Taxpayer Identification# 222-307-022/000

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

I wish you continued success in your business endeavors.

Sincerely,

James J. Fruscione

Director

New Jersey Division of Revenue

STATE OF NEW JERSEY **BUSINESS REGISTRATION CERTIFICATE**

TAXPAYER NAME:

LIGHTON ELECTRIC, INC.

ADDRESS:

801 CORPORATE CIRCLE, SUITE 1 TOMS RIVER NJ 08755

EFFECTIVE DATE:

(04-08). D205846V

03/26/80

TRADE NAME:

SEQUENCE NUMBER:

0097425

ISSUANCE DATE:

08/29/15

New Jersey Division of Revenue

DEPARTMENT OF TREASURY/ DIVISION OF REVENUE

TRENTON, N J 08646-0252

PO BOX 252

FORM-BRC

assignable or transferable. It must be conspicuously displayed at above

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

Certification 44908

RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-APR-2018 to 15-APR-2025

LIGHTON INDUSTRIES, INC.
801 CORPORATE CIRCLE
TOMS RIVER NJ 08755

ELIZABETH MAHER MUOIO
State Treasurer

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 dentity 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 freasurer 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 stablished 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 imited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not liscriminate 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 ecruitment 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 ersonnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of ne 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)

1 . . 11

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 Demonstration	Acel M
Name _Suzanne Musolf	
CitleCorporate Secretary	
Company Title: Lighton Industries 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 undersigned, b	eing authorized and know	ledgeable of the circumstance	s, does hereby certify that Entity) has made the following	
reportable politica defined in N.J.S.A.	l contributions to any election 19:44-20.26 during the tw	eted official, political candidate velve (12) months preceding the	e or any political committee as	
	Re	eportable Contributions		
Date of Contribution	Amount of Contribution	Name of Recipient Elected Official/ Committee/Candidate	<u>Name of</u> <u>Contributor</u>	
The Business Entity	y may attach additional pa	ges if needed.		
☐ No Reportable	Contributions (Please ch	eck (✓) if applicable.)		
I certify thatLighter official, political ca	nton Industries Inc. (Busing andidate or any political co	ness Entity) made no reportable ommittee as defined in N.J.S.A	le contributions to any elected a. 19:44-20.26.	
Certification				
I certify, that the information provided above is in full compliance with Public law 2005 - Chapter 271.				
Name of Authorized Agent Paul Aliseo				
Signature		Title _Preside	ent	
Business Entity _Li	ghton Industries Inc.			

ESCNJ 16/17-53

JOC: HVAC - Repair & Maintenance

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: Lighton Industries Inc.

Address of Business: 801 Corporate Circle

Name of person completing this form: Suzanne Musolf

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.

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 business org	ganization:
Sole Proprietorship (skip Parts II and III, sign and not	arize at the end)
Non-Profit Corporation (skip Parts II and III, sign and	
	d Liability Partnership
Limited Liability Company	d Eldomity I attlership
X For-profit Corporation (including Subchapters C and	d S or Professional Corporation)
Other (be specific):	
Part II	
own 10 percent or more of its stock, of any class	and addresses of all stockholders in the corporation who is, or of all individual partners in the partnership who if all members in the limited liability company who own see may be.
I certify that no one stockholder in the corporation no individual partner in the partnership owns a 1 in the limited liability company owns a 10 percent	on owns 10 percent or more of its stock, of any class, or 0 percent or greater interest therein, or that no member nt or greater interest therein, as the case may be.
Sign and notarize the form below, and, if necessary, additional sheets if more space is needed):	
Name: _Paul Aliseo	Name:
Address: _One Harbor Rd. Toms River NJ ,08753	Address:
Name:	Name:
Address:	Address:

ESCNJ 16/17-53

March 15, 2017 @ 1:00 p.m.

"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." Pages attached with name and address of each publicly traded entity as well as the name and address of each person that holds a 10 percent or greater beneficial interest. OR Submit here the links to the Websites (URLs) containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent. AND Submit here the relevant page numbers of the filings containing the information on each person holding a 10 percent or greater beneficial interest. Subscribed and sworn before me this 15 (Affiant) (Notary Public) Suzanne Musolf ,Corporate secretary My Commission expires (Print name of affiant and title if applicable) (Corporate Seal if a Corporation)

Page 64 of 85

Them's System #03MCESCCPS

March 15, 2017 @ 1:00 p.m.

