Taxpayer Identification# 450-904-269/000

Dear Business Representative:

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

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

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

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

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

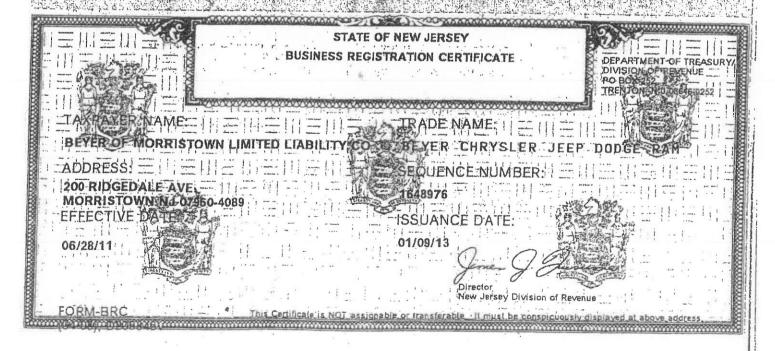
wish you continued success in your business endeavors.

Sincerely,

James J. Fruscione

Director

New Jersey Division of Revenue



Certification 47953

# CERTIFICATE OF EMPLOYEE INFORMATION REPORT

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-JAN-2019 to 15-JAN-2026

BEYER OF MORRISTOWN, LLC 200 RIDGEDALE AVE. MORRISTOWN NJ 07962

ELIZABETH MAHER MUOIO
State Treasurer

#### RETURN WITH BID

#### (REVISED 4/10) **EXHIBIT A**

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

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

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

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

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

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

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

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

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

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality

or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU.EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to <u>Subchapter 10 of the Administrative Code at N.J.A.C. 17:27</u>.

C:	σn	0	<b>611</b>	ra	

Name BARBARA M. BEYER

Title MEMBER

Company BEYER OF MORRISTOWN LLC, D/B/A BEYER CDJR

# Educational Services Commission of New Jersey Business Office 1660 Stelton Road Piscataway New Jersey 08854

# Chapter 271 Political Contribution Disclosure Form (Contracts that Exceed \$17,500.00) Ref. N.J.S.A. 52:34-25

<b>MORRIS</b>	TOWN LLC, D/F	B/A BEYER CDJR	al contributions to any elected offic	(Bı	usiness
committe	e as defined in N.J.S	S.A. 19:44-20.26 durin	ng the twelve (12) months preceding	this award of contract:	onticar
Reportabl	e Contributions				
	Date of Contribution	Amount of Contribution	Name of Recipient Elected Official/ Committee/Candidate	Name of Contributor	
The Busin	ness Entity may attac	ch additional pages if	needed.		
× No	Reportable Contril	outions (Please check	(✓) if applicable.)		
I certify the to any ele	hat <u>BEYER OF MC</u> cted official, politica	DRRISTOWN LLC, Dal candidate or any po	D/B/A BEYER CDJR (Business En litical committee as defined in N.J.S	ntity) made no reportable contril .A. 19:44-20.26.	outions
Certificati	ion				
I certify, t	hat the information	provided above is in f	ull compliance with Public Law 200	5—Chapter 271.	
Name of A	Authorized Agent _	BARBARA M. BE	YER		
Signature	Buko	MB	Title MEMBER		
Business 1	Entity <u>BEYER of M</u>	orristown LLC			

### To be completed and signed below.

Return with Bid

## STATEMENT OF OWNERSHIP (OWNERSHIP DISCLOSURE CERTIFICATION)

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 Included with All Bid and Proposal Submissions

Name of Business:	BEYER OF MOR	RISTOWN
Address of Business:	200 RIDGEDAL	E AVE., MORRISTOWN, NJ 07960
Name of person comp	leting this form:	BARBARA M. BEYER

#### N.J.S.A. 52:25-24.2:

"No corporation, partnership, or limited liability company shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any materials or supplies, unless prior to the receipt of the bid or proposal, or accompanying the bid or proposal of said corporation, said partnership, or said limited liability company there is submitted a statement setting forth the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be.

If one or more such stockholder or partner or member is itself a corporation or partnership or limited liability company, the stockholders holding 10 percent or more of that corporation's stock, or the individual partners owning 10 percent or greater interest in that partnership, or the members owning 10 percent or greater interest in that limited liability company, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every non-corporate stockholder, and individual partner, and member, exceeding the 10 percent ownership criteria established in this act, has been listed.

To comply with this section, a bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest."

The Attorney General has advised that the provisions of N.J.S.A. 52:25-24.2, which refer to corporations and partnerships, apply to limited partnerships, limited liability partnerships, and Subchapter S corporations.

