

**BID PROPOSAL FORM**  
**SINGLE OVERALL CONTRACT**

DPMC Classifications: C032 Prime Contractor  
with C009, C029, C030, C047, C066 & C068 Subcontractors

To: Princeton Public Schools  
25 Valley Road  
Princeton, NJ 08540

1. The undersigned, having familiarized themselves with the local conditions affecting the cost of the work, the Drawings, the Specifications and other Bid Documents, as in the Advertisement for Bids thereto, for the **HVAC Renovations at Princeton High School (FVHD#5516E)**, 151 Moore Street, Princeton, NJ 08540, together with all work incidental thereto, in accordance with the requirements of the Drawings and Specifications prepared by Fraytak Veisz Hopkins Duthie, P.C., Architects/Planners, Trenton, New Jersey, hereby proposes to furnish all labor, materials and equipment required for all Work and as follows:

**SINGLE OVERALL CONTRACT - BASE BID:** All Work at the above referenced school, including applicable Allowances - Section 01020, in accordance with the requirements of Bid Documents. If written amount differs from the numerical figure, only the written amount will be accepted as the correct bid.

**TOTAL BASE BID INCLUDING ALLOWANCE:** \$ \_\_\_\_\_  
(Numerical)

\_\_\_\_\_  
(To be written in full)

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Submitted by: \_\_\_\_\_  
(Firm Name)

2. **Alternate Proposal(s) - Section 01030** shall be quoted as additions to, deductions from or No Change (NC) to the Base Bid and shall be in accordance with the Specifications for Alternate Bid Work. If written amount differs from the numerical figure, only the written amount will be accepted as the correct bid.

**Alternate Bid No. 1: Rooftop Unit Replacement @ Old Gym & Team Rooms (AHU-E1 & AHU-E2)**

ADD \$ \_\_\_\_\_  
(Numerical)

\_\_\_\_\_  
(To be written in full)

**Alternate Bid No. 2: Air Handler Unit Replacement (AHU-C1 & AHU-C2)**

ADD \$ \_\_\_\_\_  
(Numerical)

\_\_\_\_\_  
(To be written in full)

**Alternate Bid No. 3: Boiler Room Domestic Water Heater Replacement**

ADD \$ \_\_\_\_\_  
(Numerical)

\_\_\_\_\_  
(To be written in full)

**Alternate Bid No. 4: Access Platform & Guard Railing at Library AHU-A2**

ADD \$ \_\_\_\_\_  
(Numerical)

\_\_\_\_\_  
(To be written in full)

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Submitted by: \_\_\_\_\_  
(Firm Name)

3. **UNIT PRICES - SECTION 01151: Materials in Place.**

**UNIT PRICES - GENERAL CONSTRUCTION: Materials in Place.**

Replacement of existing damaged or deteriorated metal decking	\$ _____ per sq. ft.
Replacement of existing wet or deteriorated roof insulation board	\$ _____ per sq. ft.
Replacement of existing damaged or deteriorated wood nailers/blocking or framing, including removal of existing deteriorated wood, furnishing and installing new galvanized anchor bolts, expansion bolts at 4'-0" o.c. or nails through existing construction to remain:	\$ <b>2.90</b> per board ft.
a. 2x4 for the above work	\$ _____ per lin. ft.
b. 2x6 for the above work	\$ _____ per lin. ft.
c. 2x8 for the above work	\$ _____ per lin. ft.
d. 2x10 for the above work	\$ _____ per lin. ft.
e. 2x12 for the above work	\$ _____ per lin. ft.

**UNIT PRICES - PLUMBING / FIRE PROTECTION: Materials in Place.**

Removal and relocation of a sprinkler.	\$ _____ per unit
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**UNIT PRICES - HEATING AND VENTILATING: Materials in Place.**

Replacement of a fan coil and unit ventilator motor.	\$ _____ per unit
Replacement of a fan coil and unit ventilator control panel and reprogramming.	\$ _____ per unit
Replacement for unit ventilator outside damper actuator.	\$ _____ per unit
Installation of a 16x2 manual balancing damper in existing duct.	\$ _____ per unit
Installation of a 12" diameter manual balancing damper in existing duct.	\$ _____ per unit

THE REMAINDER OF THIS PAGE WAS LEFT INTENTIONALLY BLANK

Submitted by: \_\_\_\_\_  
(Firm Name)

4. Bidder hereby acknowledges receipt of the following Addenda:

No Addenda Issued

Addendum No. \_\_, issued \_\_\_\_\_ received \_\_\_\_\_ (initial)

Addendum No. \_\_, issued \_\_\_\_\_ received \_\_\_\_\_ (initial)

Addendum No. \_\_, issued \_\_\_\_\_ received \_\_\_\_\_ (initial)

Addendum No. \_\_, issued \_\_\_\_\_ received \_\_\_\_\_ (initial)

5. In submitting this bid, it is understood that the right is reserved by the Owner to accept or to reject bids pursuant to N.J.S.A. 18A:18-22 and any bid that is non-responsive or submitted by a Bidder that is not responsible, and it is agreed that this bid may not be withdrawn for a period of sixty (60) days from the date set of the opening thereof.

6. Bid Security in the sum of \_\_\_\_\_ (\$ \_\_\_\_\_) in the form of \_\_\_\_\_ (Certified Check, Cashier's Check, or Bid Bond) is submitted herewith in accordance with the requirements of the Specifications.

7. The undersigned is an individual ( )  
a partnership ( )  
a corporation ( ) under the laws of the State of \_\_\_\_\_,  
having principal office in the \_\_\_\_\_ of \_\_\_\_\_, County  
of \_\_\_\_\_, and State of \_\_\_\_\_.

Respectfully Submitted,

\_\_\_\_\_  
(Company Name, if Bidder is a company)

BIDDER'S SIGNATURE

\_\_\_\_\_  
(Company Officer, if Bidder is a Corporation or LLC)

(Seal, if Corporation)

\_\_\_\_\_  
Printed or Typed Name Title of Officer (if the Bidder is a Company)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone & Fax

Dated \_\_\_\_\_

\_\_\_\_\_  
Email Address

NOTE: SEE BIDDERS CHECKLIST

Submitted by: \_\_\_\_\_  
(Firm Name)

## BIDDER'S CHECKLIST

The following checklist must be signed and submitted with the bid package to the Owner as part of the Bid Documents. Bidders are encouraged to submit all items listed below with the bid. All must be provided prior to award of the contract. Failure to submit documents marked (\*) mandatory may be cause for rejection of the bid.

	Reviewed the Bid Documents (Including the permits obtained by the Owner), satisfied themselves regarding the character of the reviewed locality, and all local conditions and Laws and Regulations That in any manner may affect cost, progress, performance or furnishing of work.	
	Reviewed General Bond Requirements	
	Reviewed the Contract Documents contained herein (Owner/Contractor)	
	<b>ITEM</b>	
(*)	Bidder's Proposal	
(*)	Bid Bond, Certified Check, Cashier's Check or Any Combination Thereof in an Amount of Ten Percent (10%) of the Total Amount of Bid, Not to Exceed \$20,000 (Twenty Thousand Dollars) with Power of Attorney	
(*)	Consent of Surety for 100% of the Contract Amount with Power of Attorney to Provide Performance Bond and Labor and Material Payment Bond If Surety is being provided for Subcontractors by Bidder, indicate here _____ Initial	
(*)	Subcontractor Identification List	
(*)	Statement of Ownership Disclosure Certification	
(*)	Division of Property Management & Construction (DPMC) Form 701 - Total Amount of Uncompleted Contracts, <u>N.J.A.C. 17:19-2.13</u> All Contractor(s) and Named Subcontractor(s)	
(*)	Division of Property Management & Construction (DPMC) Current Notice of Classification - All Contractor(s) and Named Subcontractor(s)	
(*)	Certification of No Material Change of Circumstances - All Contractor(s) and Named Subcontractor(s)	
(*)	Non Collusion Affidavit	
(*)	Equipment Certification	
	Prevailing Wage Certification	
	Sworn Contractor Certification	
	Public Works Contractors Registration Act Certificate ( <u>N.J.S.A. 34:11-56.48</u> ) - All Contractor(s) and Named Subcontractor(s)	
	Business Registration Certificate - All Contractor(s) and Named Subcontractor(s)	
	Federal and State Non-debarment Certifications - All Contractor(s) and Named Subcontractor(s)	

**BIDDER'S CHECKLIST**

	Certification of Non-Debarment for Federal Government Projects - All Contractor(s) and Named Subcontractor(s)	
	Trade License - All Contractor(s) and Named Subcontractor(s)	
	HVACR Master License (HVACR Contractors)	
	Compliance with New Jersey Prevailing Wage Act	
	Certification of Insurance Statement	
	Political Contribution Disclosure Form	
	Prohibited Russia-Belarus Activities & Iran Investment Activities	
	Americans with Disabilities Act Language	
	Mandatory Equal Employment Opportunity Language	
	EEO/AA Form AA-201	
	Status of Present Contracts	
	Performance Record Certification	
	Contractor(s) shall participate in an "apprenticeship training program" and shall submit evidence of same and/or a description of the Contractor's apprenticeship training program prior to the award of the Contract.	

By signing below, I acknowledge having read and fully understand all the requirements of each of the documents referenced herein.

\_\_\_\_\_

BIDDER (Signature)

Dated: \_\_\_\_\_

\_\_\_\_\_

BIDDER (Print Name)

SAMPLE  
BID BOND

Bond No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, that we, the undersigned,

\_\_\_\_\_ as Principal, and \_\_\_\_\_ as Surety,  
[Full Legal Name of Bidder] [Name of Surety Company]

are bound to \_\_\_\_\_ as Obligee, in the sum of  
[Name of Public Agency]

\_\_\_\_\_ Dollars (\$ \_\_\_\_\_ ),  
[Percentage of Bid or Not-to-Exceed Amount]

for which we bind ourselves and our successors.

The Principal has submitted a bid to the Obligee on \_\_\_\_\_ for the project.  
[Date of Bid]

\_\_\_\_\_ .  
[Name of Project and Bid Number]

This bond's condition is that if the Obligee awards the contract to the Principal, and the Principal within the specified time executes the contract and provides any required performance/payment bonds according to bid specifications and N.J.S.A. 2A:44-143 et seq., then this obligation is void. Otherwise, the Principal and Surety are obligated to the Obligee for the difference between the Principal's bid and the amount for which the Obligee contracts with another party. If the Principal fails to execute the contract and furnish required bonds, the Surety will pay the bond amount as liquidated damages.

