

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

WHEREAS, the \_\_\_\_\_  
is a member of the **Atlantic County 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  
record keeping efforts, and act as a liaison between the municipality, the JIF Claims  
Administrator, and other outside agencies.

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

NOW, THEREFORE, BE IT RESOLVED by the \_\_\_\_\_  
does hereby appoint \_\_\_\_\_ as Municipal Claims Coordinator.

Signed by: \_\_\_\_\_  
Elected or Appointed Official

Date: \_\_\_\_\_