHIP        | M-PHYSICIAN FEES           |               | \$90.00           | 2023-2023        | Loss            |  |  |
| 2024315688      | INDEMNITY                  | 10/04/2023             | BRIGANTINE CITY          | M-PHYSICIAN FEES           |               | \$180.00          | 2023-2023        | Loss            |  |  |
| 2024317754      | INDEMNITY                  | 10/19/2023             | PLEASANTVILLE CITY       | M-PHYSICIAN FEES           |               | \$270.00          | 2023-2023        | Loss            |  |  |
| 2024319133      | 33 INDEMNITY 10/27/2023    |                        | PLEASANTVILLE CITY       | M-PHYSICIAN FEES           | \$180.00      | 2023-2023         | Loss             |                 |  |  |
| 024319788       | 38 MEDICAL ONLY 11/17/2023 |                        | VENTNOR CITY             | M-PHYSICIAN FEES           | \$180.00      | 2023-2023         | Loss             |                 |  |  |
| 2024320831      | MEDICAL C                  | NLY 12/02/2023         | PLEASANTVILLE CITY       | M-PHYSICIAN FEES           |               | \$90.00           | 2023-2023        | Loss            |  |  |
| 2024322903      | MEDICAL C                  | NLY 01/03/2024         | VENTNOR CITY             | M-PHYSICIAN FEES           |               | \$180.00          | 2024-2024        | Loss            |  |  |
|                 |                            |                        |                          |                            | Check Amount: | \$1,800.00        |                  |                 |  |  |
| Check Numbe     | er: 45332                  | Check Date: 02/27/2024 | Payee Name: SOUTH JERSE  | Y REHAB & SPINE INC        |               |                   |                  |                 |  |  |
| 2023306945      | INDEMNITY                  | 05/31/2023             | EGG HARBOR TOWNSHIP      | M-PHYSICIAN FEES           |               | \$144.35          | 2023-2023        | Loss            |  |  |
| 2023308010      | INDEMNITY                  | 06/29/2023             | STONE HARBOR BOROUGH     | M-PHYSICIAN FEES           |               | \$144.35          | 2023-2023        | Loss            |  |  |
|                 |                            |                        |                          |                            | Check Amount: | \$288.70          |                  |                 |  |  |
| Check Numbe     | er: 45333                  | Check Date: 02/27/2024 | Payee Name: HOWARD HAN   | IMER PSYD LLC              |               |                   |                  |                 |  |  |
| 2022259943      | INDEMNITY                  | 01/04/2022             | MILLVILLE CITY           | M-BEHAVIORAL HEALTH        |               | \$145.00          | 2022-2022        | Loss            |  |  |
|                 |                            |                        |                          |                            | Check Amount: | \$145.00          |                  |                 |  |  |
| Check Numbe     | er: 45334                  | Check Date: 02/27/2024 | Payee Name: OSPREY REHA  | ABILITATION LLC            |               |                   |                  |                 |  |  |
| 2024315684      | INDEMNITY                  | 10/04/2023             | BRIGANTINE CITY          | M-PHYSICIAN FEES           |               | \$504.70          | 2023-2023        | Loss            |  |  |
|                 |                            |                        |                          |                            | Check Amount: | \$504.70          |                  |                 |  |  |
| Check Numbe     | er: 45335                  | Check Date: 02/27/2024 | Payee Name: ISO SERVICES | SINC                       |               |                   |                  |                 |  |  |
|                 |                            |                        | VENITALOD OITV           | E MICC ALL OTHER MC        |               | £40.75            | 2020-2020        | Expense         |  |  |
| 2020206029      | INDEMNITY                  | 05/24/2020             | VENTNOR CITY             | E-MISC ALL OTHER WC        |               | \$13.75           | 2020-2020        | Lxhelise        |  |  |

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Claimant Type | DOL        | Insured Name           | Transaction Type    | Payment<br>Amount | Policy<br>Period | Paymen<br>Type |
|-----------------|---------------|------------|------------------------|---------------------|-------------------|------------------|----------------|
| 021226252       | INDEMNITY     | 01/14/2021 | EGG HARBOR TOWNSHIP    | E-MISC ALL OTHER WC | \$13.75           | 2021-2021        | Expense        |
| 021236152       | INDEMNITY     | 04/27/2021 | VENTNOR CITY           | E-MISC ALL OTHER WC | \$13.75           | 2021-2021        | Expense        |
| 022245984       | INDEMNITY     | 08/23/2021 | EGG HARBOR TOWNSHIP    | E-MISC ALL OTHER WC | \$13.75           | 2021-2021        | Expense        |
| 022246522       | INDEMNITY     | 08/28/2021 | MIDDLE TOWNSHIP        | E-MISC ALL OTHER WC | \$13.75           | 2021-2021        | Expense        |
| 022259080       | INDEMNITY     | 01/04/2022 | STONE HARBOR BOROUGH   | E-MISC ALL OTHER WC | \$13.75           | 2022-2022        | Expense        |
| 022274446       | INDEMNITY     | 05/26/2022 | NORTH WILDWOOD CITY    | E-MISC ALL OTHER WC | \$13.75           | 2022-2022        | Expense        |
| 023277463       | INDEMNITY     | 07/04/2022 | HAMILTON TOWNSHIP      | E-MISC ALL OTHER WC | \$13.75           | 2022-2022        | Expense        |
| 023277935       | INDEMNITY     | 07/11/2022 | SOMERS POINT CITY      | E-MISC ALL OTHER WC | \$13.75           | 2022-2022        | Expense        |
| 024314346       | MEDICAL ONLY  | 08/21/2023 | MULLICA TOWNSHIP       | E-MISC ALL OTHER WC | \$13.75           | 2023-2023        | Expense        |
| 024322685       | BODILY INJURY | 12/16/2023 | WILDWOOD CITY          | E-MISC ALL OTHER GL | \$13.75           | 2023-2023        | Expense        |
| 024322698       | MEDICAL ONLY  | 12/28/2023 | MIDDLE TOWNSHIP        | E-MISC ALL OTHER WC | \$13.75           | 2023-2023        | Expense        |
| 024322903       | MEDICAL ONLY  | 01/03/2024 | VENTNOR CITY           | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |
| 24322915        | BODILY INJURY | 10/26/2023 | EGG HARBOR TOWNSHIP    | E-MISC ALL OTHER GL | \$13.75           | 2023-2023        | Expense        |
| 024323003       | MEDICAL ONLY  | 01/02/2024 | OCEAN CITY             | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |
| 024323138       | INDEMNITY     | 01/02/2024 | HAMILTON TOWNSHIP      | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |
| 024323246       | MEDICAL ONLY  | 01/08/2024 | PLEASANTVILLE CITY     | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |
| 024323253       | MEDICAL ONLY  | 01/05/2024 | OCEAN CITY             | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |
| 024323258       | MEDICAL ONLY  | 01/05/2024 | LOWER TOWNSHIP         | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |
| 024323265       | INDEMNITY     | 01/05/2024 | LOWER TOWNSHIP         | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |
| 024323481       | INDEMNITY     | 01/05/2024 | NORTH WILDWOOD CITY    | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |
| 024323497       | MEDICAL ONLY  | 01/10/2024 | DENNIS TOWNSHIP        | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |
| 024323671       | MEDICAL ONLY  | 01/10/2024 | SEA ISLE CITY          | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |
| 024323760       | BODILY INJURY | 07/30/2023 | PLEASANTVILLE CITY     | E-MISC ALL OTHER GL | \$13.75           | 2023-2023        | Expense        |
| 024323799       | MEDICAL ONLY  | 01/11/2024 | OCEAN CITY             | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |
| 24323875        | MEDICAL ONLY  | 01/14/2024 | OCEAN CITY             | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |
| 24324099        | INDEMNITY     | 01/16/2024 | WILDWOOD CREST BOROUGH | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |
| 24324191        | MEDICAL ONLY  | 12/02/2023 | LONGPORT BOROUGH       | E-MISC ALL OTHER WC | \$13.75           | 2023-2023        | Expense        |
| 24324457        | INDEMNITY     | 01/20/2024 | HAMILTON TOWNSHIP      | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |
| 24324464        | MEDICAL ONLY  | 01/22/2024 | WILDWOOD CITY          | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |
| )24324524       | MEDICAL ONLY  | 01/22/2024 | VENTNOR CITY           | E-MISC ALL OTHER WC | \$13.75           | 2024-2024        | Expense        |

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 $\begin{array}{l} \text{Insurance Type(s):} & \text{All} \\ \text{Claimant Type(s):} & \textbf{208} \end{array}$ 

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#### **Insurer: AJF-ATL.JOINT INS.FUND**

| Claim<br>Number | Claimant Type     | DOL             | Insured Name         | Transaction Type                 | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
|-----------------|-------------------|-----------------|----------------------|----------------------------------|-------------------|------------------|-----------------|
| 2024324531      | INDEMNITY         | 01/18/2024      | LOWER TOWNSHIP       | E-MISC ALL OTHER WC              | \$13.75           | 2024-2024        | Expense         |
| 2024324562      | MEDICAL ONLY      | 01/12/2024      | MILLVILLE CITY       | E-MISC ALL OTHER WC              | \$13.75           | 2024-2024        | Expense         |
| 2024324633      | BODILY INJURY     | 08/13/2023      | OCEAN CITY           | E-MISC ALL OTHER GL              | \$13.75           | 5 2023-2023      | Expense         |
| 2024324661      | MEDICAL ONLY      | 01/19/2024      | UPPER TOWNSHIP       | E-MISC ALL OTHER WC              | \$13.75           | 2024-2024        | Expense         |
| 2024324683      | INDEMNITY         | 01/23/2024      | UPPER TOWNSHIP       | E-MISC ALL OTHER WC              | \$13.75           | 2024-2024        | Expense         |
| 2024324818      | MEDICAL ONLY      | 01/24/2024      | GALLOWAY TOWNSHIP    | E-MISC ALL OTHER WC              | \$13.75           | 5 2024-2024      | Expense         |
| 2024324906      | BODILY INJURY     | 11/22/2023      | HAMILTON TOWNSHIP    | E-MISC ALL OTHER GL              | \$13.75           | 5 2023-2023      | Expense         |
| 2024324914      | MEDICAL ONLY      | 01/25/2024      | SOMERS POINT CITY    | E-MISC ALL OTHER WC              | \$13.75           | 5 2024-2024      | Expense         |
| 2024325050      | MEDICAL ONLY      | 01/25/2024      | OCEAN CITY           | E-MISC ALL OTHER WC              | \$13.75           | 2024-2024        | Expense         |
| 2024325103      | MEDICAL ONLY      | 12/22/2023      | NORTHFIELD CITY      | E-MISC ALL OTHER WC              | \$13.75           | 5 2023-2023      | Expense         |
| 2024325155      | MEDICAL ONLY      | 01/22/2024      | CAPE MAY CITY        | E-MISC ALL OTHER WC              | \$13.75           | 5 2024-2024      | Expense         |
| 2024325158      | INDEMNITY         | 01/26/2024      | MILLVILLE CITY       | E-MISC ALL OTHER WC              | \$13.75           | 5 2024-2024      | Expense         |
| 2024325218      | BODILY INJURY     | 01/26/2024      | SEA ISLE CITY        | E-MISC ALL OTHER GL              | \$13.75           | 5 2024-2024      | Expense         |
| 2024325255      | MEDICAL ONLY      | 01/29/2024      | WILDWOOD CITY        | E-MISC ALL OTHER WC              | \$13.75           | 5 2024-2024      | Expense         |
| 2024325279      | MEDICAL ONLY      | 01/28/2024      | MILLVILLE CITY       | E-MISC ALL OTHER WC              | \$13.75           | 5 2024-2024      | Expense         |
|                 |                   |                 |                      | Check Ar                         | mount: \$646.25   | 5                |                 |
| Check Numbe     | r: 45336 Check Da | ate: 02/27/2024 | Payee Name: QUALCARE | NC                               |                   |                  |                 |
| 2024323702      | MEDICAL ONLY      | 01/06/2024      | SOMERS POINT CITY    | M-MEDICAL REHAB/NON VOCATIONAL W | C \$565.00        | 2024-2024        | Loss            |
| 2024326694      | MEDICAL ONLY      | 02/12/2024      | PLEASANTVILLE CITY   | M-MEDICAL REHAB/NON VOCATIONAL W | C \$565.00        | 2024-2024        | Loss            |
| 2024327219      | INDEMNITY         | 02/18/2024      | LONGPORT BOROUGH     | M-MEDICAL REHAB/NON VOCATIONAL W | C \$565.00        | 2024-2024        | Loss            |
| 2024327249      | MEDICAL ONLY      | 02/16/2024      | GALLOWAY TOWNSHIP    | M-MEDICAL REHAB/NON VOCATIONAL W | C \$565.00        | 2024-2024        | Loss            |
|                 |                   |                 |                      | Check Ar                         | mount: \$2,260.00 | )                |                 |
|                 |                   |                 | Total of Al          | LANTIC CNTY JIF IV Account       |                   |                  |                 |
| Number of Ch    | acks:             | 334             |                      | Total Payments:                  | \$839,444.56      |                  |                 |

