

**MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND**

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**BULLETIN MEL 22-17**

**Date:** January 1, 2022  
**To:** Fund Commissioners of the Municipal Excess Liability Joint Insurance Fund  
**From:** Underwriting Manager, Conner Strong & Buckelew  
**Re:** Excess Workers Compensation Coverage – Use of Aircraft for Municipal Business

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**This bulletin does not apply to the Board of Education members of the Suburban Metro JIF.**

This is an annual reminder that due to the requirements set by the MEL excess workers compensation insurer, in order for workers compensation coverage to apply for bodily injury or death to an employee, volunteer or public official for the following exposures, the JIF must be notified and the attached application must be completed and submitted for coverage consideration prior to the actual use of the aircraft. If approved for coverage there will be an additional assessment.

The “aircraft related” exposures affected by this requirement is when an employee entering into, alighting from or riding in any aircraft that is owned, leased, chartered or operated by the Member Entity or Member Entity’s employee, volunteer, or public official.

If you have any questions, please contact your Risk Management Consultant, JIF Executive Director or the Underwriting Manager.

**This bulletin is for information purposes only. It is not intended to be all-inclusive, but merely an overview. It does not alter, amend or change your coverage. Please refer to specific policies for limits, terms, conditions and exclusions.**

cc: Risk Management Consultants  
Fund Professionals  
Fund Executive Directors

# Municipal Excess Liability JIF

## AIRCRAFT APPLICATION

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YOU ARE:  INDIVIDUAL  CORPORATION  PARTNERSHIP  OTHER, EXPLAIN \_\_\_\_\_

YOUR BUSINESS IS: \_\_\_\_\_

YOUR PRESENT AIRCRAFT INSURANCE COMPANY IS: \_\_\_\_\_ POLICY EXPIRES: \_\_\_\_\_

HAS APPLICANT HAD ANY ACCIDENTS OR INCIDENTS?  NO  YES (IF YES, EXPLAIN ON REVERSE)

HAS ANY INSURER CANCELLED OR REFUSED TO RENEW ANY AVIATION INSURANCE FOR YOU OR ANY OF YOUR PILOTS?  NO  YES (IF YES, EXPLAIN ON REVERSE)

### AIRCRAFT INFORMATION

YEAR \_\_\_\_\_ MAKE AND MODEL \_\_\_\_\_ FAA "N" No. \_\_\_\_\_ CAPACITY: PASS. \_\_\_\_\_ CREW: \_\_\_\_\_

NO. OF ENGINES \_\_\_\_\_

STANDARD AIRWORTHINESS CATEGORY  NO  YES IS AIRCRAFT EQUIPPED WITH ANY MODIFICATIONS NOT PROVIDED BY MANUFACTURER (STOL KIT, PERFORMANCE DEVICES, ETC.)  NO  YES. IF YES, EXPLAIN: \_\_\_\_\_

AIRCRAFT IS A LANDPLANE  NO  YES (IF NO, DESCRIBE) \_\_\_\_\_ IS IT USUALLY HANGARED?  NO  YES

AIRCRAFT IS USUALLY BASED AT \_\_\_\_\_

PURCHASE DATE \_\_\_\_\_ PURCHASE PRICE (WITH EQUIPMENT) \_\_\_\_\_ CURRENT VALUE: \$ \_\_\_\_\_

ENGINE HOURS SINGLE \_\_\_\_\_ TWIN (L) \_\_\_\_\_ (R) \_\_\_\_\_ AIRFRAME HOURS \_\_\_\_\_

### EXPLAIN YES ANSWERS ON REVERSE SIDE OF APPLICATION

WILL ANY CHARGE (OTHER THAN OPERATING EXPENSES) BE MADE FOR THE USE OF THE AIRCRAFT?  NO  YES

WILL THE AIRCRAFT BE USED FOR ANYTHING OTHER THAN TRANSPORTING PEOPLE?  NO  YES

WILL THE AIRCRAFT BE USED ANYPLACE OTHER THAN AT PAVED RUNWAY AIRPORTS?  NO  YES

WILL THE AIRCRAFT BE USED OUTSIDE THE CONTINENTAL UNITED STATES?  NO  YES

DO YOU OWN OR EXCLUSIVELY LEASE ANY OTHER AIRCRAFT?  NO  YES

DO YOU USE NON-OWNED AIRCRAFT?  NO  YES

WILL THE AIRCRAFT BE USED FOR STUDENT OR PILOT INSTRUCTION?  NO  YES

NAME OF INSTRUCTOR \_\_\_\_\_ FLIGHT SCHOOL \_\_\_\_\_

**PILOT INFORMATION DATA REQUIRED ON ALL PILOTS WHO WILL OPERATE THE AIRCRAFT**

**PILOT No. 1**

NAME \_\_\_\_\_  
 BIRTH DATE \_\_\_\_\_ SOC. SEC. No. \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_  
 YEAR LEARNED TO FLY \_\_\_\_\_ LAST MEDICAL \_\_\_\_\_  
 LAST BFR \_\_\_\_\_ IN MAKE/MODEL A/C \_\_\_\_\_  
 FAA PILOT CERTIFICATES HELD  STU.  PVT.  COMM.  
 ATP  CFI  \_\_\_\_\_  
 PILOT-IN-COMMAND HOURS \_\_\_\_\_