The Surety agrees that its obligations remain in effect.

This instrument was executed on the \_\_\_\_\_ .  
[Date] day of [Month], 20\*\*[Year]\*\*

PRINCIPAL (BIDDER):  
(Full Legal Name of Bidder)

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(Name of Authorized Representative)

Title: \_\_\_\_\_  
(Title of Authorized Representative)

SURETY:  
(Name of Surety Company)

By: \_\_\_\_\_

Name: \_\_\_\_\_  
(Name of Attorney-in-Face)

Title: \_\_\_\_\_  
(Attorney-in-Fact)

[Corporate Seal]

- Complete document and affix Corporate Seal
- This Bid Bond Must be accompanied by a Power of Attorney for the Attorney-in-Fact which is currently dated and valid for the entire amount of the Bond

CERTIFICATE

(to be completed by an authorized certifying agent for each surety on the bond)

I ..... (name of agent), as ..... (title of agent) for  
..... (name of surety), a corporation/mutual insurance  
company/other (indicating type of business organization) (circle one) domiciled in (state of domicile),

DO HEREBY CERTIFY that, to the best of my  
knowledge, the foregoing statements made by me are true, and ACKNOWLEDGE that, if any of those  
statements are false, this bond is VOIDABLE.

.....  
(Signature of certifying agent)

.....  
(Printed name of certifying agent)

.....  
(Title of certifying agent)

## Consent of Surety

The \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Name and Address of Surety)

a corporation existing under the Laws of the State of \_\_\_\_\_  
and authorized to do business under the Laws of the State of New Jersey, hereby certifies that  
application has been made to us by

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Name and Address of Contractor)

and satisfactory arrangements have been completed by which we have and do now agree to furnish  
a Performance Bond equal to 100% of the Contract to ensure the faithful performance on the part  
of the Bidder of the terms and conditions of the contract, and a labor and materials bond to ensure  
the payment of all persons furnishing labor and materials in accordance with the contract.

Title Work: \_\_\_\_\_

Name and Location of Project: \_\_\_\_\_

This proposition is made with the understanding that any change made in the specifications or  
agreements without the consent of the bondsmen shall in no way vitiate the bond.

WITNESS: SURETY COMPANY

\_\_\_\_\_

Title: \_\_\_\_\_  
Attorney-in-fact

By: \_\_\_\_\_

Date: \_\_\_\_\_

(Affix corporate seal)

### Important Note:

The Surety Company executing the Bond must be authorized to transact business in the State of  
New Jersey. For contracts in excess of \$850,000, the surety shall be listed on the New Jersey List  
of Approved Sureties, located at [www.state.nj.us/dobi/surety.htm](http://www.state.nj.us/dobi/surety.htm).

**SURETY DISCLOSURE STATEMENT AND CERTIFICATION**

N.J.S.A. 2A:44-143

....., surety(ies) on the attached bond, hereby certifies(y) the following:

(1) The surety meets the applicable capital and surplus requirements of R.S.17:17-6 or R.S.17:17-7 as of the surety's most current annual filing with the New Jersey Department of Insurance.

(2) The capital (where applicable) and surplus, as determined in accordance with the applicable laws of this State, of the surety(ies) participating in the issuance of the attached bond is (are) in the following amount(s) as of the calendar year ended December 31, (most recent calendar year for which capital and surplus

amounts are available), which amounts have been certified as indicated by certified public accountants (indicating separately for each surety that surety's capital and surplus amounts, together with the name and address of the firm of certified public accounts that shall have certified those amounts):

.....  
.....  
.....

(3) (a) With respect to each surety participating in the issuance of the attached bond that has received from the United States Secretary of the Treasury a certificate of authority pursuant to 31 U.S.C. 9305, the underwriting limitation established therein and the date as of which that limitation was effective is as follows (indicating for each such surety that surety's underwriting limitation and the effective date thereof):

.....  
.....  
.....

(b) With respect to each surety participating in the issuance of the attached bond that has not received such a certificate of authority from the United States Secretary of the Treasury, the underwriting limitation of that surety as established pursuant to R.S.17:18-9 as of (date on which such limitation was so established) is as follows (indicating for each such surety that surety's underwriting limitation and the date on which that limitation was established):

.....  
.....  
.....

(4) The amount of the bond to which this statement and certification is attached is \$ .....

(5) If, by virtue of one or more contracts of reinsurance, the amount of the bond indicated under item (4) above exceeds the total underwriting limitation of all sureties on the bond as set forth in items (3)(a) or (3)(b) above, or both, then for each such contract of reinsurance:

(a) The name and address of each such reinsurer under that contract and the amount of that reinsurer's participation in the contract is as follows:.....

.....

.....

.....; and

(b) Each surety that is party to any such contract of reinsurance certifies that each reinsurer listed under item (5)(a) satisfies the credit for reinsurance requirement established under P.L.1993, c.243 (C.17:51B-1 et seq.) and any applicable regulations in effect as of the date on which the bond to which this statement and certification is attached shall have been filed with the appropriate public agency.

(continued)

CERTIFICATE

(to be completed by an authorized certifying agent for each surety on the bond)

I ..... (name of agent), as ..... (title of agent) for (name of surety), a corporation/mutual insurance company/other (indicating type of business organization) (circle one) domiciled in (state of domicile), DO HEREBY CERTIFY that, to the best of my knowledge, the foregoing statements made by me are true, and ACKNOWLEDGE that, if any of those statements are false, this bond is VOIDABLE.

.....  
(Signature of certifying agent)

.....  
(Printed name of certifying agent)

.....  
(Title of certifying agent)

**SUBCONTRACTOR IDENTIFICATION LIST**

**Project Title:** \_\_\_\_\_ **Project #:** \_\_\_\_\_

The following information is to be provided in the case of all subcontractors who will furnish labor of the various trades governed by N.J.S.A. 18A:18A-18(b) [General Construction, Steel, Plumbing, HVAC, Electric].

Trade	Company Name/Address/Telephone/Fax/Email	NJ License No.

If work of the types designated by the above referenced law will be performed by the Bidder, the Bidder shall state below and shall enclose copies of licenses covering each trade.

Trade	N.J. License No.

\_\_\_\_\_  
Bidder - Company Name

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**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.**

Name of Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**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)
- For-Profit Corporation (any type)       Limited Liability Company (LLC)
- Partnership       Limited Partnership       Limited Liability Partnership (LLP)
- Other (be specific): \_\_\_\_\_

**Part II Check the appropriate box**

- 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 owns a 10 percent or greater interest therein, as the case may be. **(COMPLETE THE LIST BELOW IN THIS SECTION)**
- OR**
- 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	Address

**Part III 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	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 \_\_\_\_\_ (Owner) 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 Owner to notify the Owner 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 Owner to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):		Title:	
Signature:		Date:	

**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.**

**CERTIFICATION OF NO MATERIAL CHANGE OF CIRCUMSTANCES**

Bidder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

1. A statement as to the financial ability, adequacy of plant equipment, organization and prior experience of the Bidder, as required by N.J.S.A. 18A:18A-28 has been submitted to the Department of Treasury within the last twelve (12) months preceding the date of opening of bids for this contract.
  
2. I certify, as required by N.J.S.A. 18A:18A-32, that there has been no material adverse change in the qualification except:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Name and Title of Signer - Please print or type)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**NON-COLLUSION AFFIDAVIT**

STATE OF NEW JERSEY/ \_\_\_\_\_  
(Specify, if Other)

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, of the (City, Town, Borough) of \_\_\_\_\_ State of \_\_\_\_\_, of full age, being duly sworn according to law on my oath depose and say that:

I am \_\_\_\_\_ of the firm of \_\_\_\_\_, the Bidder making the Proposal for the above named Projects, and that I executed the said Proposal with full authority to do so; that said Bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named Project; and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge, and the State of New Jersey relies upon the truth of the statements contained in this affidavit in awarding the contract for the said Project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by \_\_\_\_\_. (Name of Contractor)

By: \_\_\_\_\_  
(Signature of Authorized Representative)

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Seal) Notary Public of New Jersey/  
Specify Other State  
My Commission Expires \_\_\_\_\_, 20\_\_.

**THIS FORM MUST BE COMPLETED, SIGNED, NOTARIZED, AND SUBMITTED WITH BID**

## **EQUIPMENT CERTIFICATION**

Title of Bid: \_\_\_\_\_

Bid No. \_\_\_\_\_

Bid Date: \_\_\_\_\_  
(Weekday, Month 00, 20\_\_)

In accordance with N.J.S.A. 18A:18A-23, I hereby certify that

A) \_\_\_\_\_ (Name of Company) owns all the necessary equipment as required by the specifications and to complete the specified public work project.

**or**

B) \_\_\_\_\_ (Name of Company) leases or controls all the necessary equipment as required by the specifications and to complete the specified public work project.

**PLEASE NOTE:** If your company is not the actual owner of the equipment, **you shall submit with the bid**

1. A certificate stating the source from which the equipment will be obtained and
2. Obtain and submit with the bid a certificate from the owner and person in control of the equipment, definitely granting to the bidder the control of the equipment required during such time it may be necessary for the completion of that portion of the contract for which said equipment will be necessary.

Name of Company \_\_\_\_\_

Authorized Agent \_\_\_\_\_ Title \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_

## **Compliance with New Jersey Prevailing Wage Act (N.J.S.A. 34:11-56.25 et seq.)**

Every Contractor and Subcontractor performing services in connection with this Project, shall pay all workers a wage rate not less than the published prevailing wage rates, for the locality the work is being performed, as designated by the New Jersey Department of Labor and Workforce Development (NJ DLWD).

Wage rates for the county of the location of the Public Agency (Owner), as published by the State Department of Labor and Workforce Development (DLWD), can be viewed at [https://www.nj.gov/labor/wagehour/wagerate/prevailing\\_wage\\_determinations.html](https://www.nj.gov/labor/wagehour/wagerate/prevailing_wage_determinations.html)

The Contractor must complete and sign the “Prevailing Wage Certification” form included in the bid package and submit with his bid. This form confirms the Contractor’s intention to comply with the Act. The Owner may terminate the contract if Contractor fails to pay workers prevailing wage. The prevailing wage rates in affect at the time of award, will be included by Owner as a part of the construction contract.

