



Member Representative Form

I understand the Member is required to appoint a Member Representative that has express authority to represent and bind the Member in all property/casualty coverage matters, as outlined in the PCAT Interlocal Agreement (Agreement), in the section entitled "General Provisions".

I hereby appoint the following Member Representative:

Printed Name of Member Representative

Member Representative Title

Mailing Address

City, State & Zip Code

Street Address

City, State & Zip Code

Phone

Fax

E-mail Address

Through the execution of my signature below, I hereby warrant that I am duly authorized to sign this Member Representative Form and affirm the named Member's participation. Furthermore, I certify that I have read and understood the entire Agreement.

Member (School Entity):

Property Casualty Alliance of Texas (PCAT):

Signature of School District's Board Member

Signature of PCAT Board Member

Printed Name

Printed Name of PCAT Board Member

Title

Date

West Orange-Cove CISD
School Entity Name (Member)

Date