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

ESCNJ 16/17-53

JOC: HVAC - Repair & Maintenance

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

Quote Number:

Bidder/Offeror:

PART 1: CERTIFICATION

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

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

by la	t review this list prior to completing the below certification responsive. If the Director finds a person or entity to be in w, rule or contract, including but not limited to, imposing alt and seeking debarment or suspension of the party	n. Fallure to complete	the certificat	tion will render a bido	der's proposal
PLEAS	SE CHECK THE APPROPRIATE BOX:				
Ě	I certify, pursuant to Public Law 2012, c. 25, tha subsidiaries, or affiliates is <u>listed</u> on the N.J. Departra activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 2 or representative of the entity listed above and am author complete the Certification below.	nencoline Treasury s (list of entities o	letermined to be engage	ed in prohibited
	OR				
	I am unable to certify as above because the bidder a the Department's Chapter 25 list. I will provide a deta and sign and complete the Certification below. Fa responsive and appropriate penalties, fines and/or sanction	alled, accurate and pro-	ecise descrip	tion of the activities in	
ТНОЕ	PART 2: PLEASE PROVIDE FURTHER INFORM You must provide a detailed, accurate and precise descrip subsidiaries or affiliates, engaging in the investment EACH BOX WILL PROMPT YOU TO PROVIDE INFORMA ROUGH ANSWERS TO EACH QUESTION. IF YOU NEED ACTIVITIE	poon of the activities of t t activities in Iran outline	the bidding per d above by co	son/entity, or one of its properties of the properties of the boxes below.	parents, w.
Nar Des		Relationship to B	idder/Offeror		Delete
	cription of Activities				-
Dur	ation of Engagement Antici	ipated Cessation Date			-
Diuc	der/Offeror Contact Name	Contact Phone Nun	nber		
	ADD AN ADDITIONAL ACTIVITIES ENTRY				
continuing of nerein; that	r: I, being duly swom upon my oath, hereby represent that the foregoing ye: that I am authorized to execute this certification on behalf of the bidder obligation from the date of this certification through the completion of any I am aware that it is a criminal offense to make a false statement or misrep onstitute a material breach of my agreement(s) with the State, permitting the	r, that the State of New Jerse; contracts with the State to no presentation in this certification	y is relying on the i othly the State in w	information contained herein a willing of any changes to the i	nd that I am under a information contained
Pau	1 Aliseo,President		,		
Full Nam	e (Print):	Signature:			
			Do Not E	inter PIN as a Signatu	ıre
Title:	President	Date: 3/15/1			

To All Respondents:

ESCNJ 16/17-53

JOC: HVAC - Repair & Maintenance

Form W = 9 (Rev. November 2005) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

ti ireii ireii			
2	Name (as shown on your income tax return)		
8	LIGHTON INDUSTRIES, INC.		
d u	Business name, if different from above	ė.	9
Print or type See Specific Instructions on page	Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶		Exempt from backup withholding
Print or Instru	Address (number, street, and apt. or suite no.) 801 CORPORATE CIRCLE	Requester's name and	address (optional)
_ =	City, state, and ZIP code		
ě	TOMS RIVER, NJ 08755		
See S	List account number(s) here (optional)		
Par			
back alien, your Note	If your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to sup withholding. For individuals, this is your social security number (SSN). However, for a residuals, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on the account is in more than one name, see the chart on page 4 for guidelines on whose	dent s, it is page 3.	or identification number
numb	ber to enter.	2 2	2 3 0 7 0 2 2
Par	reli Certification		
	er penalties of perjury, I certify that:		
	The number shown on this form is my correct taxpayer identification number (or I am waiting		
F	I am not subject to backup withholding because: (a) I am exempt from backup withholding, or Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to repor notified me that I am no longer subject to backup withholding, and	r (b) I have not beer t all interest or divid	n notified by the internal dends, or (c) the IRS has
	I am a U.S. person (including a U.S. resident allen).		
within For a	tification instructions. You must cross out item 2 above if you have been notified by the IRS sholding because you have failed to report all interest and dividends on your tax return. For remortgage interest paid, acquisition or abandonment of secured property, cancellation of debtingement (IRA), and generally, payments other than interest and dividends, you are not require vide your correct TIN. (See the instructions on page 4.)	al estate transaction contributions to a	ns, item 2 does not apply. n individual retirement
Sign	a list and silver all Allsen	ate > 3/28	8/17
	irpose of Form President An individual who berson who is required to file an information return with the	o is a citizen or n	esident of the United
A P	paradit with is raduled to the all thornighous landit with the		

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of Income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