Public Law S-1442/A-5345, now P.L. 2023, c. 138, requires public works contractors to register and certify payroll for public works projects to be completed online at <https://njwage.nj.gov>

## PREVAILING WAGES COMPLIANCE CERTIFICATION

It is the determination that this is a public works project that in total will exceed \$2,000.00 (two thousand dollars), therefore prevailing wages rules and regulations apply as promulgated by the New Jersey Prevailing Wage Act and in conformance with N.J.S.A. 34:11-56:25 et seq.

### Certification

1. I certify that our company understands that this project requires prevailing wages to be paid in full accordance with the law.
2. I further certify that all subs named in this bid understand that this project requires the sub to pay prevailing wages in full accordance with the law.

### Non-compliance Statement

If it is found that any worker, employed by the Contractor or any Subcontractor covered by said contract, has been paid a rate of wages less than the prevailing wage required to be paid by such contract, the Owner, may begin proceedings to terminate the Contractor's or Subcontractor's right to proceed with the work, or such part of the work as to which there has been a failure to pay required wages and to prosecute the work to completion or otherwise. The Contractor and his sureties shall be liable for any excess costs occasioned thereby to the public body.

### NOTIFICATION OF VIOLATIONS – New Jersey Department of Labor and Workforce Development

Has the Bidder or any person having an "interest" with the Bidder, been notified by the New Jersey Department of Labor and Workforce Development by notice issued pursuant to N.J.S.A. 34:11-56a et seq that he/she has been in violation for failure to pay prevailing wages as required by the New Jersey Prevailing Wage Act within the last five (5) years?

\*Yes \_\_\_\_\_

No \_\_\_\_\_

\*If yes, please attach a signed document explaining any/or all administrative proceedings with the Department within the last five (5) years. Please include any pending administrative proceedings with the Department if any.

### Submission of Certified Payroll Records

NJ Public Law S-1442/A-5345, now P.L.2023, c.138, requires public works contractors to register and certify payroll online for public works projects at <https://njwages.nj.gov>.

Name of Company \_\_\_\_\_

Authorized Agent \_\_\_\_\_

Authorized Signature \_\_\_\_\_

CERTIFICATION OF NON-DEPARTMENT FOR  
FEDERAL GOVERNMENT CONTRACTS  
N.J.S.A. 52:32-44.1 (P.L. 2019, c.406)

Public Works Contracts

Project No. \_\_\_\_\_ Title of Bid \_\_\_\_\_

This certification shall be completed, certified to, and submitted to the contracting unit **prior to contract award**, except for emergency contracts where submission is required prior to payment.

PART I: VENDOR INFORMATION	
Individual or Organization Name	
Address of Individual or Organization	
DUNS Code (if applicable)	
CAGE Code (if applicable)	
<b>Check the box that represents the type of business organization:</b>	

- Sole Proprietorship     Non-Profit Corporation (skip Parts III and IV)  
 For-Profit Corporation (any type)     Limited Liability Company (LLC)     Partnership  
 Limited Partnership     Limited Liability Partnership (LLP)  
 Other (be specific): \_\_\_\_\_

PART II – CERTIFICATION OF NON-DEBARMENT: Individual or Organization			
I hereby certify that the <b>individual or organization listed above in Part I</b> is not debarred by the federal government from contracting with a federal agency. I further acknowledge: that I am authorized to execute this certification on behalf of the above- named organization; that the _____ (“ <b>OWNER</b> ”) is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award by “ <b>OWNER</b> ” to notify the “ <b>OWNER</b> ” 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 “ <b>OWNER</b> ”, permitting the “ <b>OWNER</b> ” to declare any contract(s) resulting from this certification void and unenforceable.			
Full Name (Print):		Title:	
Signature:		Date:	

**PART III – CERTIFICATION OF NON-DEBARMENT: Individual or Entity Owning Greater than 50 Percent of Organization**

**Section A (Check the Box that applies)**

<input type="checkbox"/>	Below is the name and address of the stockholder in the corporation who owns more than 50 percent of its voting stock, or of the partner in the partnership who owns more than 50 percent interest therein, or of the member of the limited liability company owning more than 50 percent interest therein, as the case may be.
<b>Name of Individual or Organization</b>	
<b>Address</b>	
<b>OR</b>	
<input type="checkbox"/>	No one stockholder in the corporation owns more than 50 percent of its voting stock, or no partner in the partnership owns more than 50 percent interest therein, or no member in the limited liability company owns more than 50 percent interest therein, as the case may be.

**Section B (Skip if no Business entity is listed in Section A above)**

<input type="checkbox"/>	Below is the name and address of the stockholder in the corporation who owns more than 50 percent of the voting stock of the organization's parent entity, or of the partner in the partnership who owns more than 50 percent interest in the organization's parent entity, or of the member of the limited liability company owning more than 50 percent interest in organization's parent entity, as the case may be.
<b>Stockholder/Partner/Member Owning Greater Than 50 Percent of Parent Entity</b>	
<b>Address</b>	
<b>OR</b>	
<input type="checkbox"/>	No one stockholder in the parent entity corporation owns more than 50 percent of its voting stock, no partner in the parent entity partnership owns more than 50 percent interest therein, or no member in the parent entity limited liability company owns more than 50 percent interest therein, as the case may be.

**Section C – Part III Certification**

I hereby certify that no individual or organization that is debarred by the federal government from contracting with a federal agency owns greater than 50 percent of the **Organization listed above in Part I** or, if applicable, owns greater than 50 percent of a parent entity of \_\_\_\_\_ (***name of organization***). I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the (“**OWNER**”) is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award “**OWNER**” to notify the “**OWNER**” 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 “**OWNER**”, permitting the “**OWNER**” to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):		Title:	
Signature:		Date:	

**Part IV – CERTIFICATION OF Non-Debarment: Contractor – Controlled Entities**

**Section A**

<input type="checkbox"/>	Below is the name and address of the corporation(s) in which the <b>Organization listed in Part I</b> owns more than 50 percent of voting stock, or of the partnership(s) in which the <b>Organization listed in Part I</b> owns more than 50 percent interest therein, or of the limited liability company or companies in which the <b>Organization listed above in Part I</b> owns more than 50 percent interest therein, as the case may be.
--------------------------	--

Name of Business Entity	Business Address

\*\*Add additional sheets if necessary\*\*

**OR**

<input type="checkbox"/>	The <b>Organization listed above in Part I</b> does not own greater than 50 percent of the voting stock in any corporation and does not own greater than 50 percent interest in any partnership or any limited liability company.
--------------------------	---

<b>Section B (skip if no business entities are listed in Section A of Part IV)</b>	
<input type="checkbox"/>	Below are the names and addresses of any entities in which an entity listed in Part III A owns greater than 50 percent of the voting stock (corporation) or owns greater than 50 percent interest (partnership or limited liability company).
Name of Business Entity Controlled by Entity Listed in Section A of Part IV	Business Address
**Add additional Sheets if necessary**	
<b>OR</b>	
<input type="checkbox"/>	No entity listed in Part III A owns greater than 50 percent of the voting stock in any corporation or owns greater than 50 percent interest in any partnership or limited liability company.

<b>Section C – Part IV Certification of Non-Debarment</b>			
<p>I hereby certify that the <b>Organization listed above in Part I</b> does not own greater than 50 percent of any entity that that is debarred by the federal government from contracting with a federal agency and, if applicable, does not own greater than 50 percent of any entity that in turns owns greater than 50 percent of any entity debarred by the federal government from contracting with a federal agency. I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the (“<b>OWNER</b>”) is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award by “<b>OWNER</b>” to notify “<b>OWNER</b>” 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 “<b>OWNER</b>”, permitting the “<b>OWNER</b>” to declare any contract(s) resulting from this certification void and unenforceable.</p>			
Full Name (Print):		Title:	
Signature:		Date:	

**FEDERAL AND STATE NON-DEBARMENT CERTIFICATIONS**

I, \_\_\_\_\_ of the city of \_\_\_\_\_, in the County of \_\_\_\_\_ and the State of \_\_\_\_\_, of full age, certify that the entity listed on the form and/or any person or company employed by this entity, are not presently on the following:

- New Jersey Department of Treasury – Consolidated Debarment Report
- New Jersey Department of Labor – Prevailing Wage Debarment List
- Federal Debarred Vendor List – System for Award Management (SAM.gov)
- Workplace Accountability in Labor List (The Wall)

Company Name: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

## Contractor Instructions

Business entities (contractors) receiving contracts from a public agency that are NOT awarded pursuant to a “fair and open” process (defined at N.J.S.A. 19:44A-20.7) are subject to the provisions of N.J.S.A. 19:44A-20.26. This law provides that 10 days prior to the award of such a contract, the contractor shall disclose contributions to:

- any continuing political committee (a.k.a., political action committee)
- any candidate committee of a candidate for, or holder of, an elective office:
  - of the public entity awarding the contract
  - of that county in which that public entity is located
  - of another public entity within that county
  - or of a legislative district in which that public entity is located or, when the public entity is a county, of any legislative district which includes all or part of the county

The disclosure must list reportable contributions to any of the committees that exceed \$200 per election cycle that were made during the 12 months prior to award of the contract. See N.J.S.A. 19:44A-8 and 19:44A-16 for more details on reportable contributions.

N.J.S.A. 19:44A-20.26 itemizes the parties from whom contributions must be disclosed when a business entity is not a natural person. This includes the following:

- individuals with an “interest” ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit
- all principals, partners, officers, or directors of the business entity or their spouses
- any subsidiaries directly or indirectly controlled by the business entity
- IRS Code Section 527 New Jersey based organizations, directly or indirectly controlled by the business entity and filing as continuing political committees, (PACs).

When the business entity is a natural person, “a contribution by that person’s spouse or child, residing therewith, shall be deemed to be a contribution by the business entity.” [N.J.S.A. 19:44A-20.26(b)] The contributor must be listed on the disclosure.

Any business entity that fails to comply with the disclosure provisions shall be subject to a fine imposed by ELEC in an amount to be determined by the Commission which may be based upon the amount that the business entity failed to report.

