

Garden State Municipal Joint Insurance Fund - GSMJIF

PMA Companies Payments Over SIR - Checks Issued 09/01/19 to 10/01/19

AL / GL / PL

CITY OF ENGLEWOOD 8771339

Pol Yr	Full Claim Number	Last Name	First Name	SIR	Claim Total Paid	Request Date	Tax ID	Payee	Payment Amount
08	L250801288-1-71-00	BAILEY (ESTATE)	REGINA	0	182,909.61	09/03/19	205538403	DVORAK & ASSOCIATES LLC	3,026.25
08	L250801288-1-71-00	BAILEY (ESTATE)	REGINA	0	182,909.61	09/03/19	205538403	DVORAK & ASSOCIATES LLC	495.00
									3,521.25

Claim Types: Auto (Pol Sym 19 excluding LL 12-15); GL (Pol Sym 38); Prof Liab (Pol Sym 69)

Note: Claim totals shown reflect multiple loss lines under one claim number where applicable.

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Account Summary

Property / Automobile Physical Damage

Account Name	Account Number	Payment Amount

AL / GL / PL

Account Name	Account Number	Payment Amount
CITY OF ENGLEWOOD	8771339	3,521.25
		3,521.25

Property /Automobile Physical Damage includes policy symbol 89, and policy symbol 19 with loss lines 12-15

AL/GL/PL includes policy symbol 19 excluding LL 12-15, policy symbol 38 and policy symbol 69

Note: Claim totals shown reflect multiple loss lines under one claim number where applicable.

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Property / Automobile Physical Damage

Pol Yr	Full Claim Number	Last Name	First Name	SIR	Claim Total Paid	Request Date	Tax ID	Payee	Payment Amount

Claim Types: All Property (Pol Sym 89) and Auto (Pol Sym 19; Loss Lines 12-15)

Note: Claim totals shown reflect multiple loss lines under one claim number where applicable.

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Workers' Compensation Claims

BERKELEY TOWNSHIP 0345629

Pol Yr	Claim Number	Full Name	SIR	Claim Total Paid	Tax ID	Payee	Loss Line	Request Date	Payment Amt
08	W880831246	SMITH, JOSEPH	25,000	130,083.69	000000000	JOSEPH SMITH	Indemnity	09/26/19	9,350.75
08	W880831246	SMITH, JOSEPH	25,000	130,083.69	810614050	FRANK S SALZER ESQ	Indemnity	09/26/19	2,363.00
08	W880831246	SMITH, JOSEPH	25,000	130,083.69	810614050	FRANK S SALZER ESQ	Indemnity	09/26/19	1,189.00
08	W880831246	SMITH, JOSEPH	25,000	130,083.69	000000000	JOSEPH SMITH	Indemnity	09/26/19	4,452.00
									17,354.75

CITY OF RAHWAY 1236736

Pol Yr	Claim Number	Full Name	SIR	Claim Total Paid	Tax ID	Payee	Loss Line	Request Date	Payment Amt
06	W890600813	D'ERRICO, FRANK	25,000	204,543.08	000000000	BILL REVIEW FEE	Expense	09/04/19	4.00
06	W890600813	D'ERRICO, FRANK	25,000	204,543.08	000000000	BILL REVIEW FEE	Expense	09/04/19	4.00
06	W890600813	D'ERRICO, FRANK	25,000	204,543.08	431420563	EXPRESS SCRIPTS INC	Medical	09/04/19	14.82
06	W890600813	D'ERRICO, FRANK	25,000	204,543.08	431420563	EXPRESS SCRIPTS INC	Medical	09/04/19	196.13
06	W890600813	D'ERRICO, FRANK	25,000	204,543.08	431420563	EXPRESS SCRIPTS INC	Medical	09/25/19	359.14
06	W890600813	D'ERRICO, FRANK	25,000	204,543.08	431420563	EXPRESS SCRIPTS INC	Medical	09/25/19	15.12
06	W890600813	D'ERRICO, FRANK	25,000	204,543.08	000000000	BILL REVIEW FEE	Expense	09/25/19	4.00
06	W890600813	D'ERRICO, FRANK	25,000	204,543.08	000000000	BILL REVIEW FEE	Expense	09/25/19	4.00
09	W880946532	EASTMAN, ROY	25,000	160,963.46	000000000	BILL REVIEW FEE	Expense	09/04/19	4.00
09	W880946532	EASTMAN, ROY	25,000	160,963.46	431420563	EXPRESS SCRIPTS INC	Medical	09/04/19	42.89
09	W880946532	EASTMAN, ROY	25,000	160,963.46	000000000	BILL REVIEW FEE	Expense	09/11/19	4.00
09	W880946532	EASTMAN, ROY	25,000	160,963.46	431420563	EXPRESS SCRIPTS INC	Medical	09/11/19	37.82
09	W880946532	EASTMAN, ROY	25,000	160,963.46	953327434	GENEX SERVICES	Expense	09/17/19	970.00
09	W880946532	EASTMAN, ROY	25,000	160,963.46	000000000	BILL REVIEW FEE	Expense	09/18/19	4.00
09	W880946532	EASTMAN, ROY	25,000	160,963.46	431420563	EXPRESS SCRIPTS INC	Medical	09/18/19	163.25
09	W880946532	EASTMAN, ROY	25,000	160,963.46	000000000	BILL REVIEW FEE	Expense	09/20/19	25.92
09	W880946532	EASTMAN, ROY	25,000	160,963.46	222429054	UNION COUNTRY ORTHOPAEDIC GROUP	Medical	09/20/19	84.00
09	W880946532	EASTMAN, ROY	25,000	160,963.46	000000000	BILL REVIEW FEE	Expense	09/22/19	4.00
09	W880946532	EASTMAN, ROY	25,000	160,963.46	223218521	ONE CALL MEDICAL INC	Medical	09/27/19	75.00
09	W880946532	EASTMAN, ROY	25,000	160,963.46	000000000	BILL REVIEW FEE	Expense	09/27/19	9.84
09	W880946532	EASTMAN, ROY	25,000	160,963.46	000000000	BILL REVIEW FEE	Expense	09/29/19	4.00
									2,029.93