. The U.S. owner of a disregarded entity and not the entity,



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/7/2017

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		CONTACT NAME: June Dulio x 302			
Scirocco Group 777 Terrace Avenue		PHONE (A/C, No, Ext):201-727-0070	FAX (A/C, No):201-727-0080		
Hasbrouck Heights NJ 07604		E-MAIL ADDRESS:jdulio@sciroccogroup.com			
		INSURER(S) AFFORDING COVERAGE	NAIC #		
		INSURER A: Travelers Indemnity Company	25666		
INSURED	LIGHT12	INSURER B :Navigators Specialty Ins Co			
Lighton Industries, Inc.		INSURER C: The Travelers Indemnity Co	25658		
Lighton Electric, Inc. 801 Corporate Circle		INSURER D: Travelers Property Casualty Co	25674		
Toms River NJ 08755		INSURER E :			
		INSURER F:			
COVEDAGES	CEPTIFICATE NUMBER: 400000047	DEVISION NU	MDED.		

ERTIFICATE NUMBER: 1928002175

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

		ADDLISUE	O. LIMITO OTTOVIN MATTIAVE BEEN				
INSR LTR	TYPE OF INSURANCE	INSR WV		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
С	GENERAL LIABILITY	Υ	DTCO0F313524-TCT-16	10/1/2016	10/1/2017	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
	X Completed Ops					PERSONAL & ADV INJURY	\$1,000,000
	X Contractual					GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY X PRO- JECT LOC						\$
Α	AUTOMOBILE LIABILITY		DT8100F313524-IND-16	10/1/2016	10/1/2017	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)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR		DTSMCUP0F313524-IND-16	10/1/2016	10/1/2017	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
	DED X RETENTION \$10,000						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		DTJUB0F31352-4-16	10/1/2016	10/1/2017	X WC STATU- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N	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
В	Contractors Pollution incl Trasnportation and Disposal Sites		NY16ECP302874IC	10/2/2016	10/2/2017	Limit Aggregate	\$5,000,000 \$5,000,000 \$10,000

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

PROJECT: GC/ HVAC IN VARIOUS REGIONS

Educational Services Commission of New Jersey are added as additional insured ATIMA as respects to work performed by the named insured as required by written contract and to the extent provided by the actual policy language of the Commercial General Liability policy.

CER	TIFI	CAT	EH	OLD	ER
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CANCELLATION

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

© 1988-2010 ACORD CORPORATION. All rights reserved.

ACCEPTANCE OF BID And CONTRACT AWARD

Job Order Contracting: HVAC Services - Repair & Maintenance

TO BE COMPLETED BY RESPONDENT

In compliance with the Request for Bid, the undersigned warrants that I/we have examined the Instructions to Respondents, and, being familiar with all of the conditions surrounding the proposed projects, hereby offer and agree to furnish all labor, materials, and supplies incurred in compliance with all terms, conditions, specifications and amendments in the Request for Bid and any written exceptions to the bid. Signature also certifies understanding and compliance with the certification requirements of the ESCNJ's Terms and Conditions and any special Terms and Conditions if applicable. The undersigned understands that his/her competence and responsibility and that of any proposed subcontractors, time of completion, as well as other factors of interest to the ESCNJ as stated in the evaluation section will be a consideration in making the award. Your bid for contracting services is hereby accepted. As contractor, you are now bound to sell the materials and services listed by the attached bid based upon the solicitation, including all terms, conditions, specifications, amendments as set forth in the Request for Bid. As contractor you are hereby cautioned not to commence any billable work or provide any material or service under this contract until contractor receives an executed purchase order from a Co-op Member. The parties intend this contract to constitute the final and complete agreement between the ESCNJ and contractor, and no other agreements, oral or otherwise, regarding the subject matter of this contract, shall bind any of the parties hereto. No change or modification of this contract shall be valid unless it shall be in writing and signed by both parties to this contract. If any provision of this contract is deemed invalid or illegal by any appropriate court of law, the remainder of this contract shall not be affected thereby. The term of the agreement shall commence on award and continue for 12 or 24 months unless terminated, canceled or extended. By mutual written agreement, the contract may be extended as permitted by law.

Company NameLighton Industries Inc	Date 3/15/17
Company Address _801 Corporate Circle _ StateNJ Zip Code_08755	City: Toms River
Contact Person _Paul Aliseo Title Authorized Signature (ink only)	President Title
A COMPANION OF THE AREA	

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

Awarding Agency: Educational Services Commission of New	w Jersey
Agency Executive: Jatus Bol Mara	
Patrick M. Moran, SBA/BS	
Awarded this 28th day of Aprel 2017	_Contract Number <u>ESCNJ 16/17-53</u>
ESCNJ 16/17-53	March 15, 2017 @ 1:00 p.m.
JOC: HVAC - Repair & Maintenance Page 77 of 85	