The enclosed list of agencies is provided to assist the contractor in identifying those public agencies whose elected official and/or candidate campaign committees are affected by the disclosure requirement. It is the contractor’s responsibility to identify the specific committees to which contributions may have been made and need to be disclosed. The disclosed information may exceed the minimum requirement.

The enclosed form, a content-consistent facsimile, or an electronic data file containing the required details (along with a signed cover sheet) may be used as the contractor’s submission and is disclosable to the public under the Open Public Records Act.

The contractor must also complete the attached Ownership Disclosure Certification. This will assist the agency in meeting its obligations under the law. **NOTE: This section does not apply to Board of Education contracts.**



**List of Agencies with Elected Officials Required for Political Contribution Disclosure  
N.J.S.A. 19:44A-20.26**

**County Name: Mercer**

State: Governor, and Legislative Leadership Committees

Legislative District #: 12, 14, 15, & 30

State Senator and two members of the General Assembly per district.

**County:**

Freeholders

County Clerk

Sheriff

County Executive

Surrogate

**Municipalities (Mayor and members of governing body, regardless of title):**

East Windsor Township

Hopewell Township

Trenton City

Ewing Township

Lawrence Township

Washington Township

Hamilton Township

Pennington Borough

West Windsor Township

Hightstown Borough

Princeton Borough

Hopewell Borough

Princeton Township

**Boards of Education (Members of the Board):**

East Windsor Regional

Hopewell Valley Regional

Washington Township

Ewing Township

Lawrence Township

West Windsor-Plainsboro Regional

Hamilton Township

Princeton Regional

**Fire Districts (Board of Fire Commissioners):**

Chesterfield-Hamilton Fire District No. 1

Hamilton Township Fire District No. 9

Hamilton Township Fire District No. 2

Hopewell Borough Fire District No. 1

Hamilton Township Fire District No. 3

Hopewell Township Fire District No. 1

Hamilton Township Fire District No. 4

Hopewell Township Fire District No. 2

Hamilton Township Fire District No. 5

Hopewell Township Fire District No. 3

Hamilton Township Fire District No. 6

Pennington Borough Fire District No. 1

Hamilton Township Fire District No. 7

Washington Township Fire District No. 1

Hamilton Township Fire District No. 8

# Prohibited Russia-Belarus Activities & Iran Investment Activities

Person or Entity

## Part 1: Certification

### COMPLETE PART 1 BY CHECKING ONE OF THE THREE BOXES BELOW

Pursuant to law, any person or entity that is a successful bidder or proposer, or otherwise proposes to enter into or renew a contract, for goods or services must complete the certification below prior to contract award to attest, under penalty of perjury, that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list or Chapter 25 list as a person or entity engaging in prohibited activities in Russia, Belarus or Iran. Before a contract for goods or services can be amended or extended, a person or entity must certify that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list. Both lists are found on Treasury's website at the following web addresses:

<https://www.nj.gov/treasury/administration/pdf/RussiaBelarusEntityList.pdf>  
[www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf](http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf)

As applicable to the type of contract, the above-referenced lists must be reviewed prior to completing the below certification.

A person or entity unable to make the certification must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran. The person or entity must cease engaging in any prohibited activities and provide an updated certification before the contract can be entered into.

If a vendor or contractor is found to be in violation of law, action may be taken as appropriate and as may be 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.

## CONTRACT AWARDS AND RENEWALS



*I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate appears on the N.J. Department of Treasury's lists of entities engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3 or in investment 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. (Skip Part 2 and sign and complete the Certification below.)*

**CONTRACT AMENDMENTS AND EXTENSIONS**



*I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate is listed on the N.J. Department of the Treasury's lists of entities determined to be engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3. 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. (Skip Part 2 and sign and complete the Certification below.)*

**IF UNABLE TO CERTIFY**



*I am unable to certify as above because the person or entity and/or a parent entity, subsidiary, or affiliate is listed on the Department's Russia-Belarus list and/or Chapter 25 Iran list. I will provide a detailed, accurate, and precise description of the activities as directed in Part 2 below, and sign and complete the Certification below. Failure to provide such will prevent the award of the contract to the person or entity, and appropriate penalties, fines, and/or sanctions will be assessed as provided by law.*

**Part 2: Additional Information**

**PLEASE PROVIDE FURTHER INFORMATION RELATED TO PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS AND/OR INVESTMENT ACTIVITIES IN IRAN.**

You must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran in the space below and, if needed, on additional sheets provided by you.

### Part 3: Certification of True and Complete Information

*I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there, to the best of my knowledge, are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity.*

*I acknowledge that the Contracting Unit is relying on the information contained herein and hereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Contracting Unit to notify the Contracting Unit in writing of any changes to the answers of information contained herein.*

*I acknowledge 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 recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the Contracting Unit and that the Contracting Unit at its option may declare any contract(s) resulting from this certification void and unenforceable.*

<b>Full Name (Print)</b>		<b>Title</b>	
<b>Signature</b>		<b>Date</b>	

**STATUS OF PRESENT CONTRACTS**

**PURSUANT TO N.J.A.C. 17:19-2.13, BIDDER DECLARES THE FOLLOWING WITH RESPECT TO ITS UNCOMPLETED CONTRACTS, ON ALL WORK, FROM WHATEVER SOURCE (PUBLIC AND PRIVATE), BOTH IN NEW JERSEY AND FROM OTHER GOVERNMENTAL JURISDICTIONS.**

- Each classified bidder's aggregate rating shall be calculated in accordance with formula prescribed by N.J.A.C. 17:19-2.8
- Calculations shall be based on Bidder's base bid amount only at time of bid or total amount of base bid and accepted Alternate Bids at time of Award.

Entity	Project Title	Original Contract Amount	Uncompleted Amount As of Bid Opening Date	Name and Telephone Number of Party To Be Contacted From Entity For Verification

Sworn and Subscribed to before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

BIDDER

\_\_\_\_\_  
 Notary Public

\_\_\_\_\_  
 (Print and Signature)

PERFORMANCE RECORD

1. How many years has your organization been in business as a Contractor under your present business name? \_\_\_\_\_
2. How many years experience in construction work has your organization had:  
 (a) As a Prime contractor? \_\_\_\_\_ (b) As a subcontractor? \_\_\_\_\_
3. What is the construction experience of the relevant principal individuals managing your organization and directly responsible at your organization?

Individual's Name	Present Position or Office	Years of Constr. Experience	Magnitude and Type of Work	In What Capacity

4. Have you ever failed to complete any work contracted to you? \_\_\_\_\_

If so, where and why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Has any officer or partner of your organization ever failed to complete a construction contract handled in its own name? \_\_\_\_\_

If so, state name of individual, name of owner, location and type of project and reason for the failure to complete.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Continued

PERFORMANCE RECORD  
(Continued)

List of all contracts completed by you.

Name of Owner	Name & Location of Project/ Type of Work	Prime or Sub- Contractor	Architect or Engineer in Charge for Owner	Contract Price (Omit Cost)	Date Completed	Was* Time Extension Necessary	Were any Penalties Imposed	Were* Liens Claims or Stop Notice Filed

\*Explain "Yes" answers.

Continued



condition as of the date herein first named; that the answers to the foregoing interrogatories are true and correct.

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Seal) Notary Public of New Jersey/

Specify Other State

My Commission Expires \_\_\_\_\_, 20\_\_.

### CERTIFICATION

CERTIFICATION OF INSURANCE STATEMENT

Project Title: \_\_\_\_\_

Project No.: \_\_\_\_\_

The Bidder fully understands the Owner's insurance requirements as stated in the Bid Documents and agrees to provide all insurance required by these documents at award of contract.

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
BIDDER (Signature of Authorized Representative)

\_\_\_\_\_  
BIDDER (Print Name of Authorized Representative)

Note: Failure to sign and submit this document prior to the Contract Award may result in the rejection of your Proposal.

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		<b>DATE (MM/DD/YY)</b>
		<b>DATE ISSUED</b>
<b>PRODUCER:</b>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>Insured Insurance Broker/Agent Co.</b> Address City, State, Zip Code Fax # Telephone #		
<b>INSURED</b>	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>Your Company's Name</b> Address City, State, Zip Code	INSURER A: (A.M. Best Rated A- or better)	
	INSURER B: (A.M. Best Rated A- or better)	
	INSURER C: (A.M. Best Rated A- or better)	
	INSURER D: (A.M. Best Rated A- or better)	
	INSURER E:	

**COVERAGES**  
 THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POICY PERIOD INDICATED. NOT WITHSTANDING 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input checked="" type="checkbox"/> Occur <input type="checkbox"/> _____ Gen'l Aggregate Limit Applies <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> Loc	Policy Number	MM/DD/YY	MM/DD/YY	Ea. Occurrence	\$5,000,000
					Fire Damage (any one Fire)	\$500,000
					Med Exp (Any one person)	\$15,000
					Personal & Adv Injury	\$1,000,000
					General Aggregate	\$3,000,000
					Products - Comp/Op Agg	\$1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> Any Auto <input checked="" type="checkbox"/> All owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/> _____ <input type="checkbox"/> _____	Policy Number	MM/DD/YY	MM/DD/YY	Combined Single Limit (Ea Accident)	\$1,000,000
					Bodily Injury (Per Person)	\$
					Bodily Injury (Per Accident)	\$
					Property Damage (Per Accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> _____				Auto Only-Ea Accident	
C	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> Occur <input type="checkbox"/> Claims Made <input type="checkbox"/> Deductible <input type="checkbox"/> Retention \$	Policy Number	MM/DD/YY	MM/DD/YY	Other than Auto Only: Ea Acc	\$
					Agg	\$
					Each Occurrence	\$5,000,000
D	Workers Compensation and Employer's Liability	Policy Number	MM/DD/YY	MM/DD/YY	Aggregate	\$5,000,000
					<i>applicable if underlying limits are less than required</i>	
					<input checked="" type="checkbox"/> WC Statutory Limits	
					<input type="checkbox"/> Other	
					E.L. Each Accident	\$1,000,000
E.L. Disease - Ea Employee	\$1,000,000					
E.L. Disease - Policy Limit	\$1,000,000					
	Other					

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

The following are named as additional insureds the Owner, CM, Architect and their Consultants Agents and Employees.

