

MUNICIPAL RISK MANAGEMENT
WORKERS' COMPENSATION POOLED TRUST

PARTICIPANT'S APPLICATION

The Undersigned Applicant desiring to participate in the Municipal Risk Management Workers' Compensation Pooled Trust hereby submits the application and understands and agrees as follows:

1. The Applicant must provide a minimum of three years claims records to the Trust and such financial data as required for eligibility.
2. The Applicant becomes a Participant in the Trust upon:
 - A) Adoption of the Ordinance or Resolution provided with this application.
 - B) Execution of the Municipal Risk Management Workers' Compensation Pooled Trust Agreement. The Applicant acknowledges receipt of a true and correct copy of the said Trust Agreement and the Bylaws of the Trust which are incorporated herein by reference thereto and made a part hereof.
 - C) Acceptance and execution of the Trust Agreement by the Board of Trustees.

IN WITNESS WHEREOF the Applicant has Endorsed this document to be executed by its duly authorized officers this _____ day of _____, 20 ____.

Applicant (Municipality or Municipal Authority)

By _____
Title: _____

ATTEST:

Applicant's Official Mailing Address

Secretary