Number of Checks: **Number of Payments:** 884 **Expense Payments:** \$36,479.09 Legal Payments: \$74,098.02 **Loss Payments:** \$728,867.45 Total Payments: \$839,444.56 First Check Number: 45003 Last Check Number: 45336

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Insurance Type(s): All Claimant Type(s): 209

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**Insurer: AJF-ATL.JOINT INS.FUND** 

| Number Amount Period Type | Claim<br>Number | Claimant Type | DOL | Insured Name | Transaction Type | Payment<br>Amount | Policy<br>Period | Payment<br>Type |
|---------------------------|-----------------|---------------|-----|--------------|------------------|-------------------|------------------|-----------------|
|---------------------------|-----------------|---------------|-----|--------------|------------------|-------------------|------------------|-----------------|

**Grand Total** 

Number of Checks:334Total Payments:\$839,444.56Number of Payments:884First Check Number:45003Expense Payments:\$36,479.09Last Check Number:45336

Legal Payments: \$74,098.02 Loss Payments: \$728,867.45

Processed Date:
Date Of Loss:
Insured Name(s):
Bank Account(s):

Feb 1, 2024 through Feb 29, 2024 All All 1000409678 Insurance Type(s):
Claimant Type(s):
Coverage(s):

All
All
All
Coverage(s):

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| DESCRIPTION                             | TOTAL           | JANUARY       | FEBRUARY        | MARCH | APRIL | MAY  | JUNE | JULY | AUGUST | SEPTEMBER | OCTOBER | NOVEMBER | DECEMBER |
|---|-----------------|---------------|-----------------|-------|-------|------|------|------|--------|-----------|---------|----------|----------|
| RECOVERY REGISTER                       |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
| EXCESS REIMBURSEMENTS                   | \$ -            |               |                 |       |       |      |      |      |        |           |         |          |          |
| SUBROGATION                             | \$ 144,911.88   | \$ 38,111.70  | \$ 106,800.18   |       |       |      |      |      |        |           |         |          |          |
| REFUNDS                                 | \$ -            |               |                 |       |       |      |      |      |        |           |         |          |          |
| ALL OTHER                               | \$ -            |               |                 |       |       |      |      |      |        |           |         |          |          |
| TOTALS                                  | \$ 144,911.88   | \$ 38,111.70  | \$ 106,800.18   | \$ -  | \$ -  | \$ - | \$ - | \$ - | \$ -   | \$ -      | \$ -    | \$ -     | \$ -     |
|   |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
| ADJUSTMENT REGISTER:TOTAL               | \$ 21,606.01    | \$ 21,606.01  | \$ -            |       |       |      |      |      |        |           |         |          |          |
|   |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
| OTHER RECEIPTS                          |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
|   | \$ 4,485.00     | \$ 4,485.00   |                 |       |       |      |      |      |        |           |         |          |          |
|   | \$ -            |               |                 |       |       |      |      |      |        |           |         |          |          |
|   | \$ -            |               |                 |       |       |      |      |      |        |           |         |          |          |
|   | \$ -            |               |                 |       |       |      |      |      |        |           |         |          |          |
| INVESTMENTS REDEEMED                    | \$ -            |               |                 |       |       |      |      |      |        |           |         |          |          |
|   | \$ 4,485.00     | \$ 4,485.00   | \$ -            | \$ -  | \$ -  | \$ - | \$ - | \$ - | \$ -   | \$ -      | \$ -    | \$ -     | \$ -     |
|   |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
| INTEREST: CITIZENS BANK /INVESTORS BANK | \$ 39,315.30    | \$ 20,987.94  | \$ 18,327.36    |       |       |      |      |      |        |           |         |          |          |
|   |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
| ASSESSMENTS:                            |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
| CURRENT YEAR-APPLIED FROM DIVIDEND      | \$ 87,329.00    | \$ 87,329.00  |                 |       |       |      |      |      |        |           |         |          |          |
| CURRENT YEAR                            |                 |               | \$ 4,419,795.00 |       |       |      |      |      |        |           |         |          |          |
|   | \$ 5,243,493.00 | \$ 823,698.00 | \$ 4,419,795.00 | \$ -  | \$ -  | \$ - | \$ - | \$ - | \$ -   | \$ -      | \$ -    | \$ -     | \$ -     |
|   |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
| TOTAL                                   | \$ 5,453,811.19 | \$ 908,888.65 | \$ 4,544,922.54 | \$ -  | \$ -  | \$ - | \$ - | \$ - | \$ -   | \$ -      | \$ -    | \$ -     | \$ -     |
| CHECK EQUAL -0-                         | \$ 5,366,482.19 |               |                 |       |       |      |      |      |        |           |         |          |          |
| BANK STATEMENT LESS SWEEP               | \$ 5,366,482.19 |               |                 |       |       |      |      |      |        |           |         |          |          |
| CHECK EQUAL -0-                         | \$ -            |               |                 |       |       |      |      |      |        |           |         |          |          |
|   |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
|   |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
| RECOVERY REGISTER                       |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
| SUBROGATION BY YEAR                     |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
| 2024                                    |                 |               | \$ 3,986.65     |       |       |      |      |      |        |           |         |          |          |
| 2023                                    |                 | \$ 14,317.42  |                 |       |       |      |      |      |        |           |         |          |          |
| 2022                                    |                 | \$ 22,660.75  |                 |       |       |      |      |      |        |           |         |          |          |
| 2021                                    |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
| 2020                                    |                 | \$ 208.33     |                 |       |       |      |      |      |        |           |         |          |          |
| 2019                                    |                 |               | \$ 1,342.89     |       |       |      |      |      |        |           |         |          |          |
| 2018                                    |                 | •             |                 |       |       |      |      |      |        |           |         |          |          |
| 2017                                    |                 | ć 407.4C      | ć F4.F0         |       |       |      |      |      |        |           |         |          |          |
| 2016<br>2015                            |                 | \$ 407.46     | \$ 54.59        |       |       |      |      |      |        |           |         |          |          |
| 2015                                    |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
| 2014                                    |                 | \$ 19.74      |                 |       |       |      |      |      |        |           |         |          |          |
| 2013                                    |                 | 7 15.74       | \$ 500.00       |       |       |      |      |      |        |           |         |          |          |
| 2010                                    |                 |               | ÷ 555.00        |       |       |      |      |      |        |           |         |          |          |
| 2009                                    |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
|   |                 | \$ 38,111.70  | \$ 106,800.18   | \$ -  | \$ -  | \$ - | \$ - | \$ - | \$ -   | \$ -      | \$ -    | \$ -     | \$ -     |
| =                                       |                 | •             |                 |       |       |      |      |      |        |           |         |          |          |
| CHECK EQUAL -0-                         | \$ -            | \$ -          | \$ -            | \$ -  | \$ -  | \$ - | \$ - | \$ - | \$ -   | \$ -      | \$ -    | \$ -     | \$ -     |
|   |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
| REFUNDS AND OTHER                       |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
| 2024                                    | \$ -            |               |                 |       |       |      |      |      |        |           |         | ·        |          |
| 2023                                    | \$ -            |               |                 |       |       |      |      |      |        |           |         |          |          |
| 2022                                    |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
|   | \$ -            | \$ -          | \$ -            | \$ -  | \$ -  | \$ - | \$ - | \$ - | \$ -   | \$ -      | \$ -    | \$ -     | \$ -     |
|   |                 |               |                 |       |       |      |      |      |        |           |         |          |          |
| CHECK EQUAL -0-                         | \$ -            |               |                 |       |       |      |      |      |        |           |         |          |          |
|   |                 |               |                 |       |       |      |      |      |        |           |         |          |          |



### **Adjustment Register**

Insurer: AJF-ATL.JOINT INS.FUND

Payment Method Type: Void

| Check<br>Number | Check<br>Date | Claim<br>Number | Processed<br>Date | Claimant Type     | DOL        | Transaction Type                     | Payee Name          | Insured Name             | Examiner        | Policy<br>Period | Payment<br>Type | Payment<br>Amount |
|-----------------|---------------|-----------------|-------------------|-------------------|------------|--------------------------------------|---------------------|--------------------------|-----------------|------------------|-----------------|-------------------|
| 44649           | 01/02/2024    | 2021219674      | 02/16/2024        | INDEMNITY         | 11/08/2020 | I-PERMANENT PARTIAL DISABILITY       | Michael Mabkhouti   | PLEASANTVILLE CITY       | Kaitlyn Leonard | 2020-2020        | Loss            | (\$2,268.00)      |
| 44711           | 01/09/2024    | 2024322176      | 02/01/2024        | INDEMNITY         | 12/19/2023 | I-TEMPORARY TOTAL DISABILITY         | OCEAN CITY          | OCEAN CITY               | Bryana Suggs    | 2023-2023        | Loss            | (\$735.24)        |
| 44900           | 01/23/2024    | 2024323054      | 02/16/2024        | 1ST PARTY COLL PD | 12/28/2023 | M-MISC MED(WC) & PD (NON-WC) PR COLL | EGG HARBOR TOWNSHIP | EGG HARBOR TOWNSHIP      | Tanya Johnson   | 2023-2023        | Loss            | (\$9,538.60)      |
| 44967           | 01/30/2024    | 2021219674      | 02/16/2024        | INDEMNITY         | 11/08/2020 | I-PERMANENT PARTIAL DISABILITY       | Michael Mabkhouti   | PLEASANTVILLE CITY       | Kaitlyn Leonard | 2020-2020        | Loss            | (\$2,268.00)      |
| 45134           | 02/13/2024    | 2024326436      | 02/23/2024        | COMPREHENSIVE     | 02/05/2024 | M-MISC MED(WC) & PD (NON-WC) PR COLL | MIDDLE TOWNSHIP     | MIDDLE TOWNSHIP          | Tanya Johnson   | 2024-2024        | Loss            | (\$579.96)        |
|                 |               |                 |                   |                   |            |                                      | Vo                  | oid Total:               | 5               |                  |                 | (\$15,389.80)     |
|                 |               |                 |                   |                   |            |                                      | Gra                 | nd Total:                | 5               |                  |                 | (\$15,389.80)     |
|                 |               |                 |                   |                   |            |                                      | Reimburseme         | ent Total:<br>sal Total: | 0               |                  |                 | \$0.00<br>\$0.00  |
|                 |               |                 |                   |                   |            |                                      | Reverse/Co          |                          | 0               |                  |                 | \$0.00            |
|                 |               |                 |                   |                   |            |                                      | •                   | ay Total:                | 0               |                  |                 | \$0.00            |
|                 |               |                 |                   |                   |            |                                      | Vo                  | oid Total:               | 5               |                  |                 | (\$15,389.80)     |



Insurer: AJF-ATL.JOINT INS.FUND

Line: GENERAL LIABILITY

Policy Period: 2021-2021

| Check<br>Number | Check<br>Date                 | Claim<br>Number | Processed<br>Date | Claimant Type      | DOL        | Transaction Type       | Payee Name        | Insured Name | Examiner        | Payment<br>Type | Payment<br>Amount |
|-----------------|-------------------------------|-----------------|-------------------|--------------------|------------|------------------------|-------------------|--------------|-----------------|-----------------|-------------------|
|                 |                               | 2021232875      | 02/17/2024        | GL PROPERTY DAMAGE | 01/22/2021 | R-SUBROGATION LEGAL GL | MARGATE CITY      | MARGATE CITY | William Kissane | Legal           | (\$25,601.00)     |
|                 |                               |                 |                   |                    |            |                        | 2021-2021 To      | otal:        |                 | 1               | (\$25,601.00)     |
|                 |                               |                 |                   |                    |            | Excess                 | Reimbursement To  | otal:        |                 | 0               | \$0.00            |
|                 |                               |                 |                   |                    |            |                        | Subrogation To    | otal:        |                 | 1               | (\$25,601.00)     |
|                 | Refund Total: 0               |                 |                   |                    |            |                        | 0                 | \$0.00       |                 |                 |                   |
|                 | All Other Total:              |                 |                   |                    |            |                        | 0                 | \$0.00       |                 |                 |                   |
|                 |                               |                 |                   |                    |            | GEN                    | ERAL LIABILITY To | otal:        |                 | 1               | (\$25,601.00)     |
|                 | Excess Reimbursement Total: 0 |                 |                   |                    |            | 0                      | \$0.00            |              |                 |                 |                   |
|                 | Subrogation Total: 1          |                 |                   |                    |            |                        | (\$25,601.00)     |              |                 |                 |                   |
|                 |                               |                 |                   |                    |            |                        | Refund To         | otal:        |                 | 0               | \$0.00            |
|                 |                               |                 |                   |                    |            |                        | All Other To      | otal:        |                 | 0               | \$0.00            |



