

**RESOLUTION 22-
AUTHORIZING PAYMENT OF BILLS**

Commissioner offered the following Resolution and moved its adoption:

WHEREAS, the Monmouth County Improvement Authority has incurred the following expenses in the normal course of its Authority business, and

WHEREAS, payments to the vendors listed below, and in the amounts set forth are lawfully due to the said vendors and are listed herein pursuant to the invoices/vouchers properly executed and reviewed by the "Authority", and

WHEREAS, the services rendered or the material supplied, as the case may be, has been lawfully received and accepted by the "Authority."

NOW, THEREFORE, BE IT RESOLVED by the Monmouth County Improvement Authority that the following bills be and are hereby approved for payment and that the Chairman and Treasurer or duly authorized persons be and are hereby directed and authorized to sign checks in these amounts and to forward same to the listed vendors.

<u>VENDORS</u>	<u>AMOUNT</u>
NJ Casualty Ins. Co. (Worker's Comp)	452.00
Selective Insurance (Liability Ins)	753.00
NJ Advance Media (legal ad)	23.25
TOTAL AMOUNT DUE:	\$1,229.25

Seconded by Commissioner and adopted by the following roll call vote:

AYES:

NAYS:

ABSTAIN:

ABSENT:

I hereby certify the above to be a true copy of a Resolution adopted by the Monmouth County Improvement Authority at a meeting held on January 13, 2022

DATE 01/04/2022

To: Monmouth County Improvement Au
PO Box 1255
Freehold NJ 07728

Copy To: CONNELLY-CAMPIO
704 BELMAR PLZ
BELMAR NJ 07719

RENEWAL QUOTATION – NEW JERSEY WORKERS’ COMPENSATION INSURANCE PLAN

Name of Insured Monmouth County Improvement Authority

M63911-2-21	02/18/2022	\$452	02/13/2022	QQ249827318
EXPIRING POLICY NUMBER	EXPIRATION DATE	DEPOSIT PREMIUM	DUE DATE	QUOTATION NUMBER

The captioned Workers’ Compensation policy will expire at 12:01 A.M. on 02/18/2022. If required, a renewal will be issued provided the deposit premium is received in this office prior to the due date. Kindly detach the bottom portion of the enclosed form and return with your payment in the envelope provided. Please note that we do not sign or participate in premium finance arrangements.

IMPORTANT

NO FURTHER REQUESTS WILL BE SENT FOR THE DEPOSIT PREMIUM QUOTED ABOVE AND NO POLICY WILL BE ISSUED UNLESS THE FULL DEPOSIT PREMIUM IS PAID. PLEASE BE GUIDED ACCORDINGLY.

DEVELOPMENT OF RENEWAL QUOTATION PREMIUM			
CLASS CODE	PREMIUM BASIS	MANUAL RATE	ESTIMATED ANNUAL PREMIUM
8810	65,960	0.17	112
Increased Limits – Part Two \$500,000/\$500,000/\$500,000			100
Total Premium Subject to the Experience Modification			212
Premium Modified to Reflect Experience Modification of		INAPPLICABLE	212
Total Estimated Standard Premium			212
Other Adjustments			
PPAP Factor : 20%	Premium \$42		42
Expense Constant			160
Terrorism charge (TRIA) \$20	Catastrophe Charge (OCAT) \$7		27
Second Injury Fund Surcharge	5.33%		11
Uninsured Employers Fund Surcharge	0.00%		0
Total Estimated Cost			\$452
			Deposit
			\$452

↑
Please Remit This Amount



Your account details

Commercial Package, Policy S 1457936, Effective 01/30/2022
MONMOUTH COUNTY IMPROVEMENT AUTHORITY

TRANSACTION DATE	DESCRIPTION	AMOUNT
01/10/2022	Current policy balance	\$753.00
	Minimum payment	\$753.00

The NJ surcharge of \$4.00 is included in the above minimum payment.

Payment information

- When you provide a check as payment, you authorize us to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.
- If two or more installment payments are late in a policy term, the full outstanding balance may be required for the policy to remain in effect or to reinstate coverage. You can avoid this action by making installment payments by the due date. Any payments that are not received by the due date may be subject to a late fee, which will appear on your next bill.
- In the event a notice of cancellation is issued, it will be sent to you separately. The amount on the cancellation notice must be satisfied by the specified date in order to prevent your policy from being cancelled.



PAYMENTS FASTER THAN YOU CAN STICK A STAMP


Enjoy the convenience of
online payments with
MySelective:


- Sign up for Automatic Payments
- View payment activity
- Access important policy info
- And more


**Don't hesitate. Activate
your MySelective online
account at Selective.com**

PAGE 2 OF 2

Ways to pay

 www.selective.com

 800-735-3284

 To pay by check, complete the reverse side and return this portion with your payment in the enclosed envelope. Please make your check payable to Selective and include your account number on your check.

SELECTIVE
INSURANCE®

SELECTIVE INSURANCE COMPANY OF AMERICA
BOX 371468
PITTSBURGH, PA 15250-7468



PO Box 2168
Grand Rapids, MI 49501-2168

1 Billing Period 12/01/2021 - 12/31/2021		2 Client Name MONMOUTH COUNTY IMPROVEMENT AUTHORITY		
3 Billing Date 12/31/2021	4 Client Account # 1000953249	5 Billed Account # 1000953249		
6 Total Amount Due \$23.25	7 * Unapplied Amount \$0.00	8 Terms of Payment Upon Receipt		9 Page 1
10 Current Period \$23.25	11 30 Days \$0.00	11 60 Days \$0.00	11 90 Days \$0.00	

Invoice
Invoice # 0002821263
Business Unit: 10100

M

MONMOUTH COUNTY IMPROVEMENT
AUTHORITY, MARION MASNICK
HALL OF RECORDS
1 EAST MAIN STREET
FREEHOLD, NJ 07728

Customer Service Inquiries: 1-877-313-2472

NJAM-invoicesupport@advancelocal.com

12 Date	13 Order #	14 Product	15 PO/Description	16 Times	17 Units	18 Rate	19 Amount
12/07	0010182580	Star Ledger	Public Notices/Public Meet Meeting notice	1	15 L		23.25

PLEASE DETACH AND RETURN LOWER PORTION WITH YOUR REMITTANCE



Invoice
Invoice # 0002821263
Business Unit: 10100

1 Billing Period 12/01/2021 - 12/31/2021		2 Client Name MONMOUTH COUNTY IMPROVEMENT AUTHORITY		
3 Billing Date 12/31/2021	4 Client Account # 1000953249	5 Billed Account # 1000953249		
6 Total Amount Due \$23.25	7 * Unapplied Amount \$0.00	8 Terms of Payment Upon Receipt		9 Page 1
10 Current Period \$23.25	11 30 Days \$0.00	11 60 Days \$0.00	11 90 Days \$0.00	



20 REMIT TO:

MONMOUTH COUNTY IMPROVEMENT
AUTHORITY, MARION MASNICK
HALL OF RECORDS
1 EAST MAIN STREET
FREEHOLD, NJ 07728

NJ Advance Media
Dept 77571
PO Box 77000
Detroit MI 48277-0571

Amount Paid: _____

Check # _____

10100 0000001000953249 0000001000953249 0000002325 0002821263 0