

## **A G R E E M E N T**

**This agreement** is entered into January 4, 2024 between **Kid Clan Services, Inc.** located at Center for Learning and Neurodevelopment, 340 Main Avenue, Clifton, New Jersey 07014 and **Union County Educational Services Commission (Nonpublic Services)** 899 Mountain Avenue – Suite 2C, Springfield, New Jersey 07081.

For and in consideration of the terms and conditions herein, the parties hereto mutually agree as follows:

1. **Kid Clan Services, Inc.** shall provide Services and Evaluations as noted below.
2. **Union County Educational Services Commission** agrees to pay **Kid Clan Services, Inc.** as follows:

<u>Evaluations</u>	<u>Fee</u>	<u>Location</u>
Occupational Therapy	\$350.00	School/Home/Office
Physical Therapy	\$350.00	School/Home/Office
Monolingual Speech	\$350.00	School/Home/Office
Monolingual Social	\$350.00	School/Home/Office
Monolingual Educational	\$400.00	School/Home/Office
Monolingual Psychological	\$400.00	School/Home/Office
Bilingual Speech	\$450.00	School/Home/Office
Bilingual Social	\$450.00	School/Home/Office
Bilingual Educational	\$450.00	School/Home/Office
Bilingual Psychological	\$450.00	School/Home/Office

<u>Services</u>	<u>Fee</u>
Occupational Therapy Services	\$110.00 per/hr
Speech Therapy Services	\$110.00 per/hr
Physical Therapy Services	\$110.00 per/hr

3. The term of this agreement shall commence on January 4, 2024 and continue through June, 2024.

IN WITNESS WHEREOF, the parties hereto have interchangeable affixed their hands and seals and/or caused these presents to be executed and sealed by their respective corporate officers.

ATTEST:  
Affix Corporate Seal if  
Corporation:

\_\_\_\_\_  
Secretary/Witness

**Kid Clan Services, Inc.**  
**TIN: 73-1711909**

BY



\_\_\_\_\_  
President/Officer/Principal

ATTEST:

**Union County Educational Services Commission**

\_\_\_\_\_

BY \_\_\_\_\_



KIDCL-1

OP ID: MK

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/17/2023

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 Klugmann Ins. Services LLC 101 Rutgers Drive Lakewood, NJ 08701 Moshe Klugmann	732-901-0034	CONTACT NAME: Moshe Klugmann PHONE (A/C, No, Ext): 732-901-0034 E-MAIL: Mklugmann@klugmanninsurance.com ADDRESS:	FAX (A/C, No): 732-901-0047
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Landmark American Ins Comp	33138
		INSURER B: ARI Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			LHC850566	07/24/2023	07/24/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			LHC850566	07/24/2023	07/24/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	PWC1092465	07/25/2023	07/25/2024	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Insurance

## CERTIFICATE HOLDER

## CANCELLATION

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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

STATE OF NEW JERSEY  
BUSINESS REGISTRATION CERTIFICATE

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

TAXPAYER NAME:  
KID CLAN SERVICES, INC.

TRADE NAME:

ADDRESS:  
365 MAIN AVE  
PASSAIC NJ 07055  
EFFECTIVE DATE:

SEQUENCE NUMBER:

1120326

ISSUANCE DATE:

01/18/05

06/04/04

*John S. Trully*  
Director

FORM BRC(00-01)

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.



Paul Palozzola <ppalozzola@ucesc.org>

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## 2024 Non public contract

1 message

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Corina Rodriguez <c.kidclan@gmail.com>

Thu, Jan 4, 2024 at 4:21 PM

To: ppalozzola@ucesc.org

Cc: Gisselle Pichardo <gissellekidclan@gmail.com>, Dinah Leiter <Kidclan@gmail.com>

Good afternoon,

Please see attached the contract for services and evaluations. We look forward to working together. Once reviewed and signed, please send it back to me.

Thank you,



2024 Non public contract.pdf

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