## STATE OF NEW JERSEY **BUSINESS REGISTRATION CERTIFICATE** FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS

DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON, N J 08646-0252

TAXPAYER NAME:

V. E. RALPH & SON, INC.

TAXPAYER IDENTIFICATION#

221-555-946/000

TAXPAYE

V. E. RALF

TAXPAYE

221-555-94

ADDRESS
320 SCHU

KEARNY II

EFFECTIV

12/22/54

FORM-BRI **ADDRESS** 320 SCHUYLER AVE KEARNY NJ 07032

EFFECTIVE DATE:

FORM-BRC(08-01)

TRADE NAME:

CONTRACTOR CERTIFICATION#

0062774

ISSUANCE DATE:

09/13/01

Director, Division of Revenue
This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address

## CERTIFICATE OF EMPLOYEE INFORMATION REPORT

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-JUN-2014 to 15-JUN-2021

V. E. RALPH AND SON INC. 320 SCHUYLER AVE. KEARNY NJ 07032 A. 6.5

Andrew P. Sidamon-Eristoff State Treasurer

#### NJ State Approved Co-op #65MCESCCPS

(Revised: January, 2016)

#### **EXHIBIT A**

#### MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127) N.J.A.C. 17:27

#### GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies. placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

- Letter of Federal Affirmative Action Plan Approval
- Certificate of Employee Information Report
- Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at: http://www.state.nj.us/treasury/contract\_compliance/.

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

Company V.E. RACOH + SON, INC.
Signature M. J. March

ESCNJ 17/18-40 **Medical Supplies** 

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October 26, 2017 @11:00 a.m.

## Educational Services Commission of New Jersey Business Office

1660 Stelton Road Piscataway, New Jersey 08854

## Chapter 271 Political Contribution Disclosure Form

(Contracts that Exceed \$17,500.00) Ref. N.J.S.A. 19:44A-20.26

The undersigned,	being authorized and know	vledgeable of the circumstan	nces, does hereby certify that see Entity) has made the following					
reportable politic	al contributions to any elec	cted official, political candida velve (12) months preceding	te or any political committee as					
	<u> </u>	Reportable Contributions						
<u>Date of</u> <u>Contribution</u>	Amount of Name of Recipient Name of Contribution Elected Official/ Contributor Committee/Candidate							
The Business Enti	ty may attach additional pa	ges if needed.						
No Reportable	Contributions (Please ch	eck (✓) if applicable.)						
			ness Entity) made no reportable ommittee as defined in N.J.S.A. 19:44-					
Certification								
			ıblic law 2005 – Chapter 271.					
Name of Authorized Agent VERNON J. RAZIH  Signature								
Signature / Man Title PRESIDENT								
Business Entity	V.E. RALPH	+ SON, INC.						
ESCNJ 17/18-40 Medical Supplies		Page <b>45</b> of <b>64</b>	October 26, 2017 @11:00 a.m.					

## STATEMENT OF OWNERSHIP DISCLOSURE

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

<u>N.J.S.A</u> . 52.25-24.2	(F.L. 1977, 0.33, as amended by P.L. 2016, 0.43)
Failure to submit the required information	fied to, and included with all bid and proposal submissions. on is cause for automatic rejection of the bid or proposal.
Name of Organization: V.E. RAL	PH & SON, INC.
Organization Address: <u>Po Box 6</u> :	PH & SON, INC. 33, 320 SCHUYUR AVE.
City, State, ZIP: KEARNY, N	17 07032-0633
Part I Check the box that represents th	
Sole Proprietorship (skip Parts II and	III, execute certification in Part IV)
☐ Non-Profit Corporation (skip Parts II	and III, execute certification in Part IV)
For-Profit Corporation (any type)	Limited Liability Company (LLC)
☐ Partnership ☐ Limited Partner	ship Limited Liability Partnership (LLP)
Other (be specific):	
Part II Check the appropriate box	
percent or more of its stock, of any percent or greater interest therein,	and addresses of all stockholders in the corporation who own 10 class, or of all individual partners in the partnership who own a 10 or of all members in the limited liability company who own a 10 as the case may be. (COMPLETE THE LIST BELOW IN THIS
partner in the partnership owns a fliability company owns a 10 percer	tion owns 10 percent or more of its stock, of any class, or no individu 10 percent or greater interest therein, or no member in the limited nt or greater interest therein, as the case may be. ( <b>SKIP TO PART I</b>
(Please attach additional sheets if more specification)	pace is needed):
Name of Individual or Business Entity	Home Address (for Individuals) or Business Address
VERNON J. RAZPH	320 SCHUYLER AVE., KEARNY, NT
	07032

## <u>Part III</u> DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. Attach additional sheets if more space is needed.

Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II other than for any publicly traded parent entities referenced above. The disclosure shall be continued until names and addresses of every non-corporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. Attach additional sheets if more space is needed.

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Home Address (for Individuals) or Business Address

### Part IV Certification

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the *ANYTOWN Board of Education* is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with the *Board of Education* to notify the *Board of Education* in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the *Board of Education* to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	VERNON J. RALPM	Title:	PRESIDENT
Signature:	Ven grange	Date:	10/18/2017

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

### NJ State Approved Co-op #65MCESCCPS **APPENDIX A**

## **AMERICANS WITH DISABILITIES ACT OF 1990 Equal Opportunity for Individuals with Disability**

The contractor and the Educational Services Commission of New Jersey (hereafter "owner") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S121 01 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim, If any action or administrative proceeding is brought against the owner or any of its agents, servants, and employees, the owner shall expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph.

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Company V.E. RAPH + SON, INC. Name VERNON J. RMCH
Signature Mun March Title PRESIDENT

# Educational Services Commission of New Jersey DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

PART 1: CERTIFICATION

BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

#### FAILURE TO CHECK EITHER BOX WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <a href="http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf">http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf</a>. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

PLEASE (	CHECK EITHER BOX:		
	subsidiaries, or affiliates i in Iran pursuant to P.L. 20		es determined to be engaged in prohibited activitie son listed above, or I am an officer or
	I am unable to certify as a	OR bove because I or the bidding entity and/or one or more of i	the manual to the idianian and first to the idianian and
	on the Department's Cha and complete the Certific	pter 25 list. I will provide a detailed, accurate and precise de ation below. Failure to provide such will result in the proposa and/or sanctions will be assessed as provided by law.	scription of the activities in Part 2 below and sign
Part 2			
You must affiliates, PROVIDE I	provide a detailed, accura engaging in the investmen	ATION RELATED TO INVESTMENT ACTIVITIES IN IRAN te and precise description of the activities of the bidding person t activities in Iran outlined above by completing the boxes bel O THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANS IAL PAGES	ow.
Name:			
Descriptio	on of Activities:	Bidder/Vendor:	
Duration o	of Engagement:	Anticipated Cessati	ion Date
Bidder/Ve	ndor		
Contact N	ame:	Contact Phone Number:	
Certification of my knowentity. I ac acknowled Services Conformation certification agreement may decla	whedge are true and compound the Education of New Jersey on contained herein. I acknow, and if I do so, I recognizats(s) with the Educational re any contract(s) resulting (Print):	n my oath, hereby represent and state that the foregoing infecte. I attest that I am authorized to execute this certification tional Services Commission of New Jersey is relying on the infinuing obligation from the date of this certification through the onotify the Educational Services Commission of New Jersey is owledge that I am aware that it is a criminal offense to make that I am subject to criminal prosecution under the law and services Commission of New Jersey and that the Educational Services Commission of New Jersey and that the Educational Services Commission void and unenforceable.  Signature:  Signature:	ormation and any attachments thereto to the best on behalf of the below-referenced person or formation contained herein and thereby se completion of contracts with the Educational in writing of any changes to the answers of a false statement or misrepresentation in this I that it will also constitute a material breach of my Services Commission of New Jersey at its option
ESCNJ	17/18-40	Page <b>51</b> of <b>64</b>	October 26, 2017 @11:00 a.m.
Medica	al Supplies		, 2

#### EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF PURCHASE AND PROPERTY 33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM-**BID SOLICITATION #** VENDOR/BIDDER:

#### PART 1 CERTIFICATION

VENDOR/BIDDER MUST COMPLETE PART 1 BY CHECKING ONE OF THE BOXES

FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person nor entity, nor any of its parents, subsidiaries, or

#### CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor/Bidder, that the foregoing information and my attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the ESCNJ is relying on the information contained herein, and that the Vendor/Bidder is under a continuing obligation from the date of this certification through the completion of any contract(s) with the ESCNJ to notify the ESCNJ in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I will be subject to criminal prosecution under the law, and it will constitute a material breach of any agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and thenforceable

ature

Print Name and Title

(Rev. December 2014) Department of the Treasury

## Request for Taxpayer **Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Interna	Revenue Service						-	-	-	***************************************
W	Name (as shown on your income tax return). Name is required on this line; do to V.E. Ralph & Son Inc	not leave this line blank.								
હાં	N.E. Raipii & Soil IIIC     Business name/disregarded entity name, if different from above						produjenista strattiviti			***************************************
Print or type See Specific Instructions on page 2	3 Check appropriate box for federal tax classification; check only one of the folic	corporation, P=partnership)	Trust/es Iline abov	re for	Exem Exem code	emption in entitie ctions o pt payer ption fro (if any) is to account dress (o)	s, not in page code om FA	Individ e 3): (if any) TCA re	uals; portí	see
	7 List account number(s) here (optional)									
Par	Taxpayer Identification Number (TIN)									
Par	TIN is the appropriate boy. The TIN provided must match the name	given on line 1 to avoid	So	cial sec	urity i	number				
backu	up withholding. For individuals, this is generally your social security number to be security numbers and appropriately or disregarded entity, see the Part Linstructions	on page 3. For other			-		-			
	es, it is your employer identification number (EIN). If you do not have a nu	mber, see now to get a	or	L		L				
TIIV OI	n page 3. If the account is in more than one name, see the instructions for line 1 a	nd the chart on page 4 fo	r Em	ployer	identi	fication	numb	er		
guidel	lines on whose number to enter.		2	2 -	- 1	5 5	5	9 4	4	6
Par	t III Certification									
Under	penalties of periury. Legrify that:									
1 Th	a number shown on this form is my correct taxpayer identification number	er (or I am waiting for a no	umber to	be iss	sued	to me);	and			
2. Lai	m not subject to backup withholding because: (a) I am exempt from back rvice (IRS) that I am subject to backup withholding as a result of a failure longer subject to backup withholding; and	am withholding or (h) I h	ton ave	been n	otifie	d by the	e Inte	rnal R ed me	ever tha	nue it I am
3. I ai	m a U.S. citizen or other U.S. person (defined below); and									
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt	from FATCA reporting is	correct		h. m. if	viant to	hack	tiva avit	hhol	ldina
becau intere gener	fication instructions. You must cross out item 2 above if you have been use you have failed to report all interest and dividends on your tax returnst paid, acquisition or abandonment of secured property, cancellation of ally, payments other than interest and dividends, you are not required to ctions on page 3.	dobt contributions to an	individ	al retir	emer	nt arran	aeme	ent (IR	A), a	nd
Sign	Signature of	Date ▶	<b>-</b>	10	12	0/1	7			
	neral Instructions	Form 1098 (home mortgag (tuition)	ge interes	st), 1098	I-E (sty	dent lo	ın inte	rest), 1	098-	-T
	n references are to the Internal Revenue Code unless otherwise noted.	• Form 1099-C (canceled de	ebt)	,						
Crebine	developments Information about developments affecting Form W-9 (such	• Form 1099-A (acquisition	or aband	onment	of sec	cured pr	operty	)		
as legi	slation enacted after we release it) is at www.irs.gov/fw9.	Use Form W-9 only if you	are a U.	S. perso	n (inc	luding a	reside	nt alier	1), to	

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/20/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

