

# 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  
to 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\_\_\_\_

\_\_\_\_\_  
(Signature)

INTRODUCED BY: \_\_\_\_\_

SECONDED BY: \_\_\_\_\_

ROLL CALL APPROVE: \_\_\_\_\_

OPPOSE: \_\_\_\_\_