

**MUNICIPAL JOINT INSURANCE FUND
RESOLUTION APPOINTING CLAIMS COORDINATOR**

WHEREAS, the _____ of _____
is a member of the **Gloucester, Salem and Cumberland Counties Municipal Joint Insurance Fund**, hereinafter referred to as the FUND; and

WHEREAS, the FUND requires that in the manner generally prescribed by law, each member shall appoint a Claims Coordinator to coordinate and oversee the Member claims reporting and recordkeeping efforts, and act as a liaison between the municipality, the JIF Claims Administrator, and other outside agencies.

WHEREAS, the _____ of _____
recommends the appointment of _____
to serve as Claims Coordinator in accordance with the FUND requirements;

NOW, THEREFORE, BE IT RESOLVED by the _____ of _____
_____ that it does hereby appoint
_____ as Municipal Claims Coordinator.

Signed this _____ day of _____, 200_____.

BY: _____ TITLE: _____

Elected or Appointed Official