

RESOLUTION

**APPOINTMENT OF A SAFETY COORDINATOR AND
ALTERNATE SAFETY COORDINATOR 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 Safety Coordinator and _____

as the Alternate Safety Coordinator to the Public Alliance Insurance Coverage Fund;

and

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

1. _____
(Safety Coordinator)
2. _____
(Alternate Safety Coordinator)
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: _____