33

This Ownership Disclosure Certification form shall be completed, signed and notarized.

# Failure of the bidder/proposer to submit the required information is cause for automatic rejection of the bid or proposal

<u>Part I</u>		
Check	the box that represents the type of b	ousiness organization:
$\square_{\mathrm{Sc}}$	ole Proprietorship (skip Parts II and III,	sign and notarize at the end)
$\square_{N}$	on-Profit Corporation (skip Parts II and	I III, sign and notarize at the end)
Partnershi		Limited Liability Partnership
X Limited I	Liability Company	
For-profit	Corporation (including Subchapters C	and S or Professional Corporation)
-	specific):	
Part II		
	corporation who own 10 percent or in the partnership who own a 10 p	ains the names and addresses of all stockholders in the more of its stock, of any class, or of all individual partners bercent or greater interest therein, or of all members in the a 10 percent or greater interest therein, as the case may be.
		OR
	class, or no individual partner in the	the corporation owns 10 percent or more of its stock, of any e partnership owns a 10 percent or greater interest therein, or ity company owns a 10 percent or greater interest therein, as
Sign and not more space is n		sary, complete the list below. (Please attach additional sheets if
	ARA M. BEYER 33% ASTON RD., MORRISOWN, NJ 07960	Name: BRIDGET BEYER 33% Address: 8 HAWTHORNE CT., MORRIS TOWNSHIP, NJ 07960
	EL T. BEYER 33%	Name:
Address: 40 SW	VAN CT., PARAMUS, NJ 07652	Address:

#### Part III - Any Direct or Indirect Parent Entity Which is Publicly Traded:

"To comply with this section, a bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest."

	ntain the information on each person that holds a 10 percent or greater beneficial interest."
	Pages attached with name and address of each publicly traded entity as well as the name and address of each that holds a 10 percent or greater beneficial interest.
	OR
and Ex	Submit here the links to the Websites (URLs) containing the last annual filings with the federal Securities change Commission or the foreign equivalent.
	AND
0	Submit here the relevant page numbers of the filings containing the information on each person holding a 10 percent or greater beneficial interest.
Subscr	ibed and sworn before me this 6 day of 5EPT 2018
HARLING TOWNS	RBARA M. BEYER - MEMBER ame of affiant and title if applicable)
(Corpo	rate Seal if a Corporation)
	(Notary Public)
My Cor	nmission expires: PHILIP SILLETTI  NOTARY PUBLIC OF NEW JERSEY