EWING TOWNSHIP 8769580

Pol Yr	Claim Number	Full Name	SIR	Claim Total Paid	Tax ID	Payee	Loss Line	Request Date	Payment Amt
11	W000217931	HOLT, TIMOTHY	25,000	365,036.23	000000000	BILL REVIEW FEE	Expense	09/01/19	4.00
11	W000217931	HOLT, TIMOTHY	25,000	365,036.23	000000000	BILL REVIEW FEE	Expense	09/04/19	4.00
11	W000217931	HOLT, TIMOTHY	25,000	365,036.23	431420563	EXPRESS SCRIPTS INC	Medical	09/04/19	18.98
11	W000217931	HOLT, TIMOTHY	25,000	365,036.23	431420563	EXPRESS SCRIPTS INC	Medical	09/18/19	26.85
11	W000217931	HOLT, TIMOTHY	25,000	365,036.23	000000000	BILL REVIEW FEE	Expense	09/18/19	4.00
11	W000217931	HOLT, TIMOTHY	25,000	365,036.23	000000000	BILL REVIEW FEE	Expense	09/25/19	4.00

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Workers' Compensation Claims

EWING TOWNSHIP 8769580

Pol Yr	Claim Number	Full Name	SIR	Claim Total Paid	Tax ID	Payee	Loss Line	Request Date	Payment Amt
11	W000217931	HOLT, TIMOTHY	25,000	365,036.23	431420563	EXPRESS SCRIPTS INC	Medical	09/25/19	578.36
11	W000217931	HOLT, TIMOTHY	25,000	365,036.23	273356283	XENON HEALTH PC	Medical	09/27/19	5,500.00
11	W000217931	HOLT, TIMOTHY	25,000	365,036.23	000000000	BILL REVIEW FEE	Expense	09/29/19	4.00
									6,144.19

FANWOOD BOROUGH 2499465

Pol Yr	Claim Number	Full Name	SIR	Claim Total Paid	Tax ID	Payee	Loss Line	Request Date	Payment Amt
10	W000054582	SCHILLING, MICHAEL	0	167,761.50	000000000	BILL REVIEW FEE	Expense	09/04/19	4.00
10	W000054582	SCHILLING, MICHAEL	0	167,761.50	000000000	BILL REVIEW FEE	Expense	09/04/19	4.00
10	W000054582	SCHILLING, MICHAEL	0	167,761.50	431420563	EXPRESS SCRIPTS INC	Medical	09/04/19	1.65
10	W000054582	SCHILLING, MICHAEL	0	167,761.50	431420563	EXPRESS SCRIPTS INC	Medical	09/04/19	41.98
10	W000054582	SCHILLING, MICHAEL	0	167,761.50	000000000	BILL REVIEW FEE	Expense	09/11/19	4.00
10	W000054582	SCHILLING, MICHAEL	0	167,761.50	431420563	EXPRESS SCRIPTS INC	Medical	09/11/19	11.81
10	W000054582	SCHILLING, MICHAEL	0	167,761.50	000000000	FANWOOD BOROUGH	Indemnity	09/18/19	3,176.00
10	W000054582	SCHILLING, MICHAEL	0	167,761.50	800197267	MSC GROUP INC	Medical	09/20/19	786.37
10	W000054582	SCHILLING, MICHAEL	0	167,761.50	000000000	BILL REVIEW FEE	Expense	09/22/19	4.00
10	W000054582	SCHILLING, MICHAEL	0	167,761.50	431420563	EXPRESS SCRIPTS INC	Medical	09/25/19	11.76
10	W000054582	SCHILLING, MICHAEL	0	167,761.50	000000000	BILL REVIEW FEE	Expense	09/25/19	4.00
10	W000054582	SCHILLING, MICHAEL	0	167,761.50	000000000	BILL REVIEW FEE	Expense	09/27/19	625.04
10	W000054582	SCHILLING, MICHAEL	0	167,761.50	223651945	SHREWBURY SURGERY CENT	Medical	09/27/19	19,653.75
10	W000054582	SCHILLING, MICHAEL	0	167,761.50	000000000	BILL REVIEW FEE	Expense	09/29/19	4.00
10	W000054582	SCHILLING, MICHAEL	0	167,761.50	000000000	FANWOOD BOROUGH	Indemnity	09/30/19	1,588.00
									25,920.36