Insurer: AJF-ATL.JOINT INS.FUND

**Line: PROPERTY** 

#### Policy Period: 2012-2012

| Check<br>Number | Check<br>Date | Claim<br>Number | Processed<br>Date | Claimant Type     | DOL        | Transaction Type            | Payee Name         | Insured Name       | Examiner      | Payment<br>Type | Payment<br>Amount |
|-----------------|---------------|-----------------|-------------------|-------------------|------------|-----------------------------|--------------------|--------------------|---------------|-----------------|-------------------|
|                 |               | 001127411       | 02/16/2024        | 1ST PARTY COLL PD | 01/25/2012 | R-SUBROGATION COLL/COMP     | PLEASANTVILLE CITY | PLEASANTVILLE CITY | Tanya Johnson | Loss            | (\$500.00)        |
|                 |               |                 |                   |                   |            |                             | 2012-2012 Total:   |                    | 1             |                 | (\$500.00)        |
|                 |               |                 |                   |                   |            | Excess Reimbursement Total: |                    | 0                  |               | \$0.00          |                   |
|                 |               |                 |                   |                   |            | Subrogation Total:          |                    | 1                  |               | (\$500.00)      |                   |
|                 |               |                 |                   |                   |            |                             | Refund             | Total:             | 0             |                 | \$0.00            |
|                 |               |                 |                   |                   |            |                             | All Other          | Total:             | 0             |                 | \$0.00            |

#### Policy Period: 2016-2016

| Check<br>Number | Check<br>Date | Claim<br>Number | Processed<br>Date | Claimant Type | DOL        | Transaction Type        | Payee Name          | Insured Name        | Examiner       | Payment<br>Type | Payment<br>Amount |
|-----------------|---------------|-----------------|-------------------|---------------|------------|-------------------------|---------------------|---------------------|----------------|-----------------|-------------------|
|                 |               | 001264144       | 02/02/2024        | COMPREHENSIVE | 10/23/2016 | R-SUBROGATION COLL/COMP | NORTH WILDWOOD CITY | NORTH WILDWOOD CITY | James Mercanto | Loss            | (\$54.59)         |
|                 |               |                 |                   |               |            |                         | 2016-2016 Total:    |                     | 1              |                 | (\$54.59)         |
|                 |               |                 |                   |               |            |                         | Excess Reimburseme  | ent Total:          | 0              |                 | \$0.00            |
|                 |               |                 |                   |               |            |                         | Subrogation         | on Total:           | 1              |                 | (\$54.59)         |
|                 |               |                 |                   |               |            |                         | Refu                | nd Total:           | 0              |                 | \$0.00            |
|                 |               |                 |                   |               |            | All Other Total:        |                     |                     | 0              |                 | \$0.00            |

#### **Policy Period: 2019-2019**

| Check<br>Number | Check<br>Date | Claim<br>Number | Processed<br>Date | Claimant Type     | DOL        | Transaction Type        | Payee Name                  | Insured Name             | Examiner      | Payment<br>Type | Payment<br>Amount |
|-----------------|---------------|-----------------|-------------------|-------------------|------------|-------------------------|-----------------------------|--------------------------|---------------|-----------------|-------------------|
|                 |               | 2020190355      | 02/16/2024        | 1ST PARTY COLL PD | 11/19/2019 | R-SUBROGATION COLL/COMP | UPPER DEERFIELD TOWNSHIP    | UPPER DEERFIELD TOWNSHIP | Tanya Johnson | Loss            | (\$1,342.89)      |
|                 |               |                 |                   |                   |            |                         | 2019-2019 Total:            |                          | 1             |                 | (\$1,342.89)      |
|                 |               |                 |                   |                   |            |                         | Excess Reimbursement Total: |                          | 0             |                 | \$0.00            |
|                 |               |                 |                   |                   |            | Subrogation Total:      |                             | n Total:                 | 1             |                 | (\$1,342.89)      |
|                 |               |                 |                   |                   |            |                         | Refun                       | d Total:                 | 0             |                 | \$0.00            |
|                 |               |                 |                   |                   |            |                         | All Othe                    | er Total:                | 0             |                 | \$0.00            |

#### Policy Period: 2020-2020

| Check<br>Number | Check<br>Date | Claim<br>Number | Processed<br>Date | Claimant Type     | DOL        | Transaction Type          | Payee Name           | Insured Name    | Examiner      | Payment<br>Type | Payment<br>Amount |
|-----------------|---------------|-----------------|-------------------|-------------------|------------|---------------------------|----------------------|-----------------|---------------|-----------------|-------------------|
|                 |               | 2021221250      | 02/02/2024        | INLAND MARINE     | 10/31/2020 | R-SUBROGATION OTR LOSS PR | SEA ISLE CITY        | SEA ISLE CITY   | Tanya Johnson | Loss            | (\$208.33)        |
|                 |               | 2021213434      | 02/06/2024        | 1ST PARTY COLL PD | 08/27/2020 | R-SUBROGATION COLL/COMP   | MIDDLE TOWNSHIP      | MIDDLE TOWNSHIP | Tanya Johnson | Loss            | (\$695.20)        |
|                 |               |                 |                   |                   |            |                           | 2020-2020 T          | otal:           | 2             |                 | (\$903.53)        |
|                 |               |                 |                   |                   |            | Ex                        | cess Reimbursement T | otal:           | 0             |                 | \$0.00            |
|                 |               |                 |                   |                   |            | Subrogation Total:        |                      |                 | 2             |                 | (\$903.53)        |
|                 |               |                 |                   |                   |            |                           | Refund T             | otal:           | 0             |                 | \$0.00            |
|                 |               |                 |                   |                   |            | All Other Total:          |                      |                 | 0             |                 | \$0.00            |



Insurer: AJF-ATL.JOINT INS.FUND

Policy Period: 2021-2021

| Check<br>Number | Check<br>Date | Claim<br>Number | Processed<br>Date | Claimant Type     | DOL        | Transaction Type        | Payee Name                  | Insured Name       | Examiner      | Payment<br>Type | Payment<br>Amount |
|-----------------|---------------|-----------------|-------------------|-------------------|------------|-------------------------|-----------------------------|--------------------|---------------|-----------------|-------------------|
|                 |               | 2022242606      | 02/06/2024        | 1ST PARTY COLL PD | 07/03/2021 | R-SUBROGATION COLL/COMP | PLEASANTVILLE CITY          | PLEASANTVILLE CITY | Tanya Johnson | Loss            | (\$16,950.03)     |
|                 |               |                 |                   |                   |            |                         | 2021-2021 Total:            |                    | 1             |                 | (\$16,950.03)     |
|                 |               |                 |                   |                   |            |                         | Excess Reimbursement Total: |                    | 0             |                 | \$0.00            |
|                 |               |                 |                   |                   |            | Subrogation Total:      |                             | Total:             | 1             |                 | (\$16,950.03)     |
|                 |               |                 |                   |                   |            |                         | Refund                      | Total:             | 0             |                 | \$0.00            |
|                 |               |                 |                   |                   |            | All Other Total:        |                             | Total:             | 0             |                 | \$0.00            |

Policy Period: 2023-2023

| Check<br>Number | Check<br>Date | Claim<br>Number | Processed<br>Date | Claimant Type     | DOL        | Transaction Type            | Payee Name      | Insured Name    | Examiner      | Payment<br>Type | Payment<br>Amount |
|-----------------|---------------|-----------------|-------------------|-------------------|------------|-----------------------------|-----------------|-----------------|---------------|-----------------|-------------------|
|                 |               | 2023305438      | 02/16/2024        | 1ST PARTY COLL PD | 05/26/2023 | R-SUBROGATION COLL/COMP     | MIDDLE TOWNSHIP | MIDDLE TOWNSHIP | Tanya Johnson | Loss            | (\$48,773.42)     |
|                 |               |                 |                   |                   |            | 2023-2023 Total:            |                 |                 | 1             |                 | (\$48,773.42)     |
|                 |               |                 |                   |                   |            | Excess Reimbursement Total: |                 |                 | 0             |                 | \$0.00            |
|                 |               |                 |                   |                   |            | Subrogation Total:          |                 |                 | 1             |                 | (\$48,773.42)     |
|                 |               |                 |                   |                   |            | Refund Total:               |                 |                 | 0             |                 | \$0.00            |
|                 |               |                 |                   |                   |            | All Other Total:            |                 |                 | 0             |                 | \$0.00            |

Policy Period: 2024-2024

| Check<br>Number | Check<br>Date | Claim<br>Number | Processed<br>Date | Claimant Type     | DOL        | Transaction Type        | Payee Name                  | Insured Name      | Examiner    | Payment<br>Type | Payment<br>Amount |
|-----------------|---------------|-----------------|-------------------|-------------------|------------|-------------------------|-----------------------------|-------------------|-------------|-----------------|-------------------|
|                 |               | 2024323297      | 02/06/2024        | 1ST PARTY COLL PD | 01/02/2024 | R-SUBROGATION COLL/COMP | ABSECON CITY                | ABSECON CITY      | Karen Oliva | Loss            | (\$3,515.58)      |
|                 |               | 2024324225      | 02/10/2024        | INLAND MARINE     | 01/02/2024 | R-SUBROGATION PR DAM PR | GALLOWAY TOWNSHIP           | GALLOWAY TOWNSHIP | Karen Oliva | Loss            | (\$471.07)        |
|                 |               |                 |                   |                   |            |                         | 2024-2024 Total:            |                   | 2           |                 | (\$3,986.65)      |
|                 |               |                 |                   |                   |            |                         | Excess Reimbursement Total: |                   | 0           |                 | \$0.00            |
|                 |               |                 |                   |                   |            |                         | Subrogation Total:          |                   | 2           |                 | (\$3,986.65)      |
|                 |               |                 |                   |                   |            |                         | Refund To                   | otal:             | 0           |                 | \$0.00            |
|                 |               |                 |                   |                   |            |                         | All Other Total:            |                   | 0           |                 | \$0.00            |
|                 |               |                 |                   |                   |            |                         | PROPERTY To                 | otal:             | 9           |                 | (\$72,511.11)     |
|                 |               |                 |                   |                   |            |                         | Excess Reimbursement To     | otal:             | 0           |                 | \$0.00            |
|                 |               |                 |                   |                   |            |                         | Subrogation To              | otal:             | 9           |                 | (\$72,511.11)     |
|                 |               |                 |                   |                   |            |                         | Refund To                   | otal:             | 0           |                 | \$0.00            |
|                 |               |                 |                   |                   |            |                         | All Other Total:            |                   | 0           |                 | \$0.00            |



**Insurer: AJF-ATL.JOINT INS.FUND** 

Line: WORKERS COMPENSATION

Policy Period: 2020-2020

| Check<br>Number | Check<br>Date | Claim<br>Number | Processed<br>Date | Claimant Type | DOL        | Transaction Type  | Payee Name                  | Insured Name         | Examiner      | Payment<br>Type | Payment<br>Amount |
|-----------------|---------------|-----------------|-------------------|---------------|------------|-------------------|-----------------------------|----------------------|---------------|-----------------|-------------------|
|                 |               | 2021209096      | 02/02/2024        | MEDICAL ONLY  | 07/06/2020 | R-SUBROGATION MED | STONE HARBOR BOROUGH        | STONE HARBOR BOROUGH | Shannon Cusac | Loss            | (\$46.36)         |
|                 |               |                 |                   |               |            |                   | 2020-2020 Total:            |                      | 1             |                 | (\$46.36)         |
|                 |               |                 |                   |               |            |                   | Excess Reimbursement Total: |                      | 0             |                 | \$0.00            |
|                 |               |                 |                   |               |            |                   | Subrogation Total:          |                      | 1             |                 | (\$46.36)         |
|                 |               |                 |                   |               |            |                   | 1                           | Refund Total:        | 0             |                 | \$0.00            |
|                 |               |                 |                   |               |            |                   | Al                          | l Other Total:       | 0             |                 | \$0.00            |

Policy Period: 2021-2021

| Check<br>Number | Check<br>Date | Claim<br>Number | Processed<br>Date | Claimant Type | DOL        | Transaction Type     | Payee Name         | Insured Name       | Examiner            | Payment<br>Type | Payment<br>Amount |
|-----------------|---------------|-----------------|-------------------|---------------|------------|----------------------|--------------------|--------------------|---------------------|-----------------|-------------------|
|                 |               | 2021226674      | 02/02/2024        | MEDICAL ONLY  | 01/16/2021 | R-SUBROGATION MED    | GALLOWAY TOWNSHIP  | GALLOWAY TOWNSHIP  | Alexandria McMurren | Loss            | (\$30.10)         |
|                 |               | 2021226675      | 02/02/2024        | INDEMNITY     | 01/16/2021 | R-SUBROGATION TTD    | GALLOWAY TOWNSHIP  | GALLOWAY TOWNSHIP  | Alexandria McMurren | Loss            | (\$365.90)        |
|                 |               | 2022242261      | 02/06/2024        | INDEMNITY     | 07/03/2021 | R-SUBROGATION MED    | PLEASANTVILLE CITY | PLEASANTVILLE CITY | Bryana Suggs        | Loss            | (\$6,749.79)      |
|                 |               | 2022242261      | 02/06/2024        | INDEMNITY     | 07/03/2021 | R-SUBROGATION EXP WC | PLEASANTVILLE CITY | PLEASANTVILLE CITY | Bryana Suggs        | Expense         | (\$1,250.21)      |
|                 |               |                 |                   |               |            |                      | 202                | 21-2021 Total:     | 4                   |                 | (\$8,396.00)      |
|                 |               |                 |                   |               |            |                      | Excess Reimbur     | sement Total:      | 0                   |                 | \$0.00            |
|                 |               |                 |                   |               |            |                      | Subr               | ogation Total:     | 4                   |                 | (\$8,396.00)      |
|                 |               |                 |                   |               |            | Refund Total:        |                    | 0                  |                     | \$0.00          |                   |
|                 |               |                 |                   |               |            | All Other Total:     |                    | II Other Total:    | 0                   |                 | \$0.00            |