lf ti	SUBROGATION IS WAIVED, subjective subjections in Subjectificate does not confer rights to	ct to	the cert	terms and conditions of	f the policy	certain	nolicies may	require an endorsemen	t. A	statement on	
PRO	DUCER adler Solutions, Inc. Passaic Ave, Suite 120			mouto notaci in nea or se	CONTACT NAME: PHONE (A/C, No, Ext			FAX (A/C No.):	(973)	227-4026	
	field, NJ 07004-3508				E-MAIL ADDRESS:	,, , ,		(A/C, NO).	(0.0)		
					THE DIVISION.	INS	SURFR(S) AFFO	RDING COVERAGE		NAIC#	
					INSURER A :	22659					
INSU	JRED				INSURER B :	24171					
	V. E. Ralph & Son, Inc.				INSURER C :	35378					
	PO Box 633				INSURER D :	12122					
	Kearny, NJ 07032				INSURER E :	22241					
					INSURER F :		ro ououurty	modrance company		22241	
CO	VERAGES CEF	TIFI	CATE	E NUMBER:	1			REVISION NUMBER:			
C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER POLI	TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	ON OF ANY	CONTRAI IE POLIC UCED BY	TO THE INSUI CT OR OTHEF IES DESCRIB PAID CLAIMS	RED NAMED ABOVE FOR T R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	CTT	WILL HOLLW	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	PO	LICY EFF	POLICY EXP	LIMIT	s		
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	CLAIMS-MADE X OCCUR			CBP8299802	06/	/06/2017	06/06/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000	
								MED EXP (Any one person)	\$	5,000	
								PERSONAL & ADV INJURY	\$	1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	JECI L 200							PRODUCTS - COMP/OP AGG	\$		
В	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$	1,000,000	
	X ANY AUTO			BA8673826	04/	/30/2017	04/30/2018	(Ea accident)  BODILY INJURY (Per person)	\$	-,,	
	OWNED SCHEDULED AUTOS ONLY				"		0 00. 2010	BODILY INJURY (Per person)	\$		
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
	ACTOS CINET							(Pel accident)	\$		
С	X UMBRELLA LIAB X OCCUR							EACH OCCUPRENCE		2,000,000	
	EXCESS LIAB CLAIMS-MADE			XOBW7154217	06/	06/06/2017	/06/2017 06	06/06/2018	EACH OCCURRENCE AGGREGATE	\$	2,000,000
	DED X RETENTIONS 10,000							AGGREGATE	S		
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							X PER OTH-	à		
				02/	02/21/2017	02/21/2018	E.L. EACH ACCIDENT	•	1,000,000		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below			U.				E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
Ε	Prod/Comp. Ops.			17NJ380019	06/	06/2017	06/06/2018	Aggregate	Ψ	3,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101. Additional Remarks Schedu	ıle. may be atta	sched if mor	e snace is requir	red)			
Bid i	# ESCNJ 17/18-40	(*		, Nonidino colledu	, may be alla	. c.ncu ii iii0i	o opace is requir	cuj			
CFI	RTIFICATE HOLDER				CANCELL	ATION					
- to i	Still bell bell				CANCELL	LATION					
	Educational Services Comm 1660 Srelton Road	issio	n of l	New Jersey	THE EX	(PIRATION	DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.	ANCEL BE DI	LED BEFORE ELIVERED IN	
	Piscataway, NJ 08854				AUTHORIZED	REPRESE	NTATIVE				
					17/1	2	_				
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### ACCEPTANCE OF BID And CONTRACT AWARD MEDICAL SUPPLIES

TO BE COMPLETED BY RESPONDENT

In compliance with the Request for Bid, the undersigned warrants that I/we have examined the Instructions to Respondents, and, being familiar with all of the conditions surrounding the proposed projects, hereby offer and agree to furnish all labor, materials, and supplies incurred in compliance with all terms, conditions, specifications and amendments in the Request for Bid and any written exceptions to the bid. Signature also certifies understanding and compliance with the certification requirements of the ESCNJ's Terms and Conditions and any special Terms and Conditions if applicable. The undersigned understands that his/her competence and responsibility and that of any proposed subcontractors, time of completion, as well as other factors of interest to the ESCNJ as stated in the evaluation section will be a consideration in making the award. Your bid for contracting services is hereby accepted. As contractor, you are now bound to sell the materials and services listed by the attached bid based upon the solicitation, including all terms, conditions, specifications, amendments as set forth in the Request for Bid. As contractor you are hereby cautioned not to commence any billable work or provide any material or service under this contract until contractor receives an executed purchase order from a Co-op member. The parties intend this contract to constitute the final and complete agreement between the ESCNJ and contractor, and no other agreements, oral or otherwise, regarding the subject matter of this contract, shall bind any of the parties hereto. No change or modification of this contract shall be valid unless it shall be in writing and signed by both parties to this contract. If any provision of this contract is deemed invalid or illegal by any appropriate court of law, the remainder of this contract shall not be affected thereby. The term of the agreement shall commence on award and continue for one year unless terminated, canceled or extended. By mutual written agreement, the contract may be

extended as permitted by law.
Company Name V.E. RALPH & SON, INC. Date 10/18/2017
Company Address 320 SCHUYCER AVE. City KEARNY State NJ Zip Code 0633
Contact Person MICHAEL MADDALONI Title BENERAL MGR.
Authorized Signature (ink only) The Grant Title PRESIDENT
ACCEPTANCE OF BID AND CONTRACT AWARD BELOW TO BE COMPLETED ONLY BY ESCNJ
Awarding Agency: Educational Services Commission of New Jersey

Patrick M. Moran, SBA/BS

Awarded this \_\_\_\_\_\_\_ day of November 2017 \_\_\_ Contract Number #ESCNJ 17/18-40

ESCNJ 17/18-40 Medical Supplies

Agency Executive:

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October 26, 2017 @11:00 a.m.