

**RENEWING MEMBERSHIP IN THE NEW JERSEY PUBLIC HOUSING AUTHORITY JOINT INSURANCE FUND**

WHEREAS, THE Public Housing Authorities in the State of New Jersey are permitted to join together to form a Joint Insurance Fund as permitted by NJSA 40A:1036; and 42 U.S.C. 14-37 et.seq.; and

WHEREAS, the statutes regulating the creation and establishment of a Joint Insurance Fund contain elaborate restrictions and safeguards concerning the safe and efficient administration of the public interest entrusted to such fund; and

WHEREAS, the governing body of the Millville Housing Authority has determined that membership in the Joint Insurance Fund is in the best interest of the Authority.

NOW THEREFORE, BE IT RESOLVED, that the governing body of the Millville Housing Authority does hereby resolve and agree to renew its membership in the NJPHA Joint Insurance Fund, effective January 1, 2017 to expire on December 31, 2019 for the purpose of establishing the following types of coverage:

1. Workers' Compensation and Employer's Liability;
2. Liability, other than motor vehicle;
3. Property Damage, other than motor vehicle;
4. Motor Vehicle
5. Public Officials Liability/Employment Practices Liability

BE IT FURTHER RESOLVED that the Executive Director is authorized to execute the application for membership and the accompanying certification on behalf of the Millville Housing Authority and

BE IT FURTHER RESOLVED that the governing body is authorized and directed to execute the Indemnity and Trust Agreement and such other documents signifying their membership in the FUND as are required by the FUND's Bylaws and to deliver same to the Administrator of the FUND with the express reservation that said document shall become effective only upon the applicant's admission to the FUND following approval by the FUND, passage by the Authority of a Resolution Accepting Assessment and approval by the New Jersey Department of Insurance and the Department of Community Affairs.

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Larry Miller

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Paula Ring

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James Parent

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Brian Tomlin  
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Kim Ayres

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Dale Finch

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

Attest: \_\_\_\_\_

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Paul Dice, Secretary