Policy Period: 2022-2022

| Check Number | Check Date | Claim Number | Processed Date | Claimant Type | DOL        | Transaction Type  | Payee Name       | Insured Name   | Examiner             | Payment Type | Payment Amount |
|--------------|------------|--------------|----------------|---------------|------------|-------------------|------------------|----------------|----------------------|--------------|----------------|
|              |            | 2023287458   | 02/02/2024     | MEDICAL ONLY  | 10/28/2022 | R-SUBROGATION MED | VENTNOR CITY     | VENTNOR CITY   | Denise Hinton-Wilson | Loss         | (\$70.00)      |
|              |            | 2023292370   | 02/02/2024     | MEDICAL ONLY  | 12/29/2022 | R-SUBROGATION MED | MILLVILLE CITY   | MILLVILLE CITY | Denise Hinton-Wilson | Loss         | (\$105.71)     |
|              |            | 2023287458   | 02/16/2024     | MEDICAL ONLY  | 10/28/2022 | R-SUBROGATION MED | VENTNOR CITY     | VENTNOR CITY   | Denise Hinton-Wilson | Loss         | (\$70.00)      |
|              |            |              |                |               |            |                   | 2022             | -2022 Total:   |                      | 3            | (\$245.71)     |
|              |            |              |                |               |            |                   | Excess Reimburse | ement Total:   |                      | 0            | \$0.00         |
|              |            |              |                |               |            |                   | Subro            | gation Total:  |                      | 3            | (\$245.71)     |
|              |            |              |                |               |            |                   | R                | efund Total:   |                      | 0            | \$0.00         |
|              |            |              |                |               |            |                   | All              | Other Total:   |                      | 0            | \$0.00         |
|              |            |              |                |               |            | WOR               | KERS COMPENSA    | TION Total:    |                      | 8            | (\$8,688.07)   |
|              |            |              |                |               |            |                   | Excess Reimburs  | ement Total:   |                      | 0            | \$0.00         |
|              |            |              |                |               |            |                   | Subro            | gation Total:  |                      | 8            | (\$8,688.07)   |
|              |            |              |                |               |            |                   | R                | efund Total:   |                      | 0            | \$0.00         |
|              |            |              |                |               |            |                   | All              | Other Total:   |                      | 0            | \$0.00         |



#### Insurer: AJF-ATL.JOINT INS.FUND

| Check Number | Check Date | Claim Number | Processed Date | Claimant Type | DOL | Transaction Type   | Payee Name | Insured Name | Examiner | Payment Type | Payment Amount |
|--------------|------------|--------------|----------------|---------------|-----|--------------------|------------|--------------|----------|--------------|----------------|
|              |            |              |                |               |     |                    |            | Grand Total: |          | 18           | (\$106,800.18) |
|              |            |              |                |               |     |                    |            | 0            | \$0.00   |              |                |
|              |            |              |                |               |     | Subrogation Total: |            |              |          | 18           | (\$106,800.18) |
|              |            |              |                |               |     | Refund Total:      |            |              |          | 0            | \$0.00         |
|              |            |              |                |               |     | All Other Total:   |            |              |          |              | \$0.00         |

### SECTION C

### BUDGET STATUS REPORT

| Interest Allocation Flag 1=Y | 1           | 1          | 1         | 1            | 0         | 1          | 0          | 0            | 0         | 1              | 1           |                |
|------------------------------|-------------|------------|-----------|--------------|-----------|------------|------------|--------------|-----------|----------------|-------------|----------------|
| SUMMARY OF CASH TH           | RANSACTIONS |            |           |              |           |            |            |              |           |                |             |                |
| FUND YEAR                    | 2024        |            |           |              |           |            |            |              |           |                |             |                |
| Month Ending:                | February    |            |           |              |           |            |            |              |           |                |             |                |
|                              | Property    | Liability  | Auto      | Workers Comp | POL/EPL   | Deductible | Cyber JIF  | MEL          | EJIF      | Admin          | Contingency | TOTAL          |
| OPEN BALANCE                 | 34,286.93   | 70,238.11  | 12,628.63 | 264,843.38   | 13,390.23 | 70,449.42  | 66,324.44  | 191,538.40   | 9,538.60  | (2,012,094.47) | 0.00        | (1,278,856.32) |
| RECEIPTS                     |             |            |           |              |           |            |            |              |           |                |             |                |
| Assessments                  | 198,668.10  | 376,883.35 | 67,762.63 | 1,498,782.08 | 71,849.25 | 378,017.17 | 355,883.39 | 1,027,755.90 | 51,182.19 | 393,010.95     | 0.00        | 4,419,795.00   |
| Refunds                      | 3,986.65    | 0.00       | 0.00      | 0.00         | 0.00      | 0.00       | 0.00       | 0.00         | 0.00      | 0.00           | 0.00        | 3,986.65       |
| Invest Pymnts                | (111.73)    | (228.87)   | (41.15)   | (863.00)     | 0.00      | (229.56)   | 0.00       | 0.00         | 0.00      | 0.00           | 0.00        | (1,474.31)     |
| Invest Adj                   | 3.23        | 6.61       | 1.19      | 24.93        | 0.00      | 6.63       | 0.00       | 0.00         | 0.00      | 0.00           | 0.00        | 42.59          |
| Subtotal Invest              | (108.50)    | (222.26)   | (39.96)   | (838.07)     | 0.00      | (222.93)   | 0.00       | 0.00         | 0.00      | 0.00           | 0.00        | (1,431.72)     |
| Other *                      | 0.00        | 0.00       | 0.00      | 0.00         | 0.00      | 0.00       | 0.00       | 0.00         | 0.00      | 0.00           | 0.00        | 0.00           |
| TOTAL                        | 202,546.25  | 376,661.09 | 67,722.67 | 1,497,944.01 | 71,849.25 | 377,794.24 | 355,883.39 | 1,027,755.90 | 51,182.19 | 393,010.95     | 0.00        | 4,422,349.93   |
| EXPENSES                     |             |            |           |              |           |            |            |              |           |                |             | 0.00           |
| Claims Transfers             | 24,505.13   | 13.75      | 1,073.17  | 61,174.33    | 0.00      | 0.00       | 0.00       | 0.00         | 0.00      | 0.00           | 0.00        | 86,766.38      |
| Expenses                     | 0.00        | 0.00       | 0.00      | 0.00         | 0.00      | 0.00       | 0.00       | 0.00         | 0.00      | 1,432,943.50   | 0.00        | 1,432,943.50   |
| Other *                      | 0.00        | 0.00       | 0.00      | 0.00         | 0.00      | 0.00       | 0.00       | 0.00         | 0.00      | 0.00           | 0.00        | 0.00           |
| TOTAL                        | 24,505.13   | 13.75      | 1,073.17  | 61,174.33    | 0.00      | 0.00       | 0.00       | 0.00         | 0.00      | 1,432,943.50   | 0.00        | 1,519,709.88   |
| END BALANCE                  | 212,328.05  | 446,885,45 | 79,278,13 | 1,701,613,06 | 85,239,49 | 448,243,66 | 422,207,84 | 1,219,294,30 | 60,720,79 | (3,052,027,02) | 0.00        | 1,623,783,73   |

| SUMMARY OF CASH T | RANSACTIONS |              |            |              |            |              |           |      |      |            |             |               |
|-------------------|-------------|--------------|------------|--------------|------------|--------------|-----------|------|------|------------|-------------|---------------|
| FUND YEAR         | 2023        |              |            |              |            |              |           |      |      |            |             |               |
| Month Ending:     | February    |              |            |              |            |              |           |      |      |            |             |               |
|                   | Property    | Liability    | Auto       | Workers Comp | POL/EPL    | Deductible   | Cyber JIF | MEL  | EJIF | Admin      | Contingency | TOTAL         |
| OPEN BALANCE      | 83,011.50   | 2,178,483.61 | 448,593.15 | 7,686,557.82 | (2,777.00) | 2,411,794.38 | 311.00    | 0.10 | 0.00 | 417,732.45 | 0.00        | 13,223,707.01 |
| RECEIPTS          |             |              |            |              |            |              |           |      |      |            |             |               |
| Assessments       | 0.00        | 0.00         | 0.00       | 0.00         | 0.00       | 0.00         | 0.00      | 0.00 | 0.00 | 0.00       | 0.00        | 0.00          |
| Refunds           | 48,773.42   | 0.00         | 0.00       | 0.00         | 0.00       | 0.00         | 0.00      | 0.00 | 0.00 | 0.00       | 0.00        | 48,773.42     |
| Invest Pymnts     | 94.44       | (2,711.38)   | (559.72)   | (9,324.40)   | 0.00       | (3,084.30)   | 0.00      | 0.00 | 0.00 | 3,031.28   | 0.00        | (12,554.08)   |
| Invest Adj        | 7.81        | 205.03       | 42.22      | 723.43       | 0.00       | 226.99       | 0.00      | 0.00 | 0.00 | 39.32      | 0.00        | 1,244.80      |
| Subtotal Invest   | 102.25      | (2,506.35)   | (517.50)   | (8,600.97)   | 0.00       | (2,857.31)   | 0.00      | 0.00 | 0.00 | 3,070.60   | 0.00        | (11,309.28)   |
| Other *           | 0.00        | 0.00         | 0.00       | 0.00         | 0.00       | 0.00         | 0.00      | 0.00 | 0.00 | 0.00       | 0.00        | 0.00          |
| TOTAL             | 48,875.67   | (2,506.35)   | (517.50)   | (8,600.97)   | 0.00       | (2,857.31)   | 0.00      | 0.00 | 0.00 | 3,070.60   | 0.00        | 37,464.14     |
| EXPENSES          |             |              |            |              |            |              |           |      |      |            |             |               |
| Claims Transfers  | 15,191.53   | 3,698.00     | 8,119.22   | 220,526.32   | 0.00       | 0.00         | 0.00      | 0.00 | 0.00 | 0.00       | 0.00        | 247,535.07    |
| Expenses          | 0.00        | 0.00         | 0.00       | 0.00         | 0.00       | 0.00         | 0.00      | 0.00 | 0.00 | 11,116.64  | 0.00        | 11,116.64     |
| Other *           | 0.00        | 0.00         | 0.00       | 0.00         | 0.00       | 0.00         | 0.00      | 0.00 | 0.00 | 0.00       | 0.00        | 0.00          |
| TOTAL             | 15,191.53   | 3,698.00     | 8,119.22   | 220,526.32   | 0.00       | 0.00         | 0.00      | 0.00 | 0.00 | 11,116.64  | 0.00        | 258,651.71    |
| END BALANCE       | 116,695.64  | 2,172,279.26 | 439,956.43 | 7,457,430.53 | (2,777.00) | 2,408,937.07 | 311.00    | 0.10 | 0.00 | 409,686.41 | 0.00        | 13,002,519.44 |

| SUMMARY OF CASH T | RANSACTIONS |              |            |              |            |              |           |        |      |            |             |              |
|-------------------|-------------|--------------|------------|--------------|------------|--------------|-----------|--------|------|------------|-------------|--------------|
| FUND YEAR         | 2022        |              |            |              |            |              |           |        |      |            |             |              |
| Month Ending:     | February    |              |            |              |            |              |           |        |      |            |             |              |
|                   | Property    | Liability    | Auto       | Workers Comp | POL/EPL    | Deductible   | Cyber JIF | MEL    | EJIF | Admin      | Contingency | TOTAL        |
| OPEN BALANCE      | 109,724.56  | 2,060,643.83 | 401,566.31 | 3,532,866.16 | (6,106.60) | 2,047,704.35 | 0.00      | (0.50) | 0.00 | 366,396.80 | 436,869.63  | 8,949,664.54 |
| RECEIPTS          |             |              |            |              |            |              |           |        |      |            |             |              |
| Assessments       | 0.00        | 0.00         | 0.00       | 0.00         | 0.00       | 0.00         | 0.00      | 0.00   | 0.00 | 0.00       | 0.00        | 0.00         |
| Refunds           | 0.00        | 0.00         | 0.00       | 245.71       | 0.00       | 0.00         | 0.00      | 0.00   | 0.00 | 0.00       | 0.00        | 245.71       |
| Invest Pymnts     | (217.53)    | (1,645.42)   | (331.25)   | (2,561.06)   | 0.00       | (1,679.13)   | 0.00      | 0.00   | 0.00 | 4,183.82   | (360.82)    | (2,611.39)   |
| Invest Adj        | 10.33       | 193.94       | 37.79      | 332.50       | 0.00       | 192.72       | 0.00      | 0.00   | 0.00 | 34.48      | 41.12       | 842.88       |
| Subtotal Invest   | (207.20)    | (1,451.48)   | (293.46)   | (2,228.56)   | 0.00       | (1,486.41)   | 0.00      | 0.00   | 0.00 | 4,218.30   | (319.70)    | (1,768.51)   |
| Other *           | 0.00        | 0.00         | 0.00       | 0.00         | 0.00       | 0.00         | 0.00      | 0.00   | 0.00 | 0.00       | 0.00        | 0.00         |
| TOTAL             | (207.20)    | (1,451.48)   | (293.46)   | (1,982.85)   | 0.00       | (1,486.41)   | 0.00      | 0.00   | 0.00 | 4,218.30   | (319.70)    | (1,522.80)   |
| EXPENSES          |             |              |            |              |            |              |           |        |      |            |             |              |
| Claims Transfers  | 0.00        | 19,158.99    | 2,816.00   | 60,056.40    | 0.00       | 0.00         | 0.00      | 0.00   | 0.00 | 0.00       | 0.00        | 82,031.39    |
| Expenses          | 0.00        | 0.00         | 0.00       | 0.00         | 0.00       | 0.00         | 0.00      | 0.00   | 0.00 | 12,173.73  | 0.00        | 12,173.73    |
| Other *           | 0.00        | 0.00         | 0.00       | 0.00         | 0.00       | 0.00         | 0.00      | 0.00   | 0.00 | 0.00       | 0.00        | 0.00         |
| TOTAL             | 0.00        | 19,158.99    | 2,816.00   | 60,056.40    | 0.00       | 0.00         | 0.00      | 0.00   | 0.00 | 12,173.73  | 0.00        | 94,205.12    |
| END BALANCE       | 109,517.36  | 2,040,033.36 | 398,456.85 | 3,470,826.91 | (6,106.60) | 2,046,217.94 | 0.00      | (0.50) | 0.00 | 358,441.37 | 436,549.93  | 8,853,936.62 |

