TOWNSHIP OF FREDON
RESOLUTION 2020-22
2020 FUND YEAR
STATEWIDE INSURANCE FUND

RISK MANAGEMENT CONSULTANT’S AGREEMENT


WHEREAS, the CONSULTANT has offered to the MEMBER professional risk management consulting services as required by the Bylaws of the FUND; and

WHEREAS, the CONSULTANT has advised the FUND that he/she is familiar with the terms, conditions and operations of the FUND; and

WHEREAS, the MEMBER desires these professional services from the CONSULTANT; and

WHEREAS, the MEMBER has complied with relevant law in regard to the appointment of a Risk Management Consultant; and

WHEREAS, the Bylaws of the FUND require that members engage a CONSULTANT and that the CONSULTANT comply with certain requirements set forth therein.

NOW, THEREFORE, the parties in consideration of the mutual promises and covenants set forth herein, agree as follows:

1. For and in consideration of the amount stated hereinafter, the CONSULTANT shall:

   (a) assist in evaluating the MEMBER’S exposures and advise on matters relating to the Member’s operation and coverage.

   (b) explain to the MEMBER, or its representatives, the various coverages available from the FUND.

   (c) explain to the MEMBER, or its representatives, the terms of the member’s commitment and obligations to the FUND.

   (d) explain to the MEMBER, or its representatives the operation of the FUND.

   (e) prepare applications, statements of values, etc., on behalf of the MEMBER, if required by the FUND.
MEMBER a fee at a rate to be negotiated by the parties.

3. The term of this Agreement shall be from January 1, 2020 to January 1, 2020. However, this Agreement may be terminated by either party at any time by mailing to the other thirty (30) days written notice, certified mail return receipt.

4. The CONSULTANT shall comply with all laws applicable to producers who provide insurance products to public entities and shall comply with all applicable statutes and regulations relating to joint insurance funds.

5. The CONSULTANT agrees to comply with all affirmative action laws applicable in accordance with Exhibit A and to submit all necessary documentation establishing compliance within seven (7) days of this Agreement.

ATTEST:

__________________________________________________________
Member Representative

ATTEST:

__________________________________________________________
Risk Management Consultant Corporate

Officer

ATTEST:

__________________________________________________________
Statewide Insurance Fund Chairperson

CERTIFICATION

I hereby certify that the above is a true copy of a Resolution passed by the Fredon Township Committee at a Regular Meeting of that body held on January 2, 2020.

__________________________________________________________
Debra Prommel
Acting Municipal Clerk