STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

TAXPAYER NAME:

THE BURMAX CO.INC

TAXPAYER IDENTIFICATION#:

131-972-848/000

ADDRESS:

28 BARRETTS AVENUE HOLTSVILLE NY 11738

EFFECTIVE DATE:

08/25/04

FORM-BRC(08-01) TRADE NAME:

SEQUENCE NUMBER:

-1084870

ISSUANCE DATE:

09/27/04

Director

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

CERTIFICATE OF EMPLOYE

This is to certify that the contractor is leg below has a N.J.A.C. 17.27-1 Let. sed and the state reasting effect for the period of 15 \$6.8-2.0.19.

THE BURMAX COV.
28 BARRETTS AVE.
HOLTSVILLE

NJ State Approved Co-op #65MCESCCPS 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 **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

Signature Maney & Connic
Name Mancy S. Annonio
Title Bid Manager
Company Name: the BURMAN Co. INC.

Educational Services Commission of New Jersey Business Office

1660 Stelton Road Piscataway New Jersey 08854

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

The u	indersigned, being	g authorized and kn	owledgeable of the circumstance	ces, does hereby certify that ness Entity) has made the following
-	A .	•		ate or any political committee as
		<u>I</u>	Reportable Contributions	
	<u>Date of</u> <u>Contribution</u>	Amount of Contribution	Name of Recipient Elected Official/ Committee/Candidate	Name of Contributor
The l	Business Entity m	ay attach additiona	l pages if needed.	
I cert	ify that The E	SURMAX CA.	se check () if applicable.) (Business Education ical candidate or any political control ical candidate or any political control ical candidate or any political control ical candidate or any political candidat	Entity) made no reportable ommittee as defined in N.J.S.A.
Cert	ification			
I cert	ify, that the infor	mation provided ab	ove is in full compliance with F	Public Law 2005—Chapter 271.
Sign	e of Authorized Anture New Mey	Innover	Title Bld M	1anager

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:	the Burmas	Co.IA	اد		
Address of Business:	29 Barret	ts Ave.	Holtsville.	nu	11742
Name of person comp		. '		4	

"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.

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

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

Part I	
Check the box that represents the type of busin	ness organization:
Sole Proprietorship (skip Parts II and III, sign	and notarize at the end)
Non-Profit Corporation (skip Parts II and III,	sign and notarize at the end)
Partnership Limited Partnership	Limited Liability Partnership
Limited Liability Company	
For-profit Corporation (including Subchapter	s C and S or Professional Corporation)
Other (be specific):	
Part II	
corporation who own 10 percent or mor partners in the partnership who own a 10	names and addresses of all stockholders in the e of its stock, of any class, or of all individual 0 percent or greater interest therein, or of all y who own a 10 percent or greater interest
OR	
of any class, or no individual partner in	orporation owns 10 percent or more of its stock, the partnership owns a 10 percent or greater e limited liability company owns a 10 percent or be.
Sign and notarize the form below, and, if neo additional sheets if more space is needed):	cessary, complete the list below. (Please attach
Name: Steven Scheff	Name: Deborah Goldschmic
Address: Greenlaum, NY	Address: FAST HILLS, NY
Name:	Name:
Address:	Address:
ESCNJ 17/18-15 Page 16 of 40	Bid Opening May 16 2017; 11:00 a.m.

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."

information on each person that holds a	0 percent or greater beneficial interest."
	ress of each publicly traded entity as well as the name olds a 10 percent or greater beneficial interest.
0	₹
Submit here the links to the We federal Securities and Exchange Commi	osites (URLs) containing the last annual filings with the sion or the foreign equivalent.
A	ND
Submit here the relevant page no each person holding a 10 percent	mbers of the filings containing the information on or greater beneficial interest.
Subscribed and sworn before me this	May of (Affiant) Annonir
(Notary Public) My Commission expires: May 9	Nancy S. Annonio Bid Mgs (Print name of affiant and title if applicable)
YACELL C. TAVERA Notary Public, State of N	

