

“RESOLUTION”

**CONTACT PERSON FOR THE EMPLOYMENT PRACTICES LIABILITY
ATTORNEY CONSULTATION SERVICE**

ATLANTIC COUNTY MUNICIPAL JOINT INSURANCE FUND

WHEREAS, the Governing Body of _____
hereinafter referred to as "MUNICIPALITY" , is a member of the Atlantic County Municipal Joint
Insurance Fund, hereinafter referred to as "FUND"; and

WHEREAS, the FUND has adopted a policy authorizing the Employment Practices Liability
Attorney Consultation Service; and

WHEREAS, the FUND has budgeted an annual allowance per member for EPL consulting services
and;

WHEREAS, the FUND requires the MUNICIPALITY to designate specific managerial or
supervisory individuals who will have telephone access to the EPL Hotline;

NOW THEREFORE, be it resolved that the governing body of _____
does hereby appoint _____ as its Contact Person.

BE IT FURTHER RESOLVED that the governing body does hereby appoint _____

as additional Contact Persons.

ATTEST: _____

MUNICIPALITY: _____

By: _____

TITLE: _____

DATE: _____

AYES: _____

NAYS: _____

ABSTAIN: _____

DATE: _____