| SUMMARY OF CASH ? | TRANSACTIONS |              |            |              |             |              |           |           |      |            |             |              |
|-------------------|--------------|--------------|------------|--------------|-------------|--------------|-----------|-----------|------|------------|-------------|--------------|
| FUND YEAR         | 2021         |              |            |              |             |              |           |           |      |            |             |              |
| Month Ending:     | February     |              |            |              |             |              |           |           |      |            |             |              |
|                   | Property     | Liability    | Auto       | Workers Comp | POL/EPL     | Deductible   | Cyber JIF | MEL       | EJIF | Admin      | Contingency | TOTAL        |
| OPEN BALANCE      | 218,209.09   | 1,569,784.87 | 287,894.21 | 444,730.86   | (45,632.79) | 1,857,150.36 | 0.00      | 45,631.00 | 0.00 | 207,795.42 | 0.00        | 4,585,563.02 |
| RECEIPTS          |              |              |            |              |             |              |           |           |      |            |             |              |
| Assessment        | s 0.00       | 0.00         | 0.00       | 0.00         | 0.00        | 0.00         | 0.00      | 0.00      | 0.00 | 0.00       | 0.00        | 0.00         |
| Refund            | s 16,950.03  | 25,601.00    | 0.00       | 8,396.00     | 0.00        | 0.00         | 0.00      | 0.00      | 0.00 | 0.00       | 0.00        | 50,947.03    |
| Invest Pymnt      | s (249.45)   | (702.17)     | (126.94)   | 885.31       | 0.00        | (1,152.32)   | 0.00      | 0.00      | 0.00 | (108.01)   | 0.00        | (1,453.58)   |
| Invest Ac         | lj 20.54     | 147.74       | 27.10      | 41.86        | 0.00        | 174.79       | 0.00      | 0.00      | 0.00 | 19.56      | 0.00        | 431.59       |
| Subtotal Invest   | (228.91)     | (554.43)     | (99.84)    | 927.17       | 0.00        | (977.53)     | 0.00      | 0.00      | 0.00 | (88.45)    | 0.00        | (1,021.99)   |
| Other             | * 0.00       | 0.00         | 0.00       | 0.00         | 0.00        | 0.00         | 0.00      | 0.00      | 0.00 | 0.00       | 0.00        | 0.00         |
| TOTAL             | 16,721.12    | 25,046.57    | (99.84)    | 9,323.17     | 0.00        | (977.53)     | 0.00      | 0.00      | 0.00 | (88.45)    | 0.00        | 49,925.04    |
| EXPENSES          |              |              |            |              |             |              |           |           |      |            |             |              |
| Claims Transfer   | s 6,165.53   | 9,545.50     | 8,291.86   | 165,351.24   | 0.00        | 0.00         | 0.00      | 0.00      | 0.00 | 0.00       | 0.00        | 189,354.13   |
| Expense           | s 0.00       | 0.00         | 0.00       | 0.00         | 0.00        | 0.00         | 0.00      | 0.00      | 0.00 | 0.00       | 0.00        | 0.00         |
| Other             | * 0.00       | 0.00         | 0.00       | 0.00         | 0.00        | 0.00         | 0.00      | 0.00      | 0.00 | 0.00       | 0.00        | 0.00         |
| TOTAL             | 6,165.53     | 9,545.50     | 8,291.86   | 165,351.24   | 0.00        | 0.00         | 0.00      | 0.00      | 0.00 | 0.00       | 0.00        | 189,354.13   |
| END BALANCE       | 228,764.68   | 1,585,285.94 | 279,502.51 | 288,702.79   | (45,632.79) | 1,856,172.83 | 0.00      | 45,631.00 | 0.00 | 207,706.97 | 0.00        | 4,446,133.93 |

| SUMMARY OF CASH T | RANSACTIONS |            |            |              |             |              |           |           |      |            |             |              |
|-------------------|-------------|------------|------------|--------------|-------------|--------------|-----------|-----------|------|------------|-------------|--------------|
| FUND YEAR         | 2020        |            |            |              |             |              |           |           |      |            |             |              |
| Month Ending:     | February    |            |            |              |             |              |           |           |      |            |             |              |
|                   | Property    | Liability  | Auto       | Workers Comp | POL/EPL     | Deductible   | Cyber JIF | MEL       | EJIF | Admin      | Contingency | TOTAL        |
| OPEN BALANCE      | 176,052.24  | 662,682.69 | 209,634.20 | 486,974.27   | (35,019.56) | 1,947,921.97 | 0.00      | 34,245.80 | 0.00 | 142,122.90 | 38,526.28   | 3,663,140.79 |
| RECEIPTS          |             |            |            |              |             |              |           |           |      |            |             |              |
| Assessments       | 0.00        | 0.00       | 0.00       | 0.00         | 0.00        | 0.00         | 0.00      | 0.00      | 0.00 | 0.00       | 0.00        | 0.00         |
| Refunds           | 903.53      | 0.00       | 0.00       | 46.36        | 0.00        | 0.00         | 0.00      | 0.00      | 0.00 | 0.00       | 0.00        | 949.89       |
| Invest Pymnts     | (117.94)    | 369.29     | (107.90)   | 522.79       | 0.00        | (1,208.65)   | 0.00      | 0.00      | 0.00 | (73.05)    | (23.90)     | (639.36)     |
| Invest Adj        | 16.57       | 62.37      | 19.73      | 45.83        | 0.00        | 183.33       | 0.00      | 0.00      | 0.00 | 13.38      | 3.63        | 344.84       |
| Subtotal Invest   | (101.37)    | 431.66     | (88.17)    | 568.62       | 0.00        | (1,025.32)   | 0.00      | 0.00      | 0.00 | (59.67)    | (20.27)     | (294.52)     |
| Other *           | 0.00        | 0.00       | 0.00       | 0.00         | 0.00        | 0.00         | 0.00      | 0.00      | 0.00 | 0.00       | 0.00        | 0.00         |
| TOTAL             | 802.16      | 431.66     | (88.17)    | 614.98       | 0.00        | (1,025.32)   | 0.00      | 0.00      | 0.00 | (59.67)    | (20.27)     | 655.37       |
| EXPENSES          |             |            |            |              |             |              |           |           |      |            |             |              |
| Claims Transfers  | 33,865.62   | 136,467.70 | 6,366.75   | 41,332.00    | 0.00        | 0.00         | 0.00      | 0.00      | 0.00 | 0.00       | 0.00        | 218,032.07   |
| Expenses          | 0.00        | 0.00       | 0.00       | 0.00         | 0.00        | 0.00         | 0.00      | 0.00      | 0.00 | 0.00       | 0.00        | 0.00         |
| Other *           | 0.00        | 0.00       | 0.00       | 0.00         | 0.00        | 0.00         | 0.00      | 0.00      | 0.00 | 0.00       | 0.00        | 0.00         |
| TOTAL             | 33,865.62   | 136,467.70 | 6,366.75   | 41,332.00    | 0.00        | 0.00         | 0.00      | 0.00      | 0.00 | 0.00       | 0.00        | 218,032.07   |
| END BALANCE       | 142,988.78  | 526,646.65 | 203,179.28 | 446,257.25   | (35,019.56) | 1,946,896.65 | 0.00      | 34,245.80 | 0.00 | 142,063.23 | 38,506.01   | 3,445,764.09 |

| SUMMARY OF CASH | TRANSACTIONS |           |      |              |         |            |           |      |      |               |             |               |
|-----------------|--------------|-----------|------|--------------|---------|------------|-----------|------|------|---------------|-------------|---------------|
| FUND YEAR       | Closed FY    |           |      |              |         |            |           |      |      |               |             |               |
| Month Ending:   | February     |           |      |              |         |            |           |      |      |               |             |               |
|                 | Property     | Liability | Auto | Workers Comp | POL/EPL | Deductible | Cyber JIF | MEL  | EJIF | Admin         | Contingency | TOTAL         |
| OPEN BALANCE    | 427.20       | 0.00      | 0.00 | 0.00         | 0.00    | 0.00       | 0.00      | 0.00 | 0.00 | 15,731,011.27 | 0.00        | 15,731,438.47 |
| RECEIPTS        |              |           |      |              |         |            |           |      |      |               |             |               |
| Assessment      | ts 0.00      | 0.00      | 0.00 | 0.00         | 0.00    | 0.00       | 0.00      | 0.00 | 0.00 | 0.00          | 0.00        | 0.00          |
| Refund          | ls 0.00      | 0.00      | 0.00 | 0.00         | 0.00    | 0.00       | 0.00      | 0.00 | 0.00 | 0.00          | 0.00        | 0.00          |
| Invest Pymni    | ts (1.39)    | 0.00      | 0.00 | 0.00         | 0.00    | 0.00       | 0.00      | 0.00 | 0.00 | (8,160.20)    | 0.00        | (8,161.59)    |
| Invest Ac       | dj 0.04      | 0.00      | 0.00 | 0.00         | 0.00    | 0.00       | 0.00      | 0.00 | 0.00 | 1,480.53      | 0.00        | 1,480.57      |
| Subtotal Invest | (1.35)       | 0.00      | 0.00 | 0.00         | 0.00    | 0.00       | 0.00      | 0.00 | 0.00 | (6,679.67)    | 0.00        | (6,681.02)    |
| Other           | * 1,897.48   | 0.00      | 0.00 | 0.00         | 0.00    | 0.00       | 0.00      | 0.00 | 0.00 | 0.00          | 0.00        | 1,897.48      |
| TOTAL           | 1,896.13     | 0.00      | 0.00 | 0.00         | 0.00    | 0.00       | 0.00      | 0.00 | 0.00 | (6,679.67)    | 0.00        | (4,783.54)    |
| EXPENSES        |              |           |      |              |         |            |           |      |      |               |             |               |
| Claims Transfer | rs 0.00      | 0.00      | 0.00 | 0.00         | 0.00    | 0.00       | 0.00      | 0.00 | 0.00 | 0.00          | 0.00        | 0.00          |
| Expense         | es 0.00      | 0.00      | 0.00 | 0.00         | 0.00    | 0.00       | 0.00      | 0.00 | 0.00 | 3,623.00      | 0.00        | 3,623.00      |
| Other           | * 335.72     | 0.00      | 0.00 | 0.00         | 0.00    | 0.00       | 0.00      | 0.00 | 0.00 | 0.00          | 0.00        | 335.72        |
| TOTAL           | 335.72       | 0.00      | 0.00 | 0.00         | 0.00    | 0.00       | 0.00      | 0.00 | 0.00 | 3,623.00      | 0.00        | 3,958.72      |
| END BALANCE     | 1,987.61     | 0.00      | 0.00 | 0.00         | 0.00    | 0.00       | 0.00      | 0.00 | 0.00 | 15,720,708.60 | 0.00        | 15,722,696.21 |

#### CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES ATLANTIC COUNTY MUNICIPAL JOINT INSURANCE FUND

Month **Current Fund Year**  February 2024

|           |              | 1.            | 2.         | 3.         | 4.            | 5.            | 6.         | 7.            | 8.     |
|-----------|--------------|---------------|------------|------------|---------------|---------------|------------|---------------|--------|
|           |              | Calc. Net     | Monthly    | Monthly    | Calc. Net     | TPA Net       | Variance   | Delinquent    | Change |
| Policy    |              | Paid Thru     | Net Paid   | Recoveries | Paid Thru     | Paid Thru     | To Be      | Unreconciled  | This   |
| Year      | Coverage     | Last Month    | February   | February   | February      | February      | Reconciled | Variance From | Month  |
| 2024      | Property     | 2,737.98      | 24,505.13  | 3,986.65   | 23,256.46     | 23,256.46     | 0.00       | 0.00          | 0.00   |
|           | Liability    | 0.00          | 13.75      | 0.00       | 13.75         | 13.75         | 0.00       | 0.00          | 0.00   |
| l         | Auto         | 0.00          | 1,073.17   | 0.00       | 1,073.17      | 1,073.17      | 0.00       | 0.00          | 0.00   |
|           | Workers Comp | 14,478.13     | 61,174.33  | 0.00       | 75,652.46     | 75,652.46     | 0.00       | 0.00          | 0.00   |
|           | Total        | 17,216.11     | 86,766.38  | 3,986.65   | 99,995.84     | 99,995.84     | 0.00       | 0.00          | 0.00   |
| 2023      | Property     | 1,098,324.83  | 15,191.53  | 48,773.42  | 1,064,742.94  | 1,064,742.94  | 0.00       | 0.00          | 0.00   |
|           | Liability    | 104,259.99    | 3,698.00   | 0.00       | 107,957.99    | 107,957.99    | 0.00       | 0.00          | 0.00   |
|           | Auto         | 28,033.67     | 8,119.22   | 0.00       | 36,152.89     | 36,152.89     | 0.00       | 0.00          | 0.00   |
|           | Workers Comp | 1,976,618.09  | 220,526.32 | 0.00       | 2,197,144.41  | 2,197,144.41  | 0.00       | 0.00          | 0.00   |
|           | Total        | 3,207,236.58  | 247,535.07 | 48,773.42  | 3,405,998.23  | 3,405,998.23  | 0.00       | 0.00          | 0.00   |
| 2022      | Property     | 1,009,387.85  | 0.00       | 0.00       | 1,009,387.85  | 1,009,387.85  | 0.00       | 0.00          | 0.00   |
|           | Liability    | 128,932.60    | 19,158.99  | 0.00       | 148,091.59    | 148,091.59    | 0.00       | 0.00          | 0.00   |
|           | Auto         | 55,506.55     | 2,816.00   | 0.00       | 58,322.55     | 58,322.55     | 0.00       | 0.00          | 0.00   |
|           | Workers Comp | 4,116,674.42  | 60,056.40  | 245.71     | 4,176,485.11  | 4,176,485.11  | 0.00       | 0.00          | 0.00   |
|           | Total        | 5,310,501.42  | 82,031.39  | 245.71     | 5,392,287.10  | 5,392,287.10  | 0.00       | 0.00          | 0.00   |
| 2021      | Property     | 958,385.40    | 6,165.53   | 16,950.03  | 947,600.90    | 947,600.90    | (0.00)     |               | 0.00   |
|           | Liability    | 613,147.90    | 9,545.50   | 25,601.00  | 597,092.40    | 597,092.40    | 0.00       | 0.00          | 0.00   |
|           | Auto         | 88,192.63     | 8,291.86   | 0.00       | 96,484.49     | 96,484.49     | 0.00       | 0.00          | 0.00   |
|           | Workers Comp | 6,829,774.57  | 165,351.24 | 8,396.00   | 6,986,729.81  | 6,986,729.81  | 0.00       | 0.00          | 0.00   |
|           | Total        | 8,489,500.50  | 189,354.13 | 50,947.03  | 8,627,907.60  | 8,627,907.60  | 0.00       | (0.00)        | 0.00   |
| 2020      | Property     | 895,999.33    | 33,865.62  | 903.53     | 928,961.42    | 928,961.42    | (0.00)     | 0.00          | (0.00) |
|           | Liability    | 1,501,676.48  | 136,467.70 | 0.00       | 1,638,144.18  | 1,638,144.18  | 0.00       | 0.00          | 0.00   |
|           | Auto         | 154,409.23    | 6,366.75   | 0.00       | 160,775.98    | 160,775.98    | 0.00       | 0.00          | 0.00   |
|           | Workers Comp | 6,729,186.98  | 41,332.00  | 46.36      | 6,770,472.62  | 6,770,472.62  | (0.00)     | (0.00)        | 0.00   |
|           | Total        | 9,281,272.02  | 218,032.07 | 949.89     | 9,498,354.20  | 9,498,354.20  | (0.00)     | (0.00)        | (0.00) |
| Closed FY | Property     | 0.00          | 0.00       | 0.00       | 0.00          | 0.00          | 0.00       | 0.00          | 0.00   |
|           | Liability    | 0.00          | 0.00       | 0.00       | 0.00          | 0.00          | 0.00       | 0.00          | 0.00   |
| ĺ         | Auto         | 0.00          | 0.00       | 0.00       | 0.00          | 0.00          | 0.00       | 0.00          | 0.00   |
|           | Workers Comp | 0.00          | 0.00       | 0.00       | 0.00          | 0.00          | 0.00       | 0.00          | 0.00   |
|           | Total        | 0.00          | 0.00       | 0.00       | 0.00          | 0.00          | 0.00       | 0.00          | 0.00   |
|           | TOTAL        | 26,305,726.63 | 823,719.04 | 104,902.70 | 27,024,542.97 | 27,024,542.97 | 0.00       | (0.00)        | 0.00   |

## SECTION D BILL LIST REVIEW

#### ATLANTIC COUNTY MUNICIPAL JIF BILL LIST - MARCH 2024

| Payable To:                       | FY 2024    | FY 2022 | Appropriation                              | Description   |
|-----------------------------------|------------|---------|--|---|
| 1 The Actuarial Advantage         | 179.00     |         | Prof Services/Actuary                      | Feb 2024 Fees   |
| 2 Risk Program Administrators LLC | 90,345.00  |         | Prof Services/Administration               | March 2024 Fees   |
| 3 Risk Program Administrators LLC | 397.50     |         | Misc/Postage/Copies/Fax                    | Feb 2024 Fees   |
| 4 Risk Program Administrators LLC | 412.64     |         | Safety Incentive Program                   | SC/CC/WC gifts for breakfast; split                     |
| 5 Risk Program Administrators LLC | 81.02      |         | Misc/Meeting Expense                       | Meeting bags  |
| 6 The DeWeese Law Firm, P.C.      | 11,780.00  |         | Prof Services/Attorney                     | March 2024 Fees   |
| 7 Qual-Lynx                       | 73,432.00  |         | Prof Services/Claims Administration        | March 2024 Fees   |
| 8 Joyce Media                     | 473.33     |         | Misc/JIF Website                           | March 2024 Fees plus annual wordpress (split and prorat |
| 9 Christopher J. Winter Sr.       | 2,083.00   |         | Training/Police Risk Services              | Law Enforcement Consultant-March 2024 fee               |
| 10 Tracy Forlenza                 | 571.00     |         | Misc/Recording Secretary                   | March 2024 Fees   |
| 11 J.A. Montgomery Consulting     | 19,019.00  |         | Prof Services/Safety Director/Loss Control | March 2024 Fees   |
| 12 Wintsec Consulting LLC         | 4,584.00   |         | Prof Services/Technology Risk Serv Dir     | March 2024 Fees   |
| 13 John Hansen                    | 2,167.00   |         | Prof Services/Treasurer                    | March 2024 Fees   |
| 14 John Hansen                    | 9.85       |         | Misc/Postage/Copies/Fax                    | Virtual meeting Feb-cks sent                            |
| 15 Conner Strong & Buckelew       | 1,031.00   |         | Prof Services/Underwriting Mgr             | March 2024 Fees   |
| 16 AAA Rush Signs 2               | 1,755.00   |         | Safety Incentive Program                   | SC/CC/WC blankets; split                                |
| 17 Iron Mountain                  | 144.21     |         | Misc/Records Retention Service             | 2/20/24   |
| 18 ODP Business Solutions LLC     | 70.17      |         | Safety Incentive Program                   | Bags for blankets #356082435; #355588749 tags           |
| 19 PRIMA                          | 695.00     |         | Misc/AGRIP/PRIMA                           | Conference -June 2024; Dbascelli                        |
| 20 Galloway Township              | 725.00     |         | EPL/CYBER/EPL/Cyber Incentive Program      | Attorney bill for employee matter                       |
| 21 City of Margate                | 725.00     |         | EPL/CYBER/EPL/Cyber Incentive Program      | Attorney bill for employee matter                       |
| 22 Borough of West Wildwood       |            | 910.00  | Safety Incentive Program                   | SC approved late submission                             |
| 23 Atlantic Associates            | 14,427.00  |         | Risk Management Consultants                | 1st Qtr Pymts -Pleasantville                            |
| 24 J. Byrne Agency                | 20,821.00  |         | Risk Management Consultants                | 1st Qtr Pymts -Lower and WW Crest                       |
| 25 Glenn Insurance                | 3,500.00   |         | Risk Management Consultants                | 1st Qtr Pymts -Absecon                                  |
| 26 Hardenbergh Insurance          | 9,750.00   |         | Risk Management Consultants                | 1st Qtr Pymts -Millville                                |
| 27 McMahon Agency                 | 14,423.00  |         | Risk Management Consultants                | 1st Qtr Pymts -Ocean City                               |
| Subtotals                         | 273,600.72 | 910.00  |  |   |

