

RESOLUTION

**APPOINTMENT OF A FUND COMMISSIONER TO THE
PUBLIC ALLIANCE INSURANCE COVERAGE FUND**

BE IT RESOLVED, by the (Name of Entity) _____,

County of _____, State of New Jersey, that it hereby appoints

_____ as the Fund Commissioner and

_____ as the Alternate Fund Commissioner for

the Public Alliance Insurance Coverage Fund;

and

BE IT FURTHER RESOLVED that copies of this Resolution be forwarded to the following:

1. _____
(Fund Commissioner)

2. _____
(Alternate Fund Commissioner)

3. Public Alliance Insurance Coverage Fund

I hereby certify the foregoing to be a true copy of a Resolution adopted by the

_____ of the _____

on the _____ day of _____, 20 _____

INTRODUCED BY: _____

SECONDED BY: _____

ROLL CALL
APPROVE: _____

OPPOSE: _____