HAMILTON TOWNSHIP 3389434

Pol Yr	Claim Number	Full Name	SIR	Claim Total Paid	Tax ID	Payee	Loss Line	Request Date	Payment Amt
04	W880424880	MANFREDI JR, FRANCES	100,000	368,737.47	431420563	EXPRESS SCRIPTS INC	Medical	09/04/19	289.50
04	W880424880	MANFREDI JR, FRANCES	100,000	368,737.47	000000000	BILL REVIEW FEE	Expense	09/04/19	4.00
04	W880424880	MANFREDI JR, FRANCES	100,000	368,737.47	000000000	BILL REVIEW FEE	Expense	09/11/19	4.00
04	W880424880	MANFREDI JR, FRANCES	100,000	368,737.47	431420563	EXPRESS SCRIPTS INC	Medical	09/11/19	229.07
06	W880636065	MANFREDI JR, FRANCES	25,000	138,908.56	000000000	FRANCESCO MANFREDI JR	Indemnity	09/26/19	746.72
									1,273.29

HOWELL TOWNSHIP 8769648

Pol Yr	Claim Number	Full Name	SIR	Claim Total Paid	Tax ID	Payee	Loss Line	Request Date	Payment Amt
06	W880607115	REIHING, THOMAS	25,000	149,282.65	000000000	THOMAS REIHING	Indemnity	09/13/19	10,944.00
06	W880607115	REIHING, THOMAS	25,000	149,282.65	223403350	ROBERT A OLKOWITZ PC	Indemnity	09/13/19	4,056.00
06	W880607115	REIHING, THOMAS	25,000	149,282.65	221500366	J H BUEHRER & ASSOCIATES	Expense	09/13/19	90.00
06	W880607115	REIHING, THOMAS	25,000	149,282.65	221908951	CAPEHART & SCATCHARD PA	Expense	09/24/19	736.00
06	W880607115	REIHING, THOMAS	25,000	149,282.65	020433294	BOTTOMLINE TECHNOLOGIES	Expense	09/25/19	15.20

10/01/19

Note: For accounts with SIR > \$0, report will include any payments that went toward claim reaching SIR during this month.

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Workers' Compensation Claims

HOWELL TOWNSHIP 8769648

Pol Yr	Claim Number	Full Name	SIR	Claim Total Paid	Tax ID	Payee	Loss Line	Request Date	Payment Amt
06	W880617415	APARIN, PETER	25,000	146,918.47	000000000	BILL REVIEW FEE	Expense	09/06/19	31.17
06	W880617415	APARIN, PETER	25,000	146,918.47	223722118	CMN OCCUPATIONAL MEDICINE	Medical	09/06/19	1,558.40
06	W880617415	APARIN, PETER	25,000	146,918.47	000000000	BILL REVIEW FEE	Expense	09/08/19	4.00
06	W880617415	APARIN, PETER	25,000	146,918.47	223722118	CMN OCCUPATIONAL MEDICINE	Medical	09/27/19	452.00
06	W880617415	APARIN, PETER	25,000	146,918.47	000000000	BILL REVIEW FEE	Expense	09/27/19	2.80
06	W880617415	APARIN, PETER	25,000	146,918.47	000000000	BILL REVIEW FEE	Expense	09/29/19	4.00
									17,893.57