<b>CERTIFICATE HOLDER</b>	<b>Additional Insured; Insurer Letter:</b>	<b>CANCELLATION</b>
<b>OWNER</b> Street Address City, State, Zip Code	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.	
	<b>Authorized Representative</b>	<b>Signature</b>

S  
A  
M  
P  
L  
E

**EXHIBIT B**  
**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**  
**N.J.S.A. 10:5-31 et seq. (P.L.1975, c.127)**  
**N.J.A.C. 17:27-1.1 et seq.**  
**CONSTRUCTION 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 affection 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 or workers' representative of the contractor's commitments under this act 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.

When hiring or scheduling workers in each construction trade, the contractor or subcontractor agrees to make good faith efforts to employ minority and women workers in each construction trade consistent with the targeted employment goal prescribed by N.J.A.C. 17:27-7.2; provided, however, that the Dept. of LWD, Construction EEO Monitoring Program, may, in its discretion, exempt a contractor or subcontractor from compliance with the good faith procedures prescribed by the following provisions, A, B, and C, as long as the Dept. of LWD, construction EEO Monitoring Program is satisfied that the contractor or subcontractor is employing workers provided by a union which provides evidence, in accordance with standards prescribed by the Dept. of LWD, Construction EEO Monitoring Program, that its percentage of active "card carrying" members who are minority and women workers is equal to or greater than the targeted employment goal established in accordance with N.J.A.C 17:27-7.2. The contractor or subcontractor agrees that a good faith effort shall include compliance with the following procedures:

- (A) If the contractor or subcontractor has a referral agreement or arrangement with a union for a construction trade, the contractor or subcontractor shall, within three business days of the contract award, seek assurances from the union that it will cooperate with the contractor or subcontractor as it fulfills its affirmative action obligations under this contract and in accordance with the rules promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as supplemented and amended from time to time and the American with Disabilities Act. If the contractor or subcontractor is unable to obtain said assurances from the construction trade union at least five business days prior to the commencement of construction work, the contractor or subcontractor agrees to afford equal employment opportunities minority and women workers directly, consistent with this chapter. If the contractor's or subcontractor's prior experience with a construction trade union, regardless of whether the union has provided said assurances, indicates a significant possibility that the trade union will not refer sufficient minority and women workers consistent with affording equal employment opportunities as specified in this chapter, the contractor or subcontractor agrees to be prepared to provide such opportunities to minority and women workers directly, consistent with this chapter, by complying with the hiring or scheduling procedures prescribed under (B) below; and the contractor or subcontractor further agrees to take said action immediately if it determines that the union is not referring minority and women workers consistent with the equal employment opportunity goals set forth in this chapter.

**EXHIBIT B (Continued)**

- (B) If good faith efforts to meet targeted employment goals have not or cannot be met for each construction trade by adhering to the procedures of (A) above, or if the contractor does not have a referral agreement or arrangement with a union for a construction trade, the contractor or subcontractor agrees to take the following actions:
- 1) To notify the public agency compliance officer, the Dept. of LWD, Construction EEO Monitoring Program, and minority and women referral organizations listed by the Division pursuant to N.J.A.C. 17:27-5.3, of its workforce needs, and request referral of minority and women workers;
  - 2) To notify any minority and women workers who have been listed with it as awaiting available vacancies;
  - 3) Prior to commencement of work, to request that the local construction trade union refer minority and women workers to fill job openings, provided the contractor or subcontractor has a referral agreement or arrangement with a union for the construction trade;
  - 4) To leave standing requests for additional referral to minority and women workers with the local construction trade union, provided the contractor or subcontractor has a referral agreement or arrangement with a union for the construction trade, the State Training and Employment Service and other approved referral sources in the area;
  - 5) If it is necessary to lay off some of the workers in a given trade on the construction site, layoffs shall be conducted in compliance with the equal employment opportunity and nondiscrimination standards set forth in this regulation, as well as with applicable Federal and State court decisions;
  - 6) To adhere to the following procedure when minority and women workers apply or are referred to the contractor or subcontractor:
    - i. The contractor or subcontractor shall interview the referred minority or women worker.
    - ii. If said individuals have never previously received any document or certification signifying a level of qualification lower than that required in order to perform the work of the construction trade, the contractor or subcontractor shall in good faith determine the qualifications of such individuals. The contractor or subcontractor shall hire or schedule those individuals who satisfy appropriate qualification standards in conformity with the equal employment opportunity and non-discrimination principles set forth in this chapter. However, a contractor or subcontractor shall determine that the individual at least possesses the requisite skills, and experience recognized by a union, apprentice program or a referral agency, provided the referral agency is acceptable to the Dept. of LWD, Construction EEO Monitoring Program. If necessary, the contractor or subcontractor shall hire or schedule minority and women workers who qualify as trainees pursuant to these rules. All of the requirements, however, are limited by the provisions of (C) below.
    - iii. The name of any interested women or minority individual shall be maintained on a waiting list, and shall be considered for employment as described in (i) above, whenever vacancies occur. At the request of the Dept. of LWD, Construction EEO Monitoring Program, the contractor or subcontractor shall provide evidence of its good faith efforts to employ women and minorities from the list to fill vacancies.
    - iv. If, for any reason, said contractor or subcontractor determines that a minority individual or a woman is not qualified or if the individual qualifies as an advanced trainee or apprentice, the contractor or subcontractor shall inform the individual in writing of the reasons for the determination, maintain a copy of the determination in its files, and send a copy to the public agency compliance officer and to the Dept. of LWD, Construction EEO Monitoring Program.
  - 7) To keep a complete and accurate record of all requests made for the referral of workers in any trade covered by the contract, on forms made available by the Dept. of LWD, Construction EEO Monitoring Program upon request.
- (C) The contractor or subcontractor agrees that nothing contained in (B) above shall preclude the contractor or subcontractor from complying with the union hiring hall or apprenticeship policies in any applicable collective bargaining agreement or union hiring hall arrangement, and, where required by custom or agreement, it shall send journeymen and trainees to the union for referral, or to the apprenticeship program for admission, pursuant to such agreement or arrangement. However, where the practices of a union or apprenticeship program will result in the exclusion of minorities and women or the failure to refer minorities and women consistent with the targeted county employment goal, the contractor or subcontractor shall consider for employment persons referred pursuant to (B) above without regard to such agreement or arrangement; provided further, however, that the contractor or subcontractor shall not be required to employ women and minority advanced trainees and trainees in numbers which

**EXHIBIT B (Continued)**

result in the employment of advanced trainees and trainees as a percentage of the total workforce for the construction trade, which percentage significantly exceeds the apprentice to journey worker ratio specified in the applicable collective bargaining agreement, or in the absence of a collective bargaining agreement, exceeds the ration established by practice in the area for said construction trade. Also, the contractor or subcontractor agrees that, in implementing the procedures of (B) above, it shall, where applicable, employ minority and women workers residing within the geographical jurisdiction of the union.

After notification of award, but prior to signing a construction contract, the contractor shall submit to the public agency compliance officer and the Dept. of LWD, Construction EEO Monitoring Program an initial project workforce report (Form AA-201) electronically provided to the public agency by the Dept. of LWD, Construction EEO Monitoring Program, through its website, for distribution to and completion by the contractor, in accordance with N.J.A.C. 17:27-7. The contractor also agrees to submit a copy of the Monthly Project Workforce Report once a month thereafter for the duration of this contract to the Dept. of LWD, Construction EEO Monitoring Program, and to the public agency compliance officer.

The contractor agrees to cooperate with the public agency in the payment of budgeted funds, as is necessary, for on-the-job and/or off-the-job programs for outreach and training of minorities and women.

- (D) The contractor and its subcontractors shall furnish such reports or other documents to the Dept. of LWD, Construction EEO Monitoring Program as may be requested by the Dept. of LWD, Construction EEO Monitoring Program 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 Dept. of LWD, Construction EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

(Revised: January, 2016)

Reviewed By: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

The contractor and the Board of Education (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.

Name of Company \_\_\_\_\_

Authorized Agent \_\_\_\_\_

Title or Position \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**To be completed, signed, and returned with Bid.**

**STATE OF NEW JERSEY**  
Division of Purchase & Property  
Contract Compliance Audit Unit  
EEO Monitoring Program

**EMPLOYEE INFORMATION REPORT**

**IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: [https://www.nj.gov/treasury/contract\\_compliance/documents/pdf/forms/aa302ins.pdf](https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf)**

**SECTION A - COMPANY IDENTIFICATION**

1. FID. NO. OR SOCIAL SECURITY	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY
4. COMPANY NAME		COMPANY E-MAIL
5. STREET	CITY	COUNTY   STATE   ZIP CODE
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE)		CITY   STATE   ZIP CODE
7. CHECK ONE: IS THE COMPANY: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER		
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ		
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT		
10. PUBLIC AGENCY AWARDED CONTRACT		
	CITY	COUNTY   STATE   ZIP CODE

Official Use Only	DATE RECEIVED	INAUG. DATE	ASSIGNED CERTIFICATION NUMBER

**SECTION B - EMPLOYMENT DATA**

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. *DO NOT SUBMIT AN EEO-1 REPORT.*

JOB CATEGORIES	ALL EMPLOYEES	PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN														
		COL. 1	COL. 2	COL. 3	***** MALE*****						*****FEMALE*****					
		Total	Male	Female	BLACK	HISPANIC	AMER INDIAN	ASIAN	NON MIN	2 OR MORE RACES	BLACK	HISPANIC	AMER INDIAN	ASIAN	NON MIN	2 OR MORE RACES
Officials/Managers																
Professionals																
Technicians																
Sales Workers																
Office & Clerical																
Craftworkers (Skilled)																
Operatives (Semi-skilled)																
Laborers (Unskilled)																
Service Workers																
<b>TOTAL</b>																
Total employment From previous Report (if any)																
The data below shall NOT be included in the figures for the appropriate categories above.																
Temporary & Part-Time Employees																

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED? <input type="checkbox"/> 1. Visual Survey <input type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify)	14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	15. IF NO, DATE LAST REPORT SUBMITTED MO.   DAY   YEAR
13. DATES OF PAYROLL PERIOD USED From: _____ To: _____		

**SECTION C - SIGNATURE AND IDENTIFICATION**

16. NAME OF PERSON COMPLETING FORM (Print or Type)	SIGNATURE	TITLE	DATE MO   DAY   YEAR
17. ADDRESS NO. & STREET	CITY	COUNTY	STATE   ZIP CODE   PHONE (AREA CODE, NO., EXTENSION)

# INSTRUCTIONS FOR COMPLETING THE EMPLOYEE INFORMATION REPORT (FORM AA302)

**IMPORTANT:** READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. PRINT OR TYPE ALL INFORMATION. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM **AND TO SUBMIT THE REQUIRED \$150.00 NON-REFUNDABLE FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. IF YOU HAVE A CURRENT CERTIFICATE OF EMPLOYEE INFORMATION REPORT, DO NOT COMPLETE THIS FORM UNLESS YOU ARE RENEWING A CERTIFICATE THAT IS DUE FOR EXPIRATION. DO NOT COMPLETE THIS FORM FOR CONSTRUCTION CONTRACT AWARDS.**

**ITEM 1** - Enter the Federal Identification Number assigned by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for, or if your business is such that you have not or will not receive a Federal Employer Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.

