



EXHIBIT B

VSBIT PROXY OR CERTIFICATE OF AUTHORITY

LET IT BE KNOWN THAT: _____, member of
(Name of Member Supervisory District/Supervisory Union)
the VSBIT Multi-Line Program, a body corporate and politic, created and existing under the laws
of the State of Vermont, does hereby:

Certificate of Authority

☐ (a) appoint as its authorized representative to appear and vote on its behalf at any and all
meetings of the members of the Vermont School Boards Insurance Trust, or any adjournment
thereof, the following person:

Name

Title

Email: _____

Note: If option (a) is selected, the person listed above must attend in-person to vote.

OR

Proxy

☐ (b) appoint as its true and lawful attorney, the Board of Directors of the Vermont School
Boards Insurance Trust, by majority vote, with the power of substitution for it and in its name to
vote at the Annual Meeting of the Vermont School Boards Insurance Trust, to be held on the
30th day of October, 2025 or at any adjournment thereof, with all the powers it should possess if
personally present through its authorized representative.

Please sign and date this section once you have chosen (a) or (b):

Dated at _____, Vermont, this ____ day of _____, 20__.

This action is valid for one year [365 days] from the date of enactment, or until it is superseded
by subsequent action of the member filed with the Trust.

Name of Member Supervisory District/Supervisory Union

BY: _____

TITLE: _____