JIF BILL LIST TOTAL 274,510.72

# SECTION E RECONCILIATIONS

|  | January  | February   | March         | April         | May           | June          | July          | August        | September     | October       | November      | December                                  |
|--|--|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---|
| Opening Balance for the Period:  | 48,980,087.01  | 47,321,868.53  | 49,540,465.85 | 49,540,465.85 | 49,540,465.85 | 49,540,465.85 | 49,540,465.85 | 49,540,465.85 | 49,540,465.85 | 49,540,465.85 | 49,540,465.85 | 49,540,465.85                             |
| RECEIPTS:<br>INTEREST AND INTEREST ACTIVITY  |  |  |               |               |               |               |               |               |               |               |               |   |
| CITIZENS INVESTORS   |  |  |               |               |               |               |               |               |               |               |               |   |
| INTEREST   | 18,226.52  | 4,956.25   |               |               |               |               |               |               |               |               |               |   |
| CITIZENS SWEEP ACCOUNT INTEREST  | 2,761.42   | 13,371.11  |               |               |               |               |               |               |               |               |               |   |
| CHIZENO OWEEL ACCOUNT INTEREST   | 2,701.42   | 15,57 1.11   |               |               |               |               |               |               |               |               |               |   |
| JCMI<br>JCMI INTEREST  | 36,381.39  | 36,154.42  |               |               |               |               |               |               |               |               |               |   |
| JCMI INTEREST<br>JCMI ACTIVITY   | 31,848.31  | (108,967.94)   |               |               |               |               |               |               |               |               |               |   |
| JCMI ADMINISTRATIVE EXPENSE  | (2,210.41)   | (9,162.07)   |               |               |               |               |               |               |               |               |               |   |
| TREACHRY   |  |  |               |               |               |               |               |               |               |               |               |   |
| TREASURY<br>INTEREST   | 386,579.21   | 131,168.48   |               |               |               |               |               |               |               |               |               |   |
| TREASURY ACTIVITY  | 14,686.01  | (91,606.65)  |               |               |               |               |               |               |               |               |               |   |
| TREASURY ADMINISTRATIVE EXPENSE  | (2,835.50)   | -  |               |               |               |               |               |               |               |               |               |   |
| TOTAL INTEREST ACTIVITY  | 485,436.95   | (24,086.40)  | -             |               | -             | -             |               | -             | -             | -             | -             |   |
| Premium Assessment Receipts  | 736,369.00   | 4,419,795.00   |               |               |               |               |               |               |               |               |               |   |
| APPLIED DIVIDENDS TO Premium Assessment Receipts   | 87,329.00  |  |               |               |               |               |               |               |               |               |               |   |
| TOTAL ASSESSMENT RECEIPTS  | 823,698.00   | 4,419,795.00   |               | -             | -             |               |               |               |               |               | -             | -   |
| Subrogation & Reimb. Receipts:   |  |  |               |               |               |               |               |               |               |               |               |   |
| Fund Year 2024   |  | 3,986.65   |               |               |               |               |               |               |               |               |               |   |
| Fund Year 2023<br>Fund Year 2022   | 14,317.42<br>22,660.75   | 48,773.42<br>245.71  | -             |               |               |               |               |               |               |               |               |   |
| Fund Year 2021   | 498.00   | 50,947.03  |               |               |               |               |               |               |               |               |               |   |
| Fund Year 2020   | 208.33   | 949.89   |               |               |               |               |               |               |               |               |               |   |
| Closed Fund Year-2019<br>Closed Fund Year-2018   | 597.00   | 1,342.89   |               |               |               |               |               |               |               |               |               |   |
| Closed Fund Year-2017  |  |  |               |               |               |               |               |               |               |               |               |   |
| Closed Fund Year-2016  | 407.46   | 54.59  |               |               |               |               |               |               |               |               |               |   |
| Closed Fund Year-2015<br>Closed Fund Year-2014   |  |  |               |               |               |               |               |               |               |               |               |   |
| Closed Fund Year-2013  | 19.74  |  |               |               |               |               |               |               |               |               |               |   |
| Closed Fund Year-2012  |  | 500.00   |               |               |               |               |               |               |               | ,             |               |   |
| Closed Fund Year-2011<br>Closed Fund Year-2010   |  |  |               |               |               |               |               |               |               |               |               |   |
| Closed Fund Year-2009  |  |  |               |               |               |               |               |               |               |               |               |   |
|  | 00 700 7   | 400,000,17   |               |               |               |               | _             |               |               |               |               |   |
| TOTAL SUBROGATION AND OTHER REFUND   | 38,708.70  | 106,800.18   | -             |               | -             | -             | -             | -             | -             | -             | -             |   |
| OVERPAYMENT ON 2023 RMC FEE  | 4,485.00   |  |               |               |               |               |               |               |               |               |               |   |
|  |  |  |               | •             |               |               |               |               |               |               | •             |   |
|  |  |  |               |               | 1             |               |               | 1             |               |               |               |   |
|  |  |  |               |               |               |               |               |               |               |               |               |   |
|  |  |  |               |               |               |               |               |               |               |               |               |   |
| TOTAL OTHER RECEIPTS   | 4,485.00   | -  | -             | -             | -             |               |               | -             | -             | -             | -             |   |
|  | 4,485.00<br>1,352,328,65   | -<br>4 502 508 78  | - 0.00        | -             | - 0.00        | -             | - 0.00        | - 0.00        | - 0.00        | - 0.00        | - 0.00        | - 0.00                                    |
| TOTAL GRAND RECEIPTS   | 4,485.00<br>1,352,328.65   | 4,502,508.78   | - 0.00        | 0.00          | - 0.00        | - 0.00        | - 0.00        | - 0.00        | - 0.00        | - 0.00        | - 0.00        | - 0.00                                    |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS:   | 4,485.00<br>1,352,328.65   | 4,502,508.78   | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | - 0.00        | 0.00          | 0.0                                       |
| TOTAL GRAND RECEIPTS   | 1,352,328.65   | -<br>4,502,508.78<br>86,766.38   | 0.00          | 0.00          | - 0.00        | - 0.00        | - 0.00        | 0.00          | - 0.00        | - 0.00        | - 0.00        | 0.0                                       |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023   | 1,352,328.65<br>17,216.11<br>358,268.58  | 86,766.38<br>247,535.07  | - 0.00        | - 0.00        | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.0                                       |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2024 Fund Year 2022 Fund Year 2022   | 1,352,328.65<br>17,216.11<br>358,268.58<br>151,436.93  | 86,766.38<br>247,535.07<br>82,031.39   | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.0                                       |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2023 Fund Year 2022 Fund Year 2021 Fund Year 2021 Fund Year 2021  | 1,352,328.65<br>17,216.11<br>358,268.58<br>151,436.93<br>178,586.90  | 86,766.38<br>247,535.07<br>82,031.39<br>189,354.13<br>218,032.07   | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.0                                       |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2022 Fund Year 2021 Fund Year 2021 Fund Year 2020 Closed Fund Year 2020  | 1,352,328.65<br>17,216.11<br>358,268.58<br>151,436.93  | 86,766.38<br>247,535.07<br>82,031.39<br>189,354.13   | - 0.00        | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | - 0,0                                     |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2022 Fund Year 2021 Fund Year 2020 Closed Fund Year-2019 Closed Fund Year-2019   | 1,352,328.65<br>17,216.11<br>358,268.58<br>151,436.93<br>178,586.90  | 86,766.38<br>247,535.07<br>82,031.39<br>189,354.13<br>218,032.07   | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.0                                       |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2022 Fund Year 2021 Fund Year 2021 Fund Year 2020 Closed Fund Year 2020  | 1,352,328.65<br>17,216.11<br>358,268.58<br>151,436.93<br>178,586.90  | 86,766.38<br>247,535.07<br>82,031.39<br>189,354.13<br>218,032.07   | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0,00          | 0.00          | 0.0                                       |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2021 Fund Year 2021 Closed Fund Year 2021 Closed Fund Year 2021 Closed Fund Year-2018 Closed Fund Year-2017 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2016   | 1,352,328.65<br>17,216.11<br>358,268.58<br>151,436.93<br>178,586.90  | 86,766.38<br>247,535.07<br>82,031.39<br>189,354.13<br>218,032.07   | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.0                                       |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2022 Fund Year 2021 Closed Fund Year 2021 Closed Fund Year 2021 Closed Fund Year-2019 Closed Fund Year-2016 Closed Fund Year-2015 Closed Fund Year-2015 Closed Fund Year-2015   | 1,352,328.65<br>17,216.11<br>358,268.58<br>151,436.93<br>178,586.90  | 86,766.38<br>247,535.07<br>82,031.39<br>189,354.13<br>218,032.07   | 0.00          | 0.00          | 0.00          | - 0.00        | 0.00          | 0.00          | 0.00          | - 0.00        | 0.00          | 0.0                                       |
| DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2022 Fund Year 2022 Fund Year 2021 Closed Fund Year-2018 Closed Fund Year-2017 Closed Fund Year-2015 Closed Fund Year-2015 Closed Fund Year-2015 Closed Fund Year-2014 Closed Fund Year-2014 Closed Fund Year-2014  | 1,352,328.65<br>17,216.11<br>358,268.58<br>151,436.93<br>178,586.90  | 86,766.38<br>247,535.07<br>82,031.39<br>189,354.13<br>218,032.07   | 0.00          | 0.00          | 0.00          | - 0.00        | 0.00          | 0.00          | - 0.00        | - 0,00        | - 0.00        | 0.0                                       |
| DISBURSEMENTS: Net Claim Payments:  Fund Year 2024 Fund Year 2022 Fund Year 2020 Closed Fund Year 2021 Closed Fund Year 2021 Closed Fund Year 2015 Closed Fund Year 2015 Closed Fund Year 2015 Closed Fund Year 2015 Closed Fund Year 2013 Closed Fund Year 2013 Closed Fund Year 2013 Closed Fund Year 2013 Closed Fund Year 2012 Closed Fund Year 2012 Closed Fund Year 2012   | 1,352,328.65<br>17,216.11<br>358,268.58<br>151,436.93<br>178,586.90  | 86,766.38<br>247,535.07<br>82,031.39<br>189,354.13<br>218,032.07   | 000           | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.0                                       |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2022 Fund Year 2022 Fund Year 2021 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2014 Closed Fund Year-2014 Closed Fund Year-2014 Closed Fund Year-2012 Closed Fund Year-2011  | 1,352,328.65<br>17,216.11<br>358,268.58<br>151,436.93<br>178,586.90  | 86,766.38<br>247,535.07<br>82,031.39<br>189,354.13<br>218,032.07   | 0.00          | 0.00          | 0.00          | - 0.00        | 0.00          | 0.00          | 0.00          | 0.00          | 0.00          | 0.0                                       |
| DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2023 Fund Year 2022 Fund Year 2022 Fund Year 2021 Fund Year 2020 Closed Fund Year 2021 Closed Fund Year 2016 Closed Fund Year 2016 Closed Fund Year 2016 Closed Fund Year 2016 Closed Fund Year 2014 Closed Fund Year 2011 Closed Fund Year 2011 Closed Fund Year 2010 Closed Fund Year 2010 Closed Fund Year 2010  | 1,352,328,65<br>17,216,11<br>359,288,58<br>151,436,93<br>178,586,90<br>86,282,26   | 86,766.38<br>247,535.07<br>82,031.39<br>189,354.13<br>218,032.07   | - 0.00        | 0.00          | 0.00          | 000           | 0.00          | 0.00          | . 0.00        | 0.00          | 0.00          | 0.0                                       |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments:  Fund Year 2024 Fund Year 2025 Fund Year 2022 Fund Year 2022 Fund Year 2021 Fund Year 2020 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2015 Closed Fund Year-2013 Closed Fund Year-2014 Closed Fund Year-2011 Closed Fund Year-2011 Closed Fund Year-2011 Closed Fund Year-2010  | 1,352,328.65<br>17,216.11<br>358,268.58<br>151,436.93<br>178,586.90  | 86,766.38<br>247,535.07<br>82,031.39<br>189,354.13<br>218,032.07   | 0,00          | 0.00          | 0.00          | 0.00          | 0,00          | - 0.00        | - 0.00        | - 0.00        | - 0.00        | - 000                                     |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2022 Fund Year 2022 Fund Year 2021 Fund Year 2020 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2017 Closed Fund Year-2012 Closed Fund Year-2012 Closed Fund Year-2012 Closed Fund Year-2017 Closed Fund Year-2017 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2019 Total Net Claim Payments Exp. & Admin Bill List Payments:   | 1,352,328,65<br>17,216,11<br>358,268,58<br>151,436,90<br>86,282,26<br>87,329,00  | 86,766.38<br>247.535.07<br>82,031.39<br>189,354.13<br>218,032.07<br>335.72   | 0.00          | . 0,00        | 0.00          | - 0.00        | 0.00          | 0.00          |               | - 0.00        |               | 0.0                                       |
