

APPOINTING A SAFETY DELEGATE AND ALTERNATE SAFETY DELEGATE TO THE NEW JERSEY MUNICIPAL SELF INSURERS' JOINT INSURANT FUND

BE IT RESOLVED, by the (Name of Municipality) _____
_____, County of _____, State of New Jersey,
that the following individuals be appointed to serve as representatives to the New Jersey Municipal Self Insurers' Joint Insurance Fund:

- 1. Safety Delegate: _____
- 2. Alternate Safety Delegate: _____

BE IT FURTHER RESOLVED that a certified copy of this resolution be forwarded to the administrators of the New Jersey Municipal Self Insurers' Joint Insurance Fund, the safety delegate and the alternate safety delegate.

I hereby certify the foregoing to be a true copy of a resolution adopted by the _____ of the _____, County of _____, State of New Jersey, at a meeting held on _____.

(Signature)