**ITEM 2** - Check the box appropriate to your TYPE OF BUSINESS. If you are engaged in more than one type of business check the predominate one. If you are a manufacturer deriving more than 50% of your receipts from your own retail outlets, check "Retail".

**ITEM 3** - Enter the total "number" of employees in the entire company, including part-time employees. This number shall include all facilities in the entire firm or corporation.

**ITEM 4** - Enter the name by which the company is identified and the company email. If there is more than one company name, enter the predominate one.

**ITEM 5** - Enter the physical location of the company. Include City, County, State and Zip Code.

**ITEM 6** - Enter the name of any parent or affiliated company including the City, County, State and Zip Code. If there is none, so indicate by entering "None" or N/A.

**ITEM 7** - Check the box appropriate to your type of company establishment. "Single-establishment Employer" shall include an employer whose business is conducted at only one physical location. "Multi-establishment Employer" shall include an employer whose business is conducted at more than one location.

**ITEM 8** - If "Multi-establishment" was entered in item 8, enter the number of establishments within the State of New Jersey.

**ITEM 9** - Enter the total number of employees at the establishment being awarded the contract.

**ITEM 10** - Enter the name of the Public Agency awarding the contract. Include City, County, State and Zip Code. This is not applicable if you are renewing a current Certificate.

**ITEM 11** - Enter the appropriate figures on all lines and in all columns. THIS SHALL ONLY INCLUDE EMPLOYMENT DATA FROM THE FACILITY THAT IS BEING AWARDED THE CONTRACT. DO NOT list the same employee in more than one job category. **DO NOT attach an EEO-1 Report.**

**Racial/Ethnic Groups will be defined:**

**Black:** Not of Hispanic origin. Persons having origin in any of the Black racial groups of Africa.

**Hispanic:** Persons of Mexican, Puerto Rican, Cuban, or Central or South American or other Spanish culture or origin, regardless of race.

**American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**Asian or Pacific Islander:** Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Phillippine Islands and Samoa.

**Non-Minority:** Any Persons not identified in any of the aforementioned Racial/Ethnic Groups.

**2 or More Races:** Persons identifying as 2 or More Races.

**ITEM 12** - Check the appropriate box. If the race or ethnic group information was not obtained by 1 or 2, specify by what other means this was done in 3.

**ITEM 13** - Enter the dates of the payroll period used to prepare the employment data presented in Item 12.

**ITEM 14** - If this is the first time an Employee Information Report has been submitted for this company, check block "Yes".

**ITEM 15** - If the answer to Item 15 is "No", enter the date when the last Employee Information Report was submitted by this company.

**ITEM 16** - Print or type the name of the person completing the form. Include the signature, title and date.

**ITEM 17** - Enter the physical location where the form is being completed. Include City, State, Zip Code and Phone Number.

**TYPE OR PRINT IN SHARP BALL POINT PEN**

THE VENDOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT FORM (AA302) AND RETAIN A COPY FOR THE VENDOR'S OWN FILES. THE VENDOR SHOULD ALSO SUBMIT A COPY TO THE PUBLIC AGENCY AWARDED THE CONTRACT IF THIS IS YOUR FIRST REPORT; AND FORWARD ONE COPY **WITH A CHECK IN THE AMOUNT OF \$150.00 PAYABLE TO THE TREASURER, STATE OF NEW JERSEY(FEE IS NON-REFUNDABLE)** TO:

NJ Department of the Treasury  
Division of Purchase & Property  
Contract Compliance Audit Unit  
EEO Monitoring Program  
P.O. Box 206

Trenton, New Jersey 08625-0206

Telephone No. (609) 292-5473

**AFFIRMATIVE ACTION COMPLIANCE NOTICE**  
**N.J.S.A. 10:5-31 and N.J.A.C. 17:27**

**GOODS AND SERVICES CONTRACTS**  
**(INCLUDING PROFESSIONAL SERVICES)**

This form is a summary of the successful bidder's requirement to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27-1 et seq.

The successful bidder shall submit to the public agency, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

(a) A photocopy of a valid letter that the contractor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter);

OR

(b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-4;

OR

(c) A photocopy of an Employee Information Report (Form AA302) provided by the Division and distributed to the public agency to be completed by the contractor in accordance with N.J.A.C. 17:27-4.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) from the contracting unit during normal business hours.

The successful vendor(s) must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

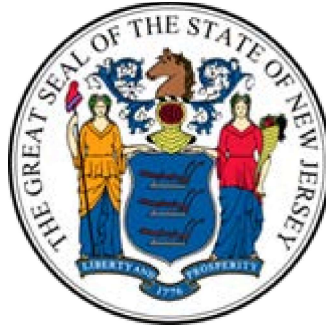
The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.1 et seq. and agrees to furnish the required forms of evidence.

The undersigned vendor further understands that his/her bid shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27-1 et seq.

COMPANY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_



## **FREQUENTLY ASKED QUESTIONS**

**WEBSITE TO OBTAIN FORMS:** [www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance)

**WHO SHOULD CHECK OR MONEY ORDER BE PAYABLE TO?** The Treasurer, State of New Jersey

**HOW TO OBTAIN A DUPLICATE CERTIFICATE:** Visit the website above and select forms. Print and complete the Duplicate Request Form and mail with a \$75 check or money order payable to The Treasurer, State of NJ, PO Box 206, Trenton, NJ 08625. **NOTE:** No fee is required for name and/or address updates.

**HOW LONG DOES IT TAKE TO PROCESS FORM AA-302 AND RECEIVE CERTIFICATE OF EMPLOYEE INFORMATION REPORT?** The initial Form AA-302 certificate may take up to three (3) weeks. Renewals certificates may take up to two (2) weeks.

**HOW LONG ARE CERTIFICATES VALID?** For entities with fewer than 50 employees, the certificate is valid for seven (7) years. For entities with 50 employees or more, the certificate is valid for three (3) years.

**WHICH ADDRESS SHOULD BE USED?** When using the United States Postal Service (regular mail) to deliver the Form AA-302 and payment, the following address must be used:

NJ Dept. of the Treasury  
Contract Compliance and Audit Unit  
EEO Monitoring Program  
PO Box 206  
Trenton, NJ 08625-0206

When using a commercial delivery service such as FEDEX, UPS or other delivery service, the following address must be used:

NJ Dept. of the Treasury  
Contract Compliance and Audit Unit  
EEO Monitoring Program  
33 West State Street, 9<sup>th</sup> floor  
Trenton, NJ 08625

**FOR QUESTIONS RELATED TO CONSTRUCTION FORMS AA-201 AND AA-202:** Contact the NJ Dept. of Labor and Workforce Development, Office of Diversity and Compliance, Construction EEO Monitoring Program at (609) 292-9550.

**HOW TO REGISTER FOR SUBMISSION OF ELECTRONIC RENEWAL CERTIFICATE:** Visit [www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance). Select the Premier Business Services Online Forms Account Instructions and follow the instructions.

**HOW TO SUBMIT PAYMENT AFTER FILING RENEWAL CERTIFICATE ELECTRONICALLY?** Mail check or money order (in the amount of \$150) to the Division along with a print out of the online submission screen. Make check or money order payable to: The Treasurer, State of New Jersey. Please write your certificate number on the check or money order.

**RECEIVED RENEWAL NOTICE – HOW DO I RENEW MY CERTIFICATE?** Follow the instructions on the renewal notice, refer to the Division’s website and select forms, print out the renewal package, complete Form AA-302, Vendor Activity Summary Reports and mail in along with a check or money order payable to: The Treasurer, State of New Jersey.

**TO OBTAIN THE STATUS OF YOUR CERTIFICATE:** Please call (609) 292-5473 and a representative will be available to assist you. Please have your federal ID or certificate number available to ensure faster service. **NOTE:** Renewal Notices will be mailed within 90 days prior to the expiration date of your certificate.

**CAN PAYMENTS BE MADE WITH CREDIT CARDS?** Payments are only accepted in the form of a check or money order in the amount of \$150 and must be submitted with the Form AA-302 (Employee Information Report).

**DO NONPROFIT ORGANIZATIONS HAVE TO COMPLETE FORM AA-302?** Yes, the Employee Information Report (Form AA-302) must be completed by nonprofit organizations to ensure compliance with the EEO requirements.

**WHAT DOES THE CERTIFICATE LOOK LIKE?** The Certificate of Employee Information Report is yellow in color, 3 ½ X 8 ½ and has your assigned certificate number in the top right corner. The entity’s name and address along with the effective date and expiration date also are included on the certificate.

**THE COMPANY HAS NO EMPLOYEES. SHOULD THE OWNER OPERATING THE BUSINESS REPORT NO EMPLOYEES OR ONE EMPLOYEE FOR HIMSELF/HERSELF?** A company with no employees must report the officials and managers on line #3 and also on line #11 (officials/managers).