My Commission Expires 9/26/2018

Form W-9
Rev. December 2014

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

# Request for Taxpayer Identification Number and Certification

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

- Quantitation (Contraction Contraction Co												
	1 Name (as shown on your income tax return). Name is required on this line; do not be seen of Morristown, LLC	ot leave this line blank.						***********				epode-residua-
62.	2 Business name/disregarded entity name, if different from above											
Print or type Specific Instructions on page	single-member LLC  Limited liability company. Enter the tax classification (C=C corporation, S=S c  Note. For a single-member LLC that is disregarded, do not check LLC; check	oration Partnership Trust/estate  n, S=S corporation, P=partnership) P				Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any)  Exemption from FATCA reporting						
Inst	the tax classification of the single-member owner.  Other (see instructions) ▶			.,	COC	le (if a		******		****		
± €	5 Address (number, street, and apt. or suite no.)		Requester's			les to a				outsid	e the L	(S)
9	200 Ridgedale Ave.		requester	b i reu i	io au iu a	uurez	es (ob	uon	AI)			
	6 City, state, and ZIP code											
See	Morristown, NJ 07962											
	7 List account number(s) here (optional)						***************************************		*********			**********
Par	Taxpayer Identification Number (TIN)											
STATE OF THE PARTY	your TIN in the appropriate box. The TIN provided must match the name g	ivan an line 1 to ave	1.4 S.	clal e	ecurity	DI ION	har		~~~			
Dacku	O Withholding. For individuals, this is generally your social security number	(SSN) However to	ra 🗀	Ciai i	wed ny	TRATE	I	1			_	_
resider	it alien, sole proprietor, or disregarded entity, see the Part I instructions of	n name 3 For other			-	-		-				
TIN on	s, it is your employer identification number (EIN). If you do not have a num page 3.	ber, see How to get	a	Ш					Ш	<u> </u>		
Note.	f the account is in more than one name, see the instructions for line 1 and	the chart on page 4		volor	er ident	ificat	ion n	umi	er			1
guideli	nes on whose number to enter.	THE CHAIL ON PAGE 4	101			Т						
			4	5	- 0	9	0	4	2	6	9	
Part												
Under	penalties of perjury, I certify that:							**********				
1. The	number shown on this form is my correct taxpayer identification number (	or I am waiting for a	number to	be	issued	to m	e): a	nd				
2. I am Sen no le	not subject to backup withholding because: (a) I am exempt from backup rice (IRS) that I am subject to backup withholding as a result of a failure to onger subject to backup withholding; and	withholding or this	have not	haan	notific	d bu	tha	lata.	mal ed m	Revi ne th	enue iat i	am
	a U.S. citizen or other U.S. person (defined below); and											
4. The I	FATCA code(s) entered on this form (if any) indicating that I am exempt fro	m FATCA reporting	is correct,									
interest general instruct	eation instructions. You must cross out item 2 above if you have been not be you have failed to report all interest and dividends on your tax return. For paid, acquisition or abandonment of secured property, cancellation of de ly, payments other than interest and dividends, you are not recovered to significant on page 3.	or real estate transac	tions, item	2 de	es not	app	ly. Fo	or m	ortg	age		77
Sign Here	Signature of U.S. person ▶ // /	Date	. 91	2	9/	16						
	ftul	form 1098 (home mortg	age interest	), 109	8-E (stu	dent	loan i	nter	est),	1098	-T	Montesoux
	eferences are to the Internal Revenue Code unless otherwise noted.	orm 1099-C (canceled	debt)									
Future d	SWIGHTENSTE Information shout developments effective Come M.O. Javan	orm 1099-A (acquisition	Market Control	nmen	t of sec	ured	prope	erty)				
	as of Paris	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.										
return wil	h the IRS must obtain your correct taxpaver identification number (TIM) to be	If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.							xt			
which me	by be your social security number (SSN), individual taxpayer identification  TIN), adoption taxpayer identification number (ATIM), or employer	ly signing the filled-out										
you, or of	tion number (EIN), to report on an information return the amount paid to the amount reportable on an information return. Examples of information	. Certify that the TIN yo se issued),						aitin	g for	a nu	mbe	
returns in	clude, but are not limited to, the following:	. Certify that you are no					-					
	99-INT (Interest earned or paid) 399-DIV (dividends, including those from stocks or mutual funds)	. Claim exemption from licable, you are also ce	backup wit	nhok as a	ling if yo	ane and	a U.	S. ex	emp	t pay	/08. I	f
	any	partnership income fro	m a U.S. tra	de o	busine	SS  S	not su	blec	t to t	he		
• Form 10		holding tax on foreign Certify that FATCA co										ne
brokers)	exe	exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.										

• Form 1099-K (merchant card and third party network transactions)

### STATE OF NEW JERSEY - DIVISION OF PURCHASE AND PROPERTY

#### **DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN**

Solicitation Number: ESCNJ 17/18-21 Respondent/Offeror Barbara Beyer
PART 1: CERTIFICATION
RESPONDENTS MUST COMPLETE PART 1 BY CHECKING EITHER BOX
FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE  Pursuant to public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <a href="http://www.state.nj.us/treasury/purchase/pdf/Chapter25Listpdf">http://www.state.nj.us/treasury/purchase/pdf/Chapter25Listpdf</a> . Respondents must review this list prior to completing the below certification. Failure to complete the certification will render a respondent's proposal non-responsive. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.
PLEASE CHECK THE APPROPRIATE BOX:
I certify, pursuant to Public Law 2012, c. 25, that neither the respondent listed above nor any of the respondent's parents, prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.
I am unable to certify as above because the respondent and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.  PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN –  You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the box below.
PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION.
Relationship to Respondent/Offeror
on of Activities
of Engagement Anticipated Cessation Date
lent/Offeror Contact Name Contact Phone Number
Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto 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 State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the 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, and 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 State of New Jersey and the State at its option may declare any contract(s) resulting from this certification void and unenforceable.
Full Name (Print): BARBARA M. BEYER Signature Signature
Title:_MEMBER Date:SEPTEMBER 7, 2017
Name of Company: _BEYER OF MORRISTOWN LLC, D/B/A BEYER CDJR
City/State/Zip: MORRISTOWN, NJ 07960



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/11/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS

CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT CLIENT CONTACT CENTER FEDERATED MUTUAL INSURANCE COMPANY PHONE (A/C, No. Ext): 888-333-4949 FAX (A/C, No): 507-446-4664 HOME OFFICE: P.O. BOX 328 E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM OWATONNA, MN 55060 NAIC # INSURER(S) AFFORDING COVERAGE INSURER A: FEDERATED MUTUAL INSURANCE COMPANY 13935 INSURED 343-448-7 INSURER B: BEYER OF MORRISTOWN LLC INSURER C: 200 RIDGEDALE AVE INSURER D MORRISTOWN, NJ 07960-4089 INSURER E:

