icense

11/29/11

Taxpayer Identification# 954-774-340/008

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-9292.

I wish you continued success in your business endeavors.

Sincerely,

James J. Fruscione

Director

New Jersey Division of Revenue

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE DEPARTMENT OF TREASURY
PO BOX 252/ TRENTON N 08646.0252
TAXPAYER NAME: = = = = = TRAPENAME: = = =
GUITAR GENTER STORES INC.
ADDRESS:
100 US HWY 9 STE 2 - - - -
-MANALAPAN, NJ 07726-3017
Director New Jersey Division of Revenue
FORM-BRC
404-084; D209848V

Certification

41420

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

RENEWAL

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-FEB-2015 to 15-FEB-2022

MUSIC & ARTS CENTERS
4626 WEDGEWOOD BOULEVARD
FREDERICK MD 2170

A. 6. -

Andrew P. Sidamon-Eristoff State Treasurer

NJ State Approved Cooperative Pricing System #65MCESCCPS

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

NJ State Approved Cooperative Pricing System #65MCESCCPS 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 AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at 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 **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

Company	Music & Arts
Signature _	They was the same of the same
Name	Lou Luzzi
Title	_ Institutional Bid Specialist

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. 52:34-25

The undersigned, be	eing authorized and kno	wledgeable of the circumstance (Business Entity) has	ces, does hereby certify that as made the following reportable political
contributions to any 20.26 during the tw	elected official, politic elve (12) months preced	al candidate or any political colling this award of contract:	ommittee as defined in N.J.S.A. 19:44-
		Reportable Contributions	
Date of Contribution	Amount of Contribution	Name of Recipient Elected Official/ Committee/Candidate	Name of Contributor
The Business Entity	may attach additional j	pages if needed.	
XNo Reportable (Contributions (Please c	heck (✓) if applicable.)	
I certify thatM contributions to any 20.26.		al candidate or any political co	(Business Entity) made no reportable ommittee as defined in N.J.S.A. 19:44-
Certification			
I certify that the infe	ormation provided abov	e is in full compliance with Pu	ublic law 2005 – Chapter 271.
Name of Authorized	d AgentLou Luzzi		
Signature		Title _Instit	tutional Bid Specialist
Business Entity	Music & Arts		
ESCNJ 16/17-43 Musical Instrument R	epair	48	January 19, 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)

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.

Name of Organization: Music & Arts
Organization Address: 4626 Wedgewood Blvd Frederick MD 21703
Part I Check the box that represents the type of business organization: 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) Tor-Profit Corporation (any type) Limited Liability Company (LLC)
Partnership Limited Partnership Limited Liability Partnership (LLP)
Other (be specific):
Part II
The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. (COMPLETE THE LIST BELOW IN THIS SECTION)
<u>OR</u>
No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. (SKIP TO PART IV)
(Please attach additional sheets if more space is needed):
Name of Individual or Business Entity Home Address (for Individuals) or Business Address
SEE ATTACHED

NJ State Approved Cooperative Pricing System #65MCESCCPS

<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 noncorporate 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
SEE ATTAChed	

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 *ESCNJ* 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 *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, 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

ESCNJ to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	Lou Luzzi	Title:	Institutional Bid Specialist
Signature:		Date:	1/10/17

