

TOWNSHIP OF SHENANGO  
LAWRENCE COUNTY, PENNSYLVANIA

RESOLUTION NO. 5 OF 2018


MUNICIPAL RISK MANAGEMENT  
WORKERS COMPENSATION POOLED TRUST  
PARTICIPANTS APPLICATION

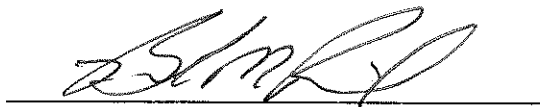
The Undersigned Applicant desiring to participate in the Municipal Risk Management Workers' Compensation Pooled Trust hereby submits the application and understands and agrees as follows:

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.

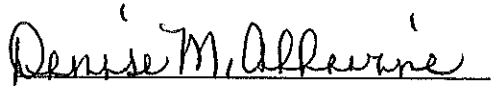
IN WITNESS WHEREOF, the Applicant has endorsed this document to be executed by its duly authorized officers this 8<sup>th</sup> day of March 2018.

  
Albert D. Burick

  
Frank R. Augustine

  
Brandon M. Rishel

ATTEST:

  
Denise Allwine – Assistant Secretary

Shenango Township  
1000 Willowbrook Road  
New Castle, Pennsylvania 16101