		INSURER F:		- Address
COVERAGES CERTIFI	CATE NUMBER: 38		REVISION NUMBER: 0	
THIS IS TO CERTIFY THAT THE POLICIES O INDICATED. NOTWITHSTANDING ANY REQUIR CERTIFICATE MAY BE ISSUED OR MAY PERTAL AND CONDITIONS OF SUCH POLICIES. LIMITS S	REMENT, TERM OR CONDITION OF IN, THE INSURANCE AFFORDED BY	OF ANY CONTRACT OR OTHER DESCRIBED HEREIN	OCUMENT WITH RESPECT T	O WHICH THIS
INSR TYPE OF INSURANCE INS	DL SUBR POLICY NUMBER	POLICY EFF POLICY EXP	LIMITS	
COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR			EACH OCCURRENCE  DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)  PERSONAL & ADV INJURY	
GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY PRO- JECT LOC  OTHER:			GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	
AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY AUTOS NON-OWNED AUTOS ONLY			COMBINED SINGLE LIMIT [Ea accident]  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE [Per accident)	
X UMBRELLA LIAB X OCCUR A EXCESS LIAB CLAIMS-MADE N	N 9431611	04/01/2017 04/01/2018	EACH OCCURRENCE AGGREGATE	\$20,000,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORIPARTNER/EXECUTIVE A OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	A N 9885204	04/01/2017 04/01/2018	X PER STATUTE OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$500,000 \$500,000 \$500,000
AUTO DEALER LIABILITY N	N 9000920	12/01/2016 12/01/2017	AUTO LIAB - EA ACCIDENT GENERAL LIABILITY - EACH ACCIDENT - AGGREGATE	\$500,000 \$500,000 \$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (A	ACORD 101, Additional Remarks Schedule, r	may be attached if more space is required)		

CERTIFICATE HOLDER		CANCELLATION
343-448-7 EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY 1660 STELTON RD PISCATAWAY, NJ 08854-4973	38 0	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

# Acceptance of Bid and Contract Award

Bid #: ESCNJ 17/18-21 - Pick-up Truck, Van & Sport Utility Vehicle

ACCEPTANCE OF BID And CONTRACT AWARD

TO BE COMPLETED BY BIDDER AND SUBMITTED WITH RESPONSE

In compliance with the Request for Bid, the undersigned warrants that I/we have examined the Instructions to Bidders, and, being familiar with all of the conditions surrounding the proposed projects, hereby offer and agree to furnish all labor, materials, and supplies incurred in compliance with all terms, conditions, specifications and amendments in the Request for Bid and any written exceptions to the bid. Signature also certifies understanding and compliance with the certification requirements of the ESCNJ's Terms and Conditions and any special Terms and Conditions if applicable. The undersigned understands that his/her competence and responsibility and that of any proposed subcontractors, time of completion, as well as other factors of interest to the ESCNJ as stated in the evaluation section will be a consideration in making the award.

Your bid for contracting services is hereby accepted. As contractor, you are now bound to sell the materials and services listed by the attached bid based upon the solicitation, including all terms, conditions, specifications, amendments as set forth in the Request for Bid. As contractor you are hereby cautioned not to commence any billable work or provide any material or service under this contract until contractor receives an executed purchase order from a Co-op Member.

The parties intend this contract to constitute the final and complete agreement between the ESCNJ and contractor, and no other agreements, oral or otherwise, regarding the subject matter of this contract, shall bind any of the parties hereto. No change or modification of this contract shall be valid unless it shall be in writing and signed by both parties to this contract. If any provision of this contract is deemed invalid or illegal by any appropriate court of law, the remainder of this contract shall not be affected thereby.

The term of the agreement shall commence on award and continue through for 12 months unless terminated, canceled or extended in accordance with N.J.A.C. 18A:18A-42. by mutual written agreement.

Company Name BEYER OF MORRISTOWN LLC, D/B/A BEYER CDJR
Date SEPTEMBER 7, 2017
Company Address 200 RIDGEDALE AVE. City MORRISTOWN
State <u>NJ Zip 07960</u>
Contact Person BARBARA M. BEYER
Title MEMBER
Authorized Signature (ink only) Boylor MB Title MEMBER
ACCEPTANCE OF BID AND CONTRACT AWARD TO BE COMPLETED ONLY BY ESCNJ
Awarding Agency: Educational Services Commission of New Jersey
Agency Executive: The town of the Contract

Awarded this 15th

Patrick M. Moran, SBA/BS
day of Sept 2017 Contract Number ESCNJ 17/18-21