(Rev. December 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

	1 Name (as shown on your income tax return). Name is required on this line; do								—								
		o not leave this line blank,															
	GUITAR CENTER STORES INC 2 Business name/disregarded entity name, if different from above																
2,																	
page	MUSIC & ARTS																
d u	3 Check appropriate box for federal tax classification; check only one of the fo	4	4 Exemptions (codes apply only to certain entities, not individuals; see														
Print or type See Specific Instructions on	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporatio	☐ Trus	st/es	state	ir	ena: 1stru	n ent ction	เตเอร, เร on	not page	inaiv e 3):	ridua	is; se	90				
Print or type Instructions	single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=	1			- 1			yee c			1 y)						
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C 된	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.									Exemption from FATCA reporting code (if any)							
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ς	6 City, state, and ZIP code																
8	• • • • • • • • • • • • • • • • • • • •																
٠,	FREDERICK, MD 21703 - 8517																
	7 List account number(s) here (optional)																
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Par	3																
Entery	our TIN in the appropriate box. The TIN provided must match the nam	e given on line 1 to avoi	d [Soc	ial s	ecur	ity n	umb	er								
backu	withholding. For individuals, this is generally your social security num	iber (SSN). However, for	a						\neg		\neg		Ī				
entities	nt alien, sole proprietor, or disregarded entity, see the Part I instruction i, it is your employer identification number (EIN). If you do not have a n	s on page 3. For other	_		ļ		-		- 1	-							
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Note.	f the account is in more than one name, see the instructions for line 1 :	and the chart on page 4			plove	er ide	entif	lcatio	on nu	ımbe	er						
guideli	nes on whose number to enter.	and the chart on page 4	101	ī		1			T	7	-	-	=				
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Part	II Certification								i_				- 1				
	penalties of perjury, I certify that:	. ,							—		—						
	number shown on this form is my correct taxpayer identification number	per for Lam walting for a	numbo		. ha i	2011	ad t		٠١٠ م٠								
Z. Fan	not subject to backup withholding because: (a) I am exempt from bac rice (IRS) that I am subject to backup withholding as a result of a fallun	ckup withholding, or (b) i	have n	ot t	oeen	not	ified	by i	the I	nter	nal I	Rev	enue	ŧ			
no l	onger subject to backup withholding; and	e to report all interest or	aiviaer	ias,	or (c) tn	ie ir	ss na	is no	otilie	a m	ie th	at i a	am			
	-																
	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 exemp	t from FATCA reporting	is corre	ct.													
Certific	cation instructions. You must cross out item 2 above if you have been	notified by the IRS that	t you ar	e c	urrer	illy :	subj	ect t	o ba	icku	p w	ithh	oldin	g			
interes	e you have failed to report all interest and dividends on your tax return paid, acquisition or abandonment of secured property, cancellation o	i. For real estate transac	tions, it	em	2 do	oes i	not	appl	y. Fo	or m	ortg	age					
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Gene	eral Instructions	 Form 1098 (home mortg (tuition) 	age inte	rest), 109	98-E	(stud	dent l	oan i	intere	∍st),	1098	3- T				
Section	references are to the Internal Revenue Code unless otherwise noted.	Form 1099-C (canceled)	debt)														
	levelopments. Information about developments affecting Form W-9 (such	Form 1099-A (acquisition	•	ndo	nmer	at of	seci	ired r	arone	artv)							
as legis!	ation enacted after we release it) is at www.irs.gov/fw9.	Use Form W-9 only if yo							•		t alic	nl t					
Purpo	se of Form	provide your correct TIN.	70 a 6 a	0.0.	pais	on (iiiciu	ony .	ares	luen	tane	ıy, a	ט				
An indivi	dual or entity (Form W-9 requester) who is required to file an information	If you do not return Form	n W-9 to	the	requ	ieste	r wit	h a T	IN, y	ou m	night	be s	ubje	ct			
return w	th the IRS must obtain your correct taxpayer identification number (TIN)	to backup withholding. Se	e What i	s ba	ckup	with	nholo	ling?	on p	age	2.		•				
number	ay be your social security number (SSN), individual taxpayer identification (TIN), adoption taxpayer identification number (ATIN), or employer	By signing the filled-out															
identifica	ition number (EIN), to report on an information return the amount paid to	 Certify that the TIN yo to be issued), 	ou are gi	ving	is co	rrec	t (or	you a	are w	raitin	g for	a nı	ımbe	r			
you, or c	ou, 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 brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- 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.

