08/29/15

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

TRADE NAME:

TAXPAYER NAME:

LIGHTON ELECTRIC, INC.

ADDRESS:

801 CORPORATE CIRCLE, SUITE 1 TOMS RIVER NJ 08755 EFFECTIVE DATE:

03/26/80

SEQUENCE NUMBER:

0097425

ISSUANCE DATE:

08/29/15

Director New Jersey Division of Revenue

DEPARTMENT OF TREASURY/ DIVISION OF REVENUE

TRENTON, N J 08646-0252

PO BOX 252

FORM-BRC (04-08): D205846V

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

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

(REVISED 4/10)

EXHIBIT A

RETURN WITH BID

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.

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JOC: General Contracting-Repair & Maintenance Page 72 of 84

NJ State Approved Cooperative Pricing System #65MCESCCPS

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

1000

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	
Name Suzanne Musolf	
Title _Corporate Secretary	
Company Title: Lighton Industries Inc.	

ESCNJ 16/17-54

NJ State Approved Cooperative Pricing System #65MCESCCPS

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 knowl	edgeable of the circumstances	s, does hereby certify that
Lighton Industr	ries Inc		(Business Entity) has
made the following	reportable political contr	ributions to any elected officia	al, political candidate or any political
committee as define	ed in N.J.S.A. 19:44-20.26	during the twelve (12) month	as preceding this award of contract:
	Re	portable Contributions	
Date of	Amount of	Name of Recipient	Name of
Contribution	Contribution	Elected Official/	Contributor
		Committee/Candidate	
The Business Entity	y may attach additional pag	ges if needed.	
x☑ No Reportable	e Contributions (Please cl	heck (✓) if applicable.)	
•	(() = upp == 0 == 0,	
I certify that Ligh	ton Industries Inc. made no	o reportable contributions to a	any elected official, political
		ed in N.J.S.A. 19:44-20.26.	, r
-			
Certification			
I certify, that the int	formation provided above	is in full compliance with Pub	olic law 2005 – Chapter 271.
Name of Authorized	d Agent Paul Aliseo		
			
Signature		Title Presid	lent
Duningas Entit	internal and a section I		
business Entity1	Lighton Industries Inc.		

ESCNJ 16/17-54

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, Toms River, NJ 08755
Name of person comp	oleting 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.

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March 15, 2017 @ 10:00 a.m.

JOC: General Contracting-Repair & Maintenance Page 61 of 84

NJ State Approved Cooperative Pricing System #65MCESCCPS 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 business of	ranization
check the box that represents the type of business of	rganization:
Sole Proprietorship (skip Parts II and III, sign and n	notarize at the end)
Non-Profit Corporation (skip Parts II and III, sign a	nd notarize at the end)
Partnership Limited Partnership	
Limited Liability Company	
For-profit Corporation (including Subchapter	rs C and S or Professional Corporation)
Other (be specific):	
Part II	
	he names and addresses of all stockholders in the
	its stock, of any class, or of all individual partners in the interest therein, or of all members in the limited liability
company who own a 10 percent or greater in OR	nterest therein, as the case may be.
I certify that no one stockholder in the corpo	pration owns 10 percent or more of its stock, of any class,
	wns a 10 percent or greater interest therein, or that no as a 10 percent or greater interest therein, as the case may
be.	is a 10 percent of greater interest therein, as the case may
Sign and notarize the form below, and, if necessary	y, complete the list below. (Please attach
additional sheets if more space is needed):	
Name: Paul Aliseo	Name:
Address: One Harbor Rd	Address:
Toms River, NJ 08753	
Name:	Name:
Address:	Address:

ESCNJ 16/17-54

March 15, 2017 @ 10:00 a.m.

NJ State Approved Cooperative Pricing System #65MCESCCPS

Part III -	Any Direct or Indire	ct Parent Entit	y 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."

ral Securities and Exchange Commission or the foreign contain the information on each person that holds a 1	equivalent and the relevant page numbers of the filings .0 percent or greater beneficial interest."
Pages attached with name and address of each public person that holds a 10 percent or greater benefic	cly traded entity as well as the name and address of each
OR	
Submit here the links to the Websites (URLs) cont	aining the last annual filings with
the federal Securities and Exchange Commission or	the foreign equivalent.
AND	
Submit here the relevant page numbers of the filing each person holding a 10 percent or greater benefic	
 scribed and sworn before me this 15 day of 2017. tary Public) tary Public March Ma	(Affiant)Suzanne Musolf, Corporate Secretary
* JULY 6 * 1 2021	(Print name of affiant and title if applicable) (Corporate Seal if a Corporation)

March 15, 2017 @ 10:00 a.m.

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.
	subs in Ir mus non- by Iz	suant 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 tract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, sidiaries, or affliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities an. The Chapter 25 list is found on the Division's website at http://www.state.ni.us/treasury/ourchase/odi/Chapter251.ist.odi/ . Bidders at review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal 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 aw, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in ultimated seeking debarment or suspension of the party.
PL	.EA	SE CHECK THE APPROPRIATE BOX:
	X	I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is <u>listed</u> on the N.J. Department of the Treasury's list of entities determined to be engaged in 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 am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.
1		<u>OR</u>
		I am unable to certify as above because the bidder 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. <u>Failure to provide such will result in the proposal being rendered as non-responsive</u> and appropriate penalties, fines and/or sanctions will be assessed as provided by law.
	тно	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 boxes below. EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE PROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ACTIVITIES ENTRY" BUTTON.
		Relationship to Bidder/Offeror Delete
П	De	escription of Activities
Ш		
	Du	ration of Engagement Anticipated Cessation Date
	Bio	dder/Offeror Contact Name Contact Phone Number
_		ADD AN ADDITIONAL ACTIVITIES ENTRY
Cert	ilati	on: I, being duly swom upon my cath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I
acte	owle	dge: that I am authorized to execute this certification on behalf of the bidder; that the State of New Jersey is relying on the information contained herein and that I am under a
cont		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 information contained
that	in, in it will	at 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 constitute a material breach of my agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.
		and the state of t
e d		
rul	ridi	me (Print): PAUL ALISE) Signature:
Titl	e:	PRESIDENT Date: 