

PLEASE COMPLETE AND RETURN THIS FORM BY MAIL OR FAX NO LATER THAN
DECEMBER 31, 2008

Schools Excess Liability Fund
1531 I Street, Suite 300
Sacramento, CA 95814
(916) 321-5300 Fax (916) 321-5311

ELECTION REPRESENTATIVE DESIGNATION & CERTIFICATION

DESIGNATION

The person named below has been designated to serve as the Agency Election Representative for the upcoming Schools Excess Liability Fund (SELF) election for the Board of Directors:

Agency
Name: _____

Agency
Address: _____

Election
Representative: _____

Print or Type

Title

Phone No.: (____) _____ Ext. ____

CERTIFICATION

I, _____, the designated Agency
Election Representative for

_____, do hereby
certify that I have read and understand the attached information for Election Representatives
Outline of Responsibilities, and will comply with those instructions throughout the election
process and will ensure that all my actions are compatible with ethical election practices.

Representative Signature: _____

Date: _____

Signature of Agency Executive

Title

Date