No. 01TA6139617 Qualified in Suffolk County Term Expires January 9, 2018

STATE OF NEW JERSEY - DIVISION OF PURCHASE AND PROPERTY

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Respondent/Offeror The BURMAX Co. TNC Solicitation Number: ESCNJ 17/18-15

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

at http comp take a	the threat 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 book threat of 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 action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering ges, declaring the party in default and seeking debarment or suspension of the party.
PLEAS	SE 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.
	Name: Relationship to Respondent/Offeror
	Description of Activities
	Duration of Engagement Anticipated Cessation Date
	Respondent/Offeror Contact Name Contact Phone Number
knowlethat the this centered herein recognition of the thickness of the th	Fication: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my edge 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 he 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 ertification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained in. 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 nize 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 y and the State at its option may declare any contract(s) resulting from this certification void and unenforceable. Signature Date: Date:

(Rev. December 2014)

Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

IIICIIIa	in revenue dei vide													
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.													
	THE BURMAX CO., INC.								_					
e 2.	2 Business name/disregarded entity name, if different from above													
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or ☐ C Corporation ☑ S Corporation ☐ Partnership single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner. ☐ Other (see instructions) ▶ 5 Address (number, street, and apt. or suite no.) 28 BARRETTS AVENUE 6 City, state, and ZIP code	Requester	's name	e and ad	emptions in entities uctions or apt payee aption from the (if any) as to account dress (op-	s, not in page code (m FAT	ndividúa 3): if any) CA repo	orting	e					
See	HOLTSVILLE. N.Y. 11742	1660 ST												
0,	7 List account number(s) here (optional)	PISCATA	AWAY	/, N J (18854				_					
	7 List account number(s) here (optional)													
6	T 14 100 11 N1 1 (TIN)			-										
Pai									_					
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avup withholding. For individuals, this is generally your social security number (SSN). However, f		ocial se	ecurity	number	7 (7		т						
	ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other			_		_								
entitie	es, it is your employer identification number (ÉIN). If you do not have a number, see How to ge					J ⊥		\sqcup						
TI N o	n page 3.	or												
	. If the account is in more than one name, see the instructions for line 1 and the chart on page	4 for LE	mploye	er identi	fication	numbe	r	_						
guide	lines on whose number to enter.	1	1 3	- 1	9 7	2	8 4	8						
Par	t II Certification	- L	1 1			1-1			_					
10000	r penalties of perjury, I certify that:								_					
1. Th	ne number shown on this form is my correct taxpayer identification number (or I am waiting for	r a number	to be	issued	to me);	and								
Se	2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and													
3. la	m a U.S. citizen or other U.S. person (defined below); and													
4. The	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportir	ng is correc	ct.											
becar intere	Date of Property	actions, ite to an indivi	em 2 de dual re	oes not etireme	t apply. nt arrang	For m gemer	ortgag nt (IRA)	e , and						
Ger	neral Instructions • Form 1098 (home mo		est), 10	98-E (st	udent loa	n inter	est), 10	98-T	_					
	(tuition)													
	• Form 1099-C (cancel	led debt)												

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

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

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN

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

By signing the filled-out form, you:

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

BURMA2

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

Client#: 30627

DATE (MM/DD/YYYY)
5/26/2017

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

PRODUCER Rampart Brokerage Corp.	CONTACT Jen Elferis PHONE (A/C, No, Ext): 516.390.3704 FAX (A/C, No): 1	51633903705			
1983 Marcus Avenue, Suite C130	E-MAIL ADDRESS: JElferis@Rampartinsurance.com				
Rampart Brokerage Corp. 1983 Marcus Avenue, Suite C130 Lake Success, NY 11042 516 538-7000	INSURER(S) AFFORDING COVERAGE				
516 538-7000	INSURER A: Hartford Casualty Ins Co	29424			
INSURED The Develop Common land	INSURER B: Chubb/ Federal Ins Co				
	INSURER C : Property & Casualty Ins Co of H	34690			
Rampart Brokerage Corp. 983 Marcus Avenue, Suite C130 .ake Success, NY 11042 116 538-7000 The Burmax Company, Inc. 28 Barretts Avenue	INSURER D :				
	INSURER E :				
	INSURER F:				