**PILOT No.2**

NAME \_\_\_\_\_  
 BIRTH DATE \_\_\_\_\_ SOC. SEC. No. \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_  
 YEAR LEARNED TO FLY \_\_\_\_\_ LAST MEDICAL \_\_\_\_\_  
 LAST BFR \_\_\_\_\_ IN MAKE/MODEL A/C \_\_\_\_\_  
 FAA PILOT CERTIFICATES HELD  STU.  PVT.  COMM.  
 ATP  CFI  \_\_\_\_\_  
 PILOT-IN-COMMAND HOURS \_\_\_\_\_

ALL AIRCRAFT			THIS MAKE & MODEL			
TOTAL	LAST 12 Mo.	LAST 90 DAYS	TOTAL	LAST 90 DAYS	S.E. RET. GR.	MULTI-ENGINE

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HELICOPTERS			SEAPLANES		
TOTAL JET	TOTAL TURBO PROP	PISTON TOTAL	TURBINE TOTAL	S/E TOTAL	MULTI ENG. TOTAL

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RECURRENT/TRANSITION COURSES: DESCRIBE & GIVE DATES OF LAST COURSES ATTENDED

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- CURRENT FSI PRO CARD OR SIMUFLITE CARD \_\_\_\_\_
- FAA PILOT PROFICIENCY AWARD PROGRAM PARTICIPANT? \_\_\_\_\_

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IF "YES", WHAT PHASE HAVE YOU COMPLETED? \_\_\_\_\_

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FOR WHAT TYPE AIRCRAFT? \_\_\_\_\_

FOR WHAT TYPE AIRCRAFT? \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_

**EXPLAIN EACH "YES" ANSWER – WITH RESPECT TO EACH PILOT**

AS PILOT, ANY INCIDENTS, ACCIDENTS; ANY CITATIONS FOR FAR VIOLATIONS OR LICENSE LIMITATIONS:

**PILOT NO. 1**

**PILOT NO. 2**

No  YES

No  YES

ANY PHYSICAL IMPAIRMENTS OR LIMITATIONS OR WAIVERS ON MEDICAL CERTIFICATE?

No  YES

No  YES

ANY FELONY CONVICTIONS OR LICENSE SUSPENSIONS ARISING OUT OF OPERATION OF A MOTOR VEHICLE?

No  YES

No  YES

ANY ARRESTS FOR OPERATION OF A MOTOR VEHICLE RECKLESSLY OR UNDER INFLUENCE OF ALCOHOL OR DRUGS?

No  YES

No  YES

WILL ANYONE, OTHER THAN YOU OR THE PILOTS SHOWN ABOVE, USE YOUR AIRCRAFT?

No  YES

No  YES

**AIRCRAFT OWNERSHIP**

I DO NOT OWN THE AIRCRAFT BY MYSELF

NAMES AND ADDRESSES OF:

CO-OWNER(S)

MORTGAGEE(S)

LESSOR(S)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT OF ANY LIEN OR LOAN, EXCLUDING INTEREST AND/OR FINANCE CHARGES \$ \_\_\_\_\_

DOES YOUR LIEN HOLDER REQUIRE LIEN HOLDER'S INTEREST INSURANCE (BREACH OF WARRANTY)?  No  Yes

**INDICATE THE COVERAGES DESIRED.**

**COVERAGE**

**LIMITS OF COVERAGE**

COMBINED LIABILITY COVERAGE FOR

BODILY INJURY & PROPERTY DAMAGE

\$

EACH OCCURRENCE

MEDICAL COVERAGE

\$

EACH PERSON

AIRCRAFT PHYSICAL \$

\$

DAMAGE COVERAGE NOT IN MOTION DEDUCTIBLE \$

IN MOTION DEDUCTIBLE: \$

LIMIT \$

**USE THIS SPACE FOR ANSWERING QUESTIONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/WE AUTHORIZE THE FOLLOWING AGENT/BROKER TO REPRESENT ME/US IN THE PLACING OF THIS INSURANCE: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT \_\_\_\_\_