# SAMPLE CERTIFICATE OF EMPLOYEE INFORMATION REPORT

Certification 111XX

## CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

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-DEC-20XX to 15-DEC-20XX

SAMPLE COMPANY, INC.  
33 WEST STATE STREET  
TRENTON, NJ 08625

**VOID**



State Treasurer

**INSTRUCTIONS FOR COMPLETING THE INITIAL PROJECT  
WORKFORCE REPORT – CONSTRUCTION (AA201)**

**DO NOT COMPLETE THIS FORM FOR GOODS AND/OR SERVICE CONTRACTS**

- 1. Enter the Federal Identification Number assigned to the contractor by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for but not yet issued, or if your business is such that you have not or will not receive a Federal Identification Number, enter the social security number assigned to the single owner or one partner, in the case of a partnership.**
- 2. Note: The Department of Labor & Workforce Development, Construction EEO Monitoring Program will assign a contractor ID number to your company. This number will be your permanently assigned contractor ID number that must be on all correspondence and reports submitted to this office.**
- 3. Enter the prime contractor’s name, address and zip code number.**
- 4. Check box if Company is Minority Owned or Woman Owned**
- 5. Enter the complete name and address of the Public Agency awarding the contract. Include the contract number, date of award and dollar amount of the contract.**
- 6. Enter the name and address of the project, including the county in which the project is located.**
- 7. Note: A project contract ID number will be assigned to your firm upon receipt of the completed Initial Project Workforce Report (AA201) for this contract. This number must be indicated on all correspondence and reports submitted to this office relating to this contract.**
- 8. Check “Yes” or “No” to indicate whether a Project Labor Agreement (PLA) was established with the labor organization(s) for this project.**
- 9. Under the Projected Total Number of Employees in each trade or craft and at each level of classification, enter the total composite workforce of the prime contractor and all subcontractors projected to work on the project. Under Projected Employees enter total minority and female employees of the prime contractor and all subcontractors projected to work on the project. Minority employees include Black, Hispanic, American Indian and Asian, (J=Journeyworker, AP=Apprentice). Include projected phase-in and completion dates.**
- 10. Print or type the name of the company official or authorized Equal Employment Opportunity (EEO) official include signature and title, phone number and date the report is submitted.**

**This report must be submitted to the Public Agency that awards the contract and the Department of Labor & Workforce Development, Construction EEO Compliance Monitoring Program after notification of award, but prior signing the contract.**

**THE CONTRACTOR IS TO RETAIN A COPY AND SUBMIT COPY TO THE PUBLIC AGENCY AWARDING  
THE CONTRACT AND FORWARD A COPY TO:**

**NEW JERSEY DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT  
CONSTRUCTION EEO COMPLIANCE MONITORING UNIT**

**P.O. BOX 209  
TRENTON, NJ 08625-0209**

**(609) 292-9550**

# STATE OF NEW JERSEY

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT  
CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

Assignment

Code

FORM AA-201

Revised 11/11

## INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

For instructions on completing the form, go to: [http://www.state.nj.us/treasury/contract\\_compliance/pdf/aa201ins.pdf](http://www.state.nj.us/treasury/contract_compliance/pdf/aa201ins.pdf)

<b>1. FID NUMBER</b>		<b>2. CONTRACTOR ID NUMBER</b>		<b>5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDDING CONTRACT</b>						
<b>3. NAME AND ADDRESS OF PRIME CONTRACTOR</b>				Name:						
				Address:						
(Name)				CONTRACT NUMBER		DATE OF AWARD		DOLLAR AMOUNT OF AWARD		
(Street Address)				<b>6. NAME AND ADDRESS OF PROJECT</b>				<b>7. PROJECT NUMBER</b>		
(City) (State) (Zip Code)										Name:
<b>4. IS THIS COMPANY MINORITY OWNED [ ] OR WOMAN OWNED [ ]</b>				Address:						
				COUNTY						<b>8. IS THIS PROJECT COVERED BY A PROJECT LABOR AGREEMENT (PLA)? YES <input type="checkbox"/></b>
<b>9. TRADE OR CRAFT</b>	PROJECTED TOTAL EMPLOYEES				PROJECTED MINORITY EMPLOYEES				PROJECTED PHASE - IN DATE	PROJECTED COMPLETION DATE
	MALE		FEMALE		MALE		FEMALE			
	J	AP	J	AP	J	AP	J	AP		
1. ASBESTOS WORKER										
2. BRICKLAYER OR MASON										
3. CARPENTER										
<b>4. ELECTRICIAN</b>										
<b>5. GLAZIER</b>										
6. HVAC MECHANIC										
7. IRONWORKER										
8. OPERATING ENGINEER										
9. PAINTER										
<b>10. PLUMBER</b>										
<b>11. ROOFER</b>										
12. SHEET METAL WORKER										
13. SPRINKLER FITTER										
<b>14. STEAMFITTER</b>										
<b>15. SURVEYOR</b>										
<b>16. TILER</b>										
<b>17. TRUCK DRIVER</b>										
<b>18. LABORER</b>										
<b>19. OTHER</b>										
<b>20. OTHER</b>										

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

(Signature)

10. (Please Print Your Name)

(Title)

(Area Code)

(Telephone Number)

(Ext.)

(Date)

# State Of New Jersey

Department of Labor & Workforce Development  
Construction EEO Compliance Monitoring Program

**MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION**

For instructions on completing the form, go to:

[http://www.state.nj.us/treasury/contract\\_compliance/pdf/aa202ins.pdf](http://www.state.nj.us/treasury/contract_compliance/pdf/aa202ins.pdf)

1. Name and address of Prime Contractor  <small>(NAME)</small>		2. Contractor ID Number	3. F ID or SS Number	
(ADDRESS)		4. Reporting Period		5. Public Agency Awarding Contract
(CITY)		(STATE)		(ZIP CODE)
6. Name and Location of Project			County	7. Project ID Number
Date of Award				

8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING)	9. PERCENT OF WORK COMPLETED	10. TRADE OR CRAFT	CLASSIFICATION (SEE REVERSE)	11. NUMBER OF EMPLOYEES						12. TOTAL	13. WORK HOURS		14. % OF WORK HRS		15. CUM. WORK HRS		16. CUM. % OF W/H			
				A.	B.	C.	D.	E.	F.	NO. OF	TOTAL	A.	B.	A.	B.	TOTAL	A.	B.	A.	B.
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	FEMALES	MIN. EMP.	WORK HOURS	MIN. W/H	FEMALE W/H	% OF MIN. W/H	% OF FEMALE W/H	WORK HOURS	MIN. HOURS	FEMALE HOURS	% OF MIN. W/H	% OF FEM. W/H
			J																	
			AP																	
			J																	
			AP																	
			J																	
			AP																	
			J																	
			AP																	

17. COMPLETED BY (PRINT OR TYPE)

(NAME) (SIGNATURE) (TITLE)

(AREA CODE) (TELEPHONE NUMBER) (EXT.) (DATE)

## Sample Performance Bond

KNOW ALL MEN BY THESE PRESENTS, that we, the undersigned \_\_\_\_\_, as Principal, and \_\_\_\_\_ SURETY COMPANY, a corporation of the State of \_\_\_\_\_ duly authorized to do business in the State of New Jersey, having an office at \_\_\_\_\_, are hereby held and firmly bound unto the \_\_\_\_\_ in the penal sum of \_\_\_\_\_ Dollars, for payment of which well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT, WHEREAS, the above named Principal did on the \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_ enter into a written contract with the \_\_\_\_\_ for \_\_\_\_\_ which said contract is made a part of this bond as set forth herein.

NOW, if the said \_\_\_\_\_ shall well and faithfully do and perform the things agreed by \_\_\_\_\_ to be done and performed according to the terms of the said contract, and shall pay all lawful claims of beneficiaries as defined by N.J.S.A. 2A:44-143 for labor performed or materials, provisions, provender or other supplies or teams, fuels, oils, implements or machinery furnished, used or consumed in the carrying forward, performing or completing of said contract, we agreeing and assenting that this undertaking shall be for the benefit of any beneficiary as defined in N.J.S.A. 2A:44-143 having a just claim, as well as for the obligee herein; then this obligation shall be void, otherwise the same shall remain in full force and effect; it being expressly understood and agreed that the liability of the surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation as herein stated.

The said surety hereby stipulated and agrees that no modifications, omissions or additions in or to the terms of the said contract, or in or to the plans or specifications therefore shall in any way effect the obligation of said surety on its bond.

This bond is given in compliance with the requirements of the statutes of the State of New Jersey in respect to bonds on contractors on public works. Revised Statutes of New Jersey, 1937, Sections 2A:44-143 to 147, and amendments thereof, and liability hereunder is limited as in said statutes provided.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Witness as to Surety

**Surety Disclosure Statement and Certification**

N.J.S. A. 2A:44-143

**SAMPLE**

**SURETY DISCLOSURE STATEMENT AND CERTIFICATION**

....., surety(ies) on the attached bond, hereby certifies(y) the following:

(1) The surety meets the applicable capital and surplus requirements of R.S.17:17-6 or R.S.17:17-7 as of the surety's most current annual filing with the New Jersey Department of Insurance.

(2) The capital (where applicable) and surplus, as determined in accordance with the applicable laws of this State, of the surety(ies) participating in the issuance of the attached bond is (are) in the following amount(s) as of the calendar year ended December 31, ..... (most recent calendar year for which capital and surplus amounts are available), which amounts have been certified as indicated by certified public accountants (indicating separately for each surety that surety's capital and surplus amounts, together with the name and address of the firm of certified public accounts that shall have certified those amounts): .....  
.....

(3) (a) With respect to each surety participating in the issuance of the attached bond that has received from the United States Secretary of the Treasury a certificate of authority pursuant to 31 U.S.C. 9305, the underwriting limitation established therein and the date as of which that limitation was effective is as follows (indicating for each such surety that surety's underwriting limitation and the effective date thereof): .....  
.....

(b) With respect to each surety participating in the issuance of the attached bond that has not received such a certificate of authority from the United States Secretary of the Treasury, the underwriting limitation of that surety as established pursuant to R.S.17:18-9 as of (date on which such limitation was so established) is as follows (indicating for each such surety that surety's underwriting limitation and the date on which that limitation was established): .....  
.....

(4) The amount of the bond to which this statement and certification is attached is \$ .....