LIVINGSTON TOWNSHIP 4871323

Pol Yr	Claim Number	Full Name	SIR	Claim Total Paid	Tax ID	Payee	Loss Line	Request Date	Payment Amt
11	W000223187	FOLEY, MATTHEW	25,000	471,869.68	000000000	MATTHEW FOLEY	Indemnity	09/06/19	1,584.00
11	W000223187	FOLEY, MATTHEW	25,000	471,869.68	000000000	DMC/CASE MGMT	Medical	09/11/19	1,586.46
11	W000223187	FOLEY, MATTHEW	25,000	471,869.68	000000000	MATTHEW FOLEY	Indemnity	09/20/19	1,584.00
11	W000223187	FOLEY, MATTHEW	25,000	471,869.68	000000000	BILL REVIEW FEE	Expense	09/20/19	13.20
11	W000223187	FOLEY, MATTHEW	25,000	471,869.68	043821114	ALIGN NETWORKS INC	Medical	09/20/19	1,380.00
11	W000223187	FOLEY, MATTHEW	25,000	471,869.68	000000000	BILL REVIEW FEE	Expense	09/22/19	4.00
11	W000223187	FOLEY, MATTHEW	25,000	471,869.68	000000000	BILL REVIEW FEE	Expense	09/27/19	4.40
11	W000223187	FOLEY, MATTHEW	25,000	471,869.68	000000000	BILL REVIEW FEE	Expense	09/27/19	4.40
11	W000223187	FOLEY, MATTHEW	25,000	471,869.68	043821114	ALIGN NETWORKS INC	Medical	09/27/19	460.00
11	W000223187	FOLEY, MATTHEW	25,000	471,869.68	000000000	BILL REVIEW FEE	Expense	09/27/19	4.40
11	W000223187	FOLEY, MATTHEW	25,000	471,869.68	043821114	ALIGN NETWORKS INC	Medical	09/27/19	460.00
11	W000223187	FOLEY, MATTHEW	25,000	471,869.68	043821114	ALIGN NETWORKS INC	Medical	09/27/19	460.00
11	W000223187	FOLEY, MATTHEW	25,000	471,869.68	000000000	BILL REVIEW FEE	Expense	09/29/19	4.00
11	W000223187	FOLEY, MATTHEW	25,000	471,869.68	000000000	BILL REVIEW FEE	Expense	09/29/19	4.00
11	W000223187	FOLEY, MATTHEW	25,000	471,869.68	000000000	BILL REVIEW FEE	Expense	09/29/19	4.00
									7,556.86

MONTCLAIR TOWNSHIP 5375340

Pol Yr	Claim Number	Full Name	SIR	Claim Total Paid	Tax ID	Payee	Loss Line	Request Date	Payment Amt
10	W000020826	MCWILLIAMS, CHRISTOP	100,000	168,498.09	822962394	ORTHOSC LLC	Medical	09/13/19	310.00
10	W000020826	MCWILLIAMS, CHRISTOP	100,000	168,498.09	000000000	BILL REVIEW FEE	Expense	09/15/19	4.00
									314.00

UNION TOWNSHIP 9125378

Pol Yr	Claim Number	Full Name	SIR	Claim Total Paid	Tax ID	Payee	Loss Line	Request Date	Payment Amt
10	W000013697	MARANO, PAOLO	25,000	243,464.33	000000000	BILL REVIEW FEE	Expense	09/04/19	-4.00
10	W000013697	MARANO, PAOLO	25,000	243,464.33	431420563	EXPRESS SCRIPTS INC	Medical	09/04/19	-20.33
10	W000013697	MARANO, PAOLO	25,000	243,464.33	223508109	MEDDLESEX MEDICAL CARE PC	Medical	09/20/19	63.22
10	W000013697	MARANO, PAOLO	25,000	243,464.33	000000000	BILL REVIEW FEE	Expense	09/20/19	2.54
10	W000013697	MARANO, PAOLO	25,000	243,464.33	000000000	BILL REVIEW FEE	Expense	09/22/19	4.00

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Workers' Compensation Claims

UNION TOWNSHIP 9125378

Pol Yr	Claim Number	Full Name	SIR	Claim Total Paid	Tax ID	Payee	Loss Line	Request Date	Payment Amt
10	W000065057	POOLE, RANDALL	25,000	276,198.99	000000000	BILL REVIEW FEE	Expense	09/01/19	4.00
10	W000065057	POOLE, RANDALL	25,000	276,198.99	000000000	BILL REVIEW FEE	Expense	09/27/19	8.04
10	W000065057	POOLE, RANDALL	25,000	276,198.99	275146101	HOME CARE CONNECT	Medical	09/27/19	402.22
10	W000065057	POOLE, RANDALL	25,000	276,198.99	000000000	BILL REVIEW FEE	Expense	09/29/19	4.00
11	W000222774	BAIRD, CHRISTOPHER	25,000	192,598.26	000000000	CHRISTOPHER BAIRD	Indemnity	09/20/19	1,158.32
									1,622.01