CU	VERAGES CER	HEICATE	NUMBER:			REVISION NUMBER:			
TH	HIS IS TO CERTIFY THAT THE POLICIES	OF INSUF	RANCE LISTED BELOW HAVE BEEN	ISSUED TO	THE INSURED	NAMED ABOVE FOR THE	POLICY PERIOD		
IN	NDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS								
CI	CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,								
E	CLUSIONS AND CONDITIONS OF SUCH	POLICIES.	LIMITS SHOWN MAY HAVE BEEN	N REDUCED I	BY PAID CLAI	MS.			
NSR .TR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S		
Α	GENERAL LIABILITY		12UUNZK7638	07/10/2016	07/10/2017	EACH OCCURRENCE	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000		
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$10,000		
						PERSONAL & ADV INJURY	\$1,000,000		
						GENERAL AGGREGATE	\$2,000,000		

						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY PRO- JECT LOC						\$
Α	AUTOMOBILE LIABILITY		12UENZK7474	07/10/2016	07/10/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS			-		BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
							\$
В	X UMBRELLA LIAB X OCCUR		79896129T	07/10/2016	07/10/2017	EACH OCCURRENCE	\$25,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$25,000,000
	DED X RETENTION \$10000						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		12WBLM2806	05/22/2017	05/22/2018	X WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory In NH)	"'^				E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
			4	1			

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

The Certificate Holder is included as Additional Insured as respect to General Liability, where required by written contract or agreement. All coverage is subject to policy terms, conditions and exclusions.

CFRT	IFICATE	HOLI	DFR
OFILE	HICAIL	HOL	ノレハ

EDUCATIONAL SERVICES COMMISSION

OF NEW JERSEY 1660 STELTON ROAD Piscataway, NJ 08854

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

CANCELLATION

Stanley Maris

Acceptance of Bid and Contract Award

ESCNJ 17/18-15

ESCNJ # 17/18-15 — Cosmetology Supplies

	ACCEPTANCE OF BID	
ı	And	
	CONTRACT AWARD	
		_
	TO BE COMPLETED BY BIDDED	0
	TO BE COMILECTED BY DIDDE	` =

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 Agency Terms and Conditions and the special Terms and Conditions. The undersigned understands that his/her competence and responsibility and that of his 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 the member. The parties intend this contract to constitute the final and complete agreement between the Agency and contractor, and no other agreements, oral or otherwise, regarding the subject matter of this contract, shall bind any of the parties hereto. No change or modification of this contract shall be valid unless it shall be in writing and signed by both parties to this contract. If any provision of this contract is deemed invalid or illegal by any appropriate court of law, the remainder of this contract shall not be affected thereby. The term of the agreement shall commence on award and continue for 12 months unless terminated, canceled or extended in accordance with N.J.A.C. 18A:18A-1 et. seq. by mutual written agreement.

N.J.A.C. 18A:18A-1 et. seq. by mutual written agreement.
Contractor agrees to extend this contract to all future Co-op members.
Company Name The Burnoy Co. Tr. Date 5/9/17
Company Address 28 Barretts Au. City Hollsville State 1742
ACCEPTANCE OF BID AND CONTRACT AWARD TO BE COMPLETED
Contact Person Nan Cy S. Annonio Title Bld MANAGER
Authorized Signature (blue ink only) Money Almon Title Bid Mgs.
Awarding Agency: Educational Services Commission of New Jersey
Agency Business Administrator: Patrick M. Moran Agency Executive: Patrick M. Moran Agency Executive: Contract Number ESCNJ 17/18-15

Bid Opening May 16 2017; 11:00 a.m.

Page 32 of 40