(5) If, by virtue of one or more contracts of reinsurance, the amount of the bond indicated under item (4) above exceeds the total underwriting limitation of all sureties on the bond as set forth in items (3)(a) or (3)(b) above, or both, then for each such contract of reinsurance:

(a) The name and address of each such reinsurer under that contract and the amount of that reinsurer's participation in the contract is as follows:.....  
.....; and

(b) Each surety that is party to any such contract of reinsurance certifies that each reinsurer listed under item (5)(a) satisfies the credit for reinsurance requirement established under P.L.1993, c.243 (C.17:51B-1 et seq.) and any applicable regulations in effect as of the date on which the bond to which this statement and certification is attached shall have been filed with the appropriate public agency.

CERTIFICATE

(to be completed by an authorized certifying agent for each surety on the bond)

I ..... (name of agent), as ..... (title of agent) for ..... (name of surety), a corporation/mutual insurance company/other (indicating type of business organization) (circle one) domiciled in ..... (state of domicile), DO HEREBY CERTIFY that, to the best of my knowledge, the foregoing statements made by me are true, and ACKNOWLEDGE that, if any of those statements are false, this bond is VOIDABLE.

.....  
(Signature of certifying agent)

.....  
(Printed name of certifying agent)

.....  
(Title of certifying agent)

**PAYMENT BOND**

Bond No. \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, that we, the undersigned \_\_\_\_\_ as PRINCIPAL and sureties with underwriting office at \_\_\_\_\_ to which all communication in regard to this bond should be addressed, a Corporation organized and existing under the laws of the State of \_\_\_\_\_ and duly authorized to do business in the state of New Jersey, as SURETY, are hereby held and firmly bound unto the \_\_\_\_\_ in the penal sum of \_\_\_\_\_, for payment of which well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns.

SIGNED and SEALED this \_\_\_\_\_ day of \_\_\_\_\_ two thousand and \_\_\_\_\_.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT, WHEREAS, the above named Principal did on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, entered into a contract with \_\_\_\_\_ identified as \_\_\_\_\_ which said contract, upon execution by the Owner, and the Principal, will be a part of this bond the same as though set forth herein.

Now, if the said Principal shall pay all lawful claims of beneficiaries as defined by N.J.S.2A:44-143 for labor performed or materials, provisions, provender or other supplies or teams, fuels, oils, implement or machinery furnished, used or consumed in carrying forward, performing or completing of said contract, we agreeing and assenting that this undertaking shall be for the benefit of any beneficiary as defined in N.J.S.2A;44-143 having a just claim, as well as for the party of the first part mentioned in the contract aforesaid; then this obligation shall be void; otherwise the same shall remain in full force and effect; it being expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation as herein stated.

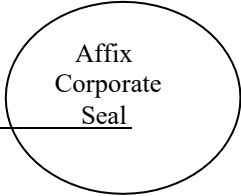
The said Surety hereby stipulated and agrees that no modifications, omissions or additions in or to the terms of the said contract, or in or to the plans or specifications therefore, shall in anyway affect the obligations of said Surety on its bond.

**Principal:**

By: \_\_\_\_\_

Print Name:

Print Title:



\_\_\_\_\_  
Witness

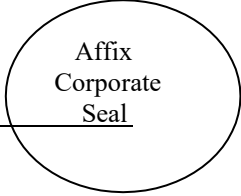
\_\_\_\_\_  
Print or Type Name

**Surety:**

By: \_\_\_\_\_

Print Name:

Print Title:



\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print or Type Name

**Surety Disclosure Statement and Certification**

N.J.S. A. 2A:44-143

**SAMPLE**

**SURETY DISCLOSURE STATEMENT AND CERTIFICATION**

....., surety(ies) on the attached bond, hereby certifies(y) the following:

(1) The surety meets the applicable capital and surplus requirements of R.S.17:17-6 or R.S.17:17-7 as of the surety's most current annual filing with the New Jersey Department of Insurance.

(2) The capital (where applicable) and surplus, as determined in accordance with the applicable laws of this State, of the surety(ies) participating in the issuance of the attached bond is (are) in the following amount(s) as of the calendar year ended December 31, ..... (most recent calendar year for which capital and surplus amounts are available), which amounts have been certified as indicated by certified public accountants (indicating separately for each surety that surety's capital and surplus amounts, together with the name and address of the firm of certified public accounts that shall have certified those amounts): .....  
.....

(3) (a) With respect to each surety participating in the issuance of the attached bond that has received from the United States Secretary of the Treasury a certificate of authority pursuant to 31 U.S.C. 9305, the underwriting limitation established therein and the date as of which that limitation was effective is as follows (indicating for each such surety that surety's underwriting limitation and the effective date thereof): .....  
.....

(b) With respect to each surety participating in the issuance of the attached bond that has not received such a certificate of authority from the United States Secretary of the Treasury, the underwriting limitation of that surety as established pursuant to R.S.17:18-9 as of (date on which such limitation was so established) is as follows (indicating for each such surety that surety's underwriting limitation and the date on which that limitation was established): .....  
.....

(4) The amount of the bond to which this statement and certification is attached is \$ .....

(5) If, by virtue of one or more contracts of reinsurance, the amount of the bond indicated under item (4) above exceeds the total underwriting limitation of all sureties on the bond as set forth in items (3)(a) or (3)(b) above, or both, then for each such contract of reinsurance:

(a) The name and address of each such reinsurer under that contract and the amount of that reinsurer's participation in the contract is as follows:.....  
.....; and

(b) Each surety that is party to any such contract of reinsurance certifies that each reinsurer listed under item (5)(a) satisfies the credit for reinsurance requirement established under P.L.1993, c.243 (C.17:51B-1 et seq.) and any applicable regulations in effect as of the date on which the bond to which this statement and certification is attached shall have been filed with the appropriate public agency.

CERTIFICATE

(to be completed by an authorized certifying agent for each surety on the bond)

I ..... (name of agent), as ..... (title of agent) for ..... (name of surety), a corporation/mutual insurance company/other (indicating type of business organization) (circle one) domiciled in ..... (state of domicile), DO HEREBY CERTIFY that, to the best of my knowledge, the foregoing statements made by me are true, and ACKNOWLEDGE that, if any of those statements are false, this bond is VOIDABLE.

.....  
(Signature of certifying agent)

.....  
(Printed name of certifying agent)

.....  
(Title of certifying agent)

**MAINTENANCE BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned,

\_\_\_\_\_  
as principal, and \_\_\_\_\_ a Corporation organized and existing under the laws of the state of \_\_\_\_\_, and duly authorized to do business in the State of New Jersey, as Surety, are held and firmly bound unto the \_\_\_\_\_ as Owner, in the penal sum of \_\_\_\_\_

\_\_\_\_\_  
(10% of the Final Contract Amount)

for payment of which, well and truly to be made, we hereby, jointly, and severally, bind ourselves, our heirs, executors, administrators, successors and assigns.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas the above named principal did on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, enter into a Contract with the Owner for \_\_\_\_\_

\_\_\_\_\_  
(Project Name)

which said Contract is made a part of this bond the same as though set forth herein.

NOW, if the said principal shall remedy without cost to the Owner any defects which may develop during the two (2) year Maintenance Period of the work performed under the said Contract, provided such defects, in the judgment of the Owner are caused by defective or inferior materials or workmanship, then this obligation shall be void, otherwise it shall be and remain in full force and effect. The two (2) year period shall commence on the date established in the Certificate of Substantial Completion.

The said Surety hereby stipulates and agrees that no modifications, deletions or additions in or to the terms of the said Contract or the plans or specifications therefor shall in any way affect its obligations on this bond.

Signed and Sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Principal) (Seal)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Surety) (Seal)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Title)

**Surety Disclosure Statement and Certification**  
N.J.S. A. 2A:44-143

**SAMPLE**

SURETY DISCLOSURE STATEMENT AND CERTIFICATION

....., surety(ies) on the attached bond, hereby certifies(y) the following:

(1) The surety meets the applicable capital and surplus requirements of N.J.S.A.17:17-6 or N.J.S.A. 17:17-7 as of the surety's most current annual filing with the New Jersey Department of Insurance.

(2) The capital (where applicable) and surplus, as determined in accordance with the applicable laws of this State, of the surety(ies) participating in the issuance of the attached bond is (are) in the following amount(s) as of the calendar year ended December 31, ..... (most recent calendar year for which capital and surplus amounts are available), which amounts have been certified as indicated by certified public accountants (indicating separately for each surety that surety's capital and surplus amounts, together with the name and address of the firm of certified public accounts that shall have certified those amounts):

.....  
.....  
.....

(3) (a) With respect to each surety participating in the issuance of the attached bond that has received from the United States Secretary of the Treasury a certificate of authority pursuant to 31 U.S.C. 9305, the underwriting limitation established therein and the date as of which that limitation was effective is as follows (indicating for each such surety that surety's underwriting limitation and the effective date thereof):

.....  
.....  
.....

(b) With respect to each surety participating in the issuance of the attached bond that has not received such a certificate of authority from the United States Secretary of the Treasury, the underwriting limitation of that surety as established pursuant to N.J.S.A. 17:18-9 as of (date on which such limitation was so established) is as follows (indicating for each such surety that surety's underwriting limitation and the date on which that limitation was established):

.....  
.....  
.....

(4) The amount of the bond to which this statement and certification is attached is \$.....

(5) If, by virtue of one or more contracts of reinsurance, the amount of the bond indicated under item (4) above exceeds the total underwriting limitation of all sureties on the bond as set forth in items (3)(a) or (3)(b) above, or both, then for each such contract of reinsurance:

(a) The name and address of each such reinsurer under that contract and the amount of that reinsurer's participation in the contract is as follows:.....

.....

.....

.....; and

(b) Each surety that is party to any such contract of reinsurance certifies that each reinsurer listed under item (5)(a) satisfies the credit for reinsurance requirement established under NJSA 17:51B-1 et seq. and any applicable regulations in effect as of the date on which the bond to which this statement and certification is attached shall have been filed with the appropriate public agency.

### CERTIFICATE

(to be completed by an authorized certifying agent

for each surety on the bond)

I ..... (name of agent), as ..... (title of agent) for ..... (name of surety), a corporation/mutual insurance company/other (indicating type of business organization) (circle one) domiciled in ..... (state of domicile), DO HEREBY CERTIFY that, to the best of my knowledge, the foregoing statements made by me are true, and ACKNOWLEDGE that, if any of those statements are false, this bond is VOIDABLE.

.....

(Signature of certifying agent)

.....

(Printed name of certifying agent)

.....

(Title of certifying agent)