STATE OF NEW JERSEY - DIVISION OF PURCHASE AND PROPERTY DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Quote Number:

Bidder/Offeror:

PART 1: CERTIFICATION

BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.
FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.

contr subs in Ira must non- by la	act must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, idiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities an. The Chapter 25 list is found on the Division's website at http://www.state.ni.us/treasurv/purchase/odi/Chapter25List.pdf . Bidders to review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal 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 w, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in all tand seeking debarment or suspension of the party.
PLEA:	SE CHECK THE APPROPRIATE BOX:
×	I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is <u>listed</u> on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.
	<u>OR</u>
	I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. <u>Failure to provide such will result in the proposal being rendered as non-responsive</u> and appropriate penalties, fines and/or sanctions will be assessed as provided by law.
тно	PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below. EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE ROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ACTIVITIES ENTRY" BUTTON.
Na	Relationship to Bidder/Offeror Delete
De	escription of Activities
Du	ration of Engagement Anticipated Cessation Date
	dder/Offeror Contact Name Contact Phone Number
	ADD AN ADDITIONAL ACTIVITIES ENTRY
acknowle continuing herein; th	on: I, being duly swom upon my cath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. dge: that I am authorized to execute this certification on behalf of the bidder, that the State of New Jersey is relying on the information contained herein and that I am under it gobligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the information containe at 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 an constitute a material breach of my agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.
Full Na	me (Print): Signature:
	Do Not Enter PIN as a Signature
Title:	Mistriction Did Pecialist Date: 1/10/17

ESC



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 01/31/2017

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. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:						
Aon Risk Insurance Services West, Inc. Los Angeles CA Office	PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-	0105					
07 Wilshire Boulevard wite 2600 os Angeles CA 90017-0460 USA	E-MAIL ADDRESS:						
	INSURER(S) AFFORDING COVERAGE	NAIC #					
INSURED Guitar Center Holdings Inc	INSURER A: Zurich American Ins Co	16535					
	INSURER B: American Zurich Ins Co	40142					
Music and Arts Inc P O Box 5111	INSURER C: AXIS Insurance Company	37273					
Thousand Oaks CA 91359-5111 USA	INSURER D:						
	INSURER E:						
	INSURER F:						
OFFICATE AUMOF	D. F700CF400C94						

CERTIFICATE NUMBER: 570065420684 COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits shown are as requested. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL S	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	
C	X COMMERCIAL GENERAL LIABILITY	IIVSD	VVVD	MNP77411616	05/15/2016		EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:	-					GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- JECT X LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
A	OTHER: AUTOMOBILE LIABILITY			BAP 5574121-03	05/15/2016	05/15/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	
	X ANY AUTO SCHEDULED						BODILY INJURY (Per accident)	
	AUTOS ONLY AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	
	ONLY AUTOS ONLY X \$1000 Comp Deducti X \$1000 Coll Deductibl							
-	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
В	WORKERS COMPENSATION AND			wc937578013	05/15/2016	05/15/2017	X PER STATUTE OTH-	
	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE	¬I I		A05	05/15/2016	05/15/2017	E.L. EACH ACCIDENT	\$1,000,000
A	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		WC937880813 OH,WA,WI	03/13/2010	03/13/201/	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			OH, WA, WI			E.L. DISEASE-POLICY LIMIT	\$1,000,000
-	DESCRIPTION OF OPERATIONS BEIOW	+						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The General Liability policy contains conditions for Separation of Insureds and provisions for Contractual Liability and Cros Liability coverage. RE: Maintenance & Repair Services for Electronic Music Equipment. ESCNJ is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

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CERTIFICATE HOLDER	CANCELLATION
CERTIFICATE HOLDER	CANOLLLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Son Rish Insurance Services West Inc.

FSCN 7 1660 Stelton Road Picataway NJ 08854 USA

ACCEPTANCE OF BID And CONTRACT AWARD

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 NameMusic & Arts	Date1/10/17
Company Address _4626 Wedgewood Blvd_ City _Frederic	k State _MD Zip Code_21703_
Contact PersonLou Luzzi	Title _Institutional Bid Specialist
Authorized Signature (blue ink only)	Title Institutional Bid Specialist

ACCEPTANCE OF BID AND CONTRACT AWARD BELOW TO BE COMPLETED ONLY BY ESCNJ

Awarding Agency: Educat	ional Services Commission	n of New Je	rsey
	Latrus Bol Mara ick M. Moran, SBA/BS	Laconia.	_
Awarded this 24th	day of FEBRUARY	2017 Co	ntract Number ESCNJ 16/17-43
ESCNJ 16/17-43 Musical Instrument Repair		31	January 19, 2017 @11:00 a.m.