

**ATLANTIC & CAPE MAY COUNTIES ASSOCIATION OF SCHOOL BUSINESS OFFICIALS JOINT
INSURANCE FUND
(ACCASBO JIF)**

RESOLUTION 2021-24

ADOPTION TO USE NOTICE OF TORT CLAIM FORM

WHEREAS, the Atlantic & Cape May Counties Association of School Business Officials Joint Insurance Fund (the "Fund") is duly constituted as a School District Self Insurance Fund and has been organized in accordance with the provisions of 18A:18B:1-10, and

WHEREAS, the participating School Districts have made their respective designations of Delegates who, in turn, have elected a Board of Trustees for the Fund who will collectively serve as the Governing Body for same, and

WHEREAS, the Trustees of the Fund find that it is necessary and appropriate to make decisions regarding the operations of the Fund, and

WHEREAS, the Fund is a public entity covered by the provisions of the New Jersey Tort Claims Act, and

WHEREAS, the New Jersey Tort Claims Act, N.J.S.A. 59:8-6, provides that a public entity may adopt a form to be completed by claimants seeking to file a Notice of Tort Claim against the public entity, and

WHEREAS, the Fund deems it advisable, necessary and in the public interest to adopt a Notice of Tort Claim form in the form attached hereto and made a part hereof, and

Now, Therefore, Be It Resolved by the Trustees of the Atlantic & Cape May Counties Association of School Business Officials Joint Insurance Fund, assembled in public session on March 16, 2022, that the attached Notice of Tort Claim form be and hereby is adopted as the official Notice of Tort Claim form for the Fund and

Be It Further Resolved that all persons making claims against the Fund and/or its participating School Districts pursuant to New Jersey Tort Claims Act, N.J.S.A. 59:8-1, et seq., be required to complete the form herein adopted as a condition of compliance with the notice requirements of the New Jersey Tort Claims Act.

The Atlantic & Cape May Counties Association of School Business Officials Joint Insurance Fund at a public meeting held on March 16, 2022 duly adopted this resolution.

ATLANTIC & CAPE MAY COUNTIES ASSOCIATION OF SCHOOL BUSINESS OFFICIALS JOINT INSURANCE FUND

BY: _____

CHAIR

ATTEST: _____

SECRETARY

DATE: _____