| DISBURSEMENTS: Net Claim Payments:  Fund Year 2024 Fund Year 2025 Fund Year 2025 Fund Year 2022 Fund Year 2022 Fund Year 2020 Closed Fund Year 2021 Closed Fund Year 2017 Closed Fund Year 2010 Closed Fund Year 2010 Closed Fund Year 2010 Exp. & Admin Bill List Payments Exp. & Cont. Charges FY 2025   | 1,352,328,65<br>17,216,11<br>358,288,58<br>151,436,93<br>178,586,90<br>86,292,26<br>87,329,00<br>879,119,78  | 86.766.38<br>247.535.07<br>189.354.13<br>218.032.07<br>335.72  | - 000         |               | 0.00          | - 000         | 0.00          | - 0,00        | . 0.00        | - 0,00        | - 0.00        |   |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2023 Fund Year 2022 Fund Year 2021 Glosed Fund Year 2021 Closed Fund Year 2021  | 1,352,328,65 17,216.11 358,268,58 151,436,30 178,586,90 86,282,26 87,329,00 879,119,78 2,098,823,21 2,8834,75  | 86.766.38<br>247.535.07<br>22.031.39<br>189.354.13<br>218.032.07<br>335.72   | 0,00          | 0.00          | 0.00          |               | - 0,00        | - 0.00        | - 0.00        | - 0.00        | 0.00          | . 0.6                                     |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2022 Fund Year 2022 Fund Year 2021 Fund Year 2020 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2016 Closed Fund Year-2017 Closed Fund Year-2019 Closed Fund Year-2019 Total Net Claim Payments Exp. & Cont. Charges FY 2025   | 1,352,328,65<br>17,216,11<br>358,286,58<br>151,436,93<br>178,586,90<br>86,282,28<br>87,329,00<br>879,119,78<br>2,089,823,21  | 86,766,38<br>247,535,07<br>82,031,39<br>189,354,13<br>218,032,72<br>335,72   | 0.00          | . 0,00        | 0.00          |               | 0.00          | 0.00          | - 0.00        | - 0.00        |               |   |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2023 Fund Year 2021 Fund Year 2021 Fund Year 2021 Glossed Fund Year-2019 Clossed Fund Year-2011 Clossed Fund Year-2019 Clossed Fund  | 1,352,328,65 17,216.11 358,268,58 151,436,30 178,586,90 86,282,26 87,329,00 879,119,78 2,098,823,21 2,8834,75  | 86.766.38<br>247.535.07<br>22.031.39<br>189.354.13<br>218.032.07<br>335.72   | - 000         |               | 0.00          |               | 0.00          | - 0,00        | . 0.00        | - 0,00        | - 0.00        |   |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2022 Fund Year 2022 Fund Year 2021 Fund Year 2020 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2016 Closed Fund Year-2017 Closed Fund Year-2019 Closed Fund Year-2019 Total Net Claim Payments Exp. & Cont. Charges FY 2025   | 1,352,328,65 17,216.11 358,268,58 151,436,30 178,586,90 86,282,26 87,329,00 879,119,78 2,098,823,21 2,8834,75  | 86.766.38<br>247.535.07<br>22.031.39<br>189.354.13<br>218.032.07<br>335.72   | 0,00          | 0.00          | 0.00          |               | - 0,00        | 0.00          | - 0.00        | - 0.00        |               |   |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments:  Fund Year 2024 Fund Year 2023 Fund Year 2022 Fund Year 2022 Fund Year 2021 Fund Year 2021 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2017 Closed Fund Year-2019 Closed Fund Year-2019 Exp. & Cont. Charges FY 2025 Exp. & Cont. Charges FY 2022 Exp. & Cont. Charges FY 2022 Exp. & Cont. Charges FY 2020 Closed Fund Year-201 Exp. & Cont. Charges FY 2020 Closed Fund Year   | 1,352,328,65<br>17,216,11<br>358,286,58<br>151,436,93<br>178,586,90<br>86,282,28<br>87,329,00<br>879,119,78<br>2,089,823,21<br>29,834,75<br>11,769,42  | 86,766,38<br>247,535,07<br>82,031,39<br>189,354,13<br>218,032,73<br>335,72<br>824,054,76<br>1,432,943,50<br>11,116,64<br>12,173,73   | 0.00          |               | 0.00          | - 000         | 0.00          | - 0.00        |               | - 0.00        |               |   |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2023 Fund Year 2021 Fund Year 2021 Fund Year 2021 Fund Year 2021 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2017 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2019 Exp. & Cont. Charges FY 2025 Exp. & Cont. Charges FY 2025 Exp. & Cont. Charges FY 2021 Exp. & Cont. Charges FY 2022 Exp. & Cont. Charges FY 2021 Exp. & Cont. Charges FY 2021 Exp. & Cont. Charges FY 2022 Exp. & Cont. Charges FY 2021 Exp. & Cont. Charges FY 2022   | 1,352,328,65 17,216.11 358,268,58 151,436,31 178,586,90 86,282,26 87,329,00 879,119,78 2,089,823,21 28,84,75 11,769,42   | 86,766.38<br>247,535.07<br>82,031.39<br>189,354.13<br>218,032,07<br>335.72<br>824,054.76<br>1,432,943.50<br>11,116.64<br>12,173.73   | - 000         |               | 0.00          |               | 0.00          | - 0,00        |               | - 0,00        | - 0.00        |   |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2022 Fund Year 2022 Fund Year 2021 Fund Year 2021 Fund Year 2021 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2017 Closed Fund Year-2019 Total Net Claim Payments Exp. & Admin Bill List Payments: Exp. & Cont. Charges Fy 2024 Exp. & Cont. Charges Fy 2024 Exp. & Cont. Charges Fy 2021 Exp. & Cont. Charges Fy 2020 Closed Fund Year INGS-ROUNDING Total Bill List Payments  Closed Fund Year Sing Round Year ROUNDING Total Bill List Payments  Light Year Adultor's Adjustments   | 1,352,328,65<br>17,216,11<br>358,286,58<br>151,436,93<br>178,586,90<br>86,282,28<br>87,329,00<br>879,119,78<br>2,089,823,21<br>29,834,75<br>11,769,42  | 86,766,38<br>247,535,07<br>82,031,39<br>189,354,13<br>218,032,73<br>335,72<br>824,054,76<br>1,432,943,50<br>11,116,64<br>12,173,73   | -             |               |               |               | - 0,00        |               | -             | -             |               | 0.6                                       |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments:  Fund Year 2024 Fund Year 2023 Fund Year 2022 Fund Year 2022 Fund Year 2021 Fund Year 2021 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2016 Closed Fund Year-2017 Closed Fund Year-2011 Closed Fund Year-2011 Closed Fund Year-2011 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2019 Exp. & Cont. Charges FY 2025 Exp. & Cont. Charges FY 2025 Exp. & Cont. Charges FY 2022 Exp. & Cont. Charges FY 2022 Exp. & Cont. Charges FY 2021 Exp. & Cont. Charges FY 2021 Exp. & Cont. Charges FY 2021 Closed Fund Year-2019 C | 1,352,328,65 17,216.11 358,268,58 151,436,31 178,586,90 86,282,26 87,329,00 879,119,78 2,089,823,21 28,84,75 11,769,42   | 86,766.38<br>247,535.07<br>82,031.39<br>189,354.13<br>218,032,07<br>335.72<br>824,054.76<br>1,432,943.50<br>11,116.64<br>12,173.73   | - 000         |               |               | -             | -             |               |               | -             |               | -   |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2023 Fund Year 2021 Closed Fund Year-2019 Closed Fund Year-2017 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2017 Closed Fund Year-2019 Total Net Cleim Payments: Exp. & Admin Bill List Payments: Exp. & Admin Bill List Payments: Exp. & Cont. Charges FY 2024 Exp. & Cont. Charges FY 2024 Exp. & Cont. Charges FY 2025 Exp. & Cont. Charges FY 2024 Exp. & Cont. Charges FY 2025 Exp. & Cont. Charges FY 2026 Exp. & Cont. | 1,352,328,65 17,216.11 358,268,58 151,436,30 178,586,90 86,282,26 87,329,00 879,119,78 2,089,823,21 2,98,347,75 11,769,42 11,769,42 (0.03) 2,131,427,35  | 86,766.38<br>247,535.07<br>82,031.39<br>189,354.13<br>218,032,07<br>335.72<br>824,054.76<br>1,432,943.50<br>11,116.64<br>12,173.73<br>3.623.00<br>(0,17)<br>1,459,856.70                                       |               |               |               |               |               |               |               |               |               |   |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2023 Fund Year 2021 Closed Fund Year-2019 Closed Fund Year-2017 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2017 Closed Fund Year-2019 Total Net Claim Payments: Exp. & Admin Bil List Payments: Exp. & Cont. Charges Fy 2024 Exp. & Cont. Charges Fy 2020 Closed Fund Year MISC. ROUNDING Total Bill List Payments:  Auditor's Adjustments  TOTAL DISBURSEMENTS:  Closing Balance for the Periods: INVESTORS  | 1,352,328,65 17,216.11 358,268,58 151,436,30 178,586,90 86,282,26 87,329,00 879,119,78 2,089,823,21 2,98,347,75 11,769,42 11,769,42 (0.03) 2,131,427,35  | 86,766.38<br>247,535.07<br>82,031.39<br>189,354.13<br>218,032,07<br>335.72<br>824,054.76<br>1,432,943.50<br>11,116.64<br>12,173.73<br>3.623.00<br>(0,17)<br>1,459,856.70                                       |               |               |               |               |               |               |               |               |               |   |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2022 Fund Year 2022 Fund Year 2021 Closed Fund Year-2019 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2017 Closed Fund Year-2011 Closed Fund Year-2011 Closed Fund Year-2011 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2019 Exp. & Cont. Charges FY 2025 Exp. & Cont. Charges FY 2025 Exp. & Cont. Charges FY 2022 Exp. & Cont. Charges FY 2022 Exp. & Cont. Charges FY 2021 Exp. & Cont. Charges FY  | 1,352,328,65<br>17,216,11<br>358,286,58<br>151,436,93<br>178,586,90<br>86,282,28<br>87,329,00<br>879,119,78<br>2,089,823,21<br>29,834,75<br>11,769,42<br>(0,03)<br>2,131,427,35<br>3,010,547,13<br>47,321,868,53   | 86.766.38 247.535.07 82.031.39 189.354.13 218.032.73 335.72  824.054.76  1.432.943.50 11.116.64 12.173.73  3.623.00 (0.17) 1.459.856.70 2.283.911.46 49.540,465.85   |               |               |               |               |               |               |               |               |               |   |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2021 Fund Year 2022 Fund Year 2021 Closed Fund Year-2019 Closed Fund Year-2017 Closed Fund Year-2017 Closed Fund Year-2016 Closed Fund Year-2017 Closed Fund Year-2019 Total Net Cleim Payments: Exp. & Admin Bil List Payments: Exp. & Admin Bil List Payments: Exp. & Cont. Charges FY 2024 Exp. & Cont. Charges FY 2024 Exp. & Cont. Charges FY 2024 Exp. & Cont. Charges FY 2025 Exp. & Cont. Charges FY 2026 Exp. & Cont. C | 1,352,328,65  17,216.11 358,268,58 151,436,33 178,586,90 86,282,26  87,329,00 679,119,78 2,089,823,21 2,983,475 11,769,42 11,769,42 11,769,42 11,769,42 11,769,42 11,769,42 11,769,42 11,769,42 11,769,42 11,769,42 11,769,42  | 86,766.38 247,535.07 82,031.39 189,354.13 218,032,07 335.72  824,054.76  1,432,943.50 11,116.64 12,173.73 3.623.00 (0,17) 1,459,856.70 2,283,911.46 49,540,465.85  |               |               |               |               |               |               |               |               |               |   |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2022 Fund Year 2022 Fund Year 2021 Closed Fund Year-2019 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2017 Closed Fund Year-2019 Total Net Claim Payments Exp. & Admin Bil List Payments: Exp. & Cont. Charges FY 2024 Exp. & Cont. Charg | 1,352,328,65  17,216.11 358,268,58 151,436,39 178,586,90 86,282,26  87,329,00 879,119,78 2,089,823,21 2,98,847,5 11,769,42  11,769,42  (0.03) 2,131,427,35 3,010,547,13 47,321,868,53  (2,109,867,73) 336,499,60 61,930,60   | 86,766.38 247,535.07 82,031.39 189,354.13 218,032.07 335.72  824,054.76  1,432,943.50 11,116.64 12,173.73 3.623.00 (0.17) 1,459,856.70 2,283,911.46 49,540,465.85  |               |               |               |               |               |               |               |               |               |   |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2023 Fund Year 2023 Fund Year 2022 Fund Year 2022 Fund Year 2021 Closed Fund Year-2019 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2017 Closed Fund Year-2019 Closed Fund Year-2019 Exp. & Cont. Charges FY 2025 Exp. & Cont. Charges FY 2025 Exp. & Cont. Charges FY 2022 Exp. & Cont. Charges FY 2021 Ex | 1,352,328,65<br>17,216,11<br>358,286,58<br>151,436,93<br>178,586,90<br>86,282,28<br>87,329,00<br>879,119,78<br>2,089,823,21<br>29,834,75<br>11,769,42<br>(0,03)<br>21,31,427,35<br>3,010,547,13<br>47,321,868,53   | 86,766,38 247,535,07 2(2031,39 189,354,13 218,032,73 335,72  824,054,76  1,432,943,50 11,116,84 12,173,73  3,623,00 (0,17) 1,459,850,70 2,283,911,46 49,540,465,85   |               |               |               |               |               |               |               |               |               | - Q ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2024 Fund Year 2023 Fund Year 2022 Fund Year 2022 Fund Year 2021 Fund Year 2022 Fund Year 2021 Fund Year 2021 Fund Year 2021 Fund Year 2021 Closed Fund Year-2019 Closed Fund Year-2017 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2017 Closed Fund Year-2019 Total Net Cleim Payments: Exp. & Admin Bill List Payments: Exp. & Cont. Charges FY 2024 Exp. & Cont. Charges FY 2025 Closed Fund Year MISC. ROUNDING Total Bill List Payments:  Auditor's Adjustments  TOTAL DISBURSEMENTS:  Closing Balance for the Period: INVESTORS Account Net Cash Change During the Period: Loss Account Investment Account Veetalth Management Account Veetalth Management Account INVESTMENT.J.CMI Exp. & Cont. Eless Account Exp. & Cont. Eless Account INVESTMENT.J.CMI Exp. & Cont. Eless Account Exp. & Cont. Eless Account INVESTMENT.J.CMI Exp. & Cont. Eless Account Exp. & Cont. Eless Account INVESTMENT.J.CMI Exp. & Cont. Eless Account Investment Account Investment Account Investment Account Investment Account   | 1,352,328,65  17,216.11 358,268,58 151,436,39 178,586,90 86,282,26  87,329,00 679,119,78 2,089,823,21 2,98,34,75 11,769,42 | 86,766.38 247,535.07 82,031.39 189,354.13 218,032.07 335.72  824,054.76  1,432,943.50 11,116.84 12,173.73 3.623.00 (0.17) 1,459,856.70 2,283,911.46 49,540,465.85 2,335,065.77 20,777.80 18,784.01 (81,975.59) |               |               |               |               |               |               |               |               |               | 0.00                                      |
| TOTAL GRAND RECEIPTS  DISBURSEMENTS: Net Claim Payments: Fund Year 2023 Fund Year 2023 Fund Year 2022 Fund Year 2022 Fund Year 2021 Fund Year 2022 Fund Year 2021 Fund Year 2020 Closed Fund Year-2019 Closed Fund Year-2019 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2016 Closed Fund Year-2017 Closed Fund Year-2019 Closed Fund Year-2019 Exp. & Admin Bill List Payments Exp. & Admin Bill List Payments Exp. & Cont. Charges FY 2025 Exp. & Cont. Charges FY 2022 Exp. & Cont. Charges FY 2022 Exp. & Cont. Charges FY 2021 Exp. & Cont | 1,352,328,65  17,216,11 358,286,58 151,436,93 178,586,90 86,282,28  87,329,00 879,119,78 2,089,823,21 29,834,75 11,769,42  (0,03) 2,131,427,35 3,010,547,13 47,321,868,53 336,499,60 61,930,05 66,019,39   | 86,766.38 247,535.07 82,031.39 189,354.13 218,032.07 335.72  824,054.76  1,432,943.50 11,116.64 12,173.73 3.623.00 (0.17) 1,459,856.70 2,283,911.46 49,540,465.85  |               |               |               |               |               |               |               |               |               |   |

## AELCF REVISED FYE 2023

| FY2024              |                        |
|---------------------|------------------------|
|                     |                        |
| AELCF:              | 1/31/202               |
| MEMBERS             |                        |
| BUENA VISTA TWP     | \$ (0.00               |
| CORBIN CITY         | \$ 878.00              |
| EGG HARBOR CITY     | \$ 43,908.11           |
| EGG HARBOR TOWNSHIP | \$ 143,563.00          |
| Hamilton Township   | \$ 2,011.62            |
| Hammonton           | \$ 231,959.00          |
| Lower Township      | \$ 0.00                |
| Middle Township     | \$ 180,840.17          |
| Mullica Township    | \$ 28,953.08           |
| Northfield          | \$ 115,129.92          |
| Pleasantville       | \$ 12.21               |
| Port Republic       | \$ 0.00<br>\$ 9,824.62 |
| Stone Harbor        |                        |
| Upper Deerfield     | \$ 76,826.40           |
| Upper Township      | \$ 220,157.61          |
| Waterford           | \$ 35,660.80           |
|                     | \$1,089,724.54         |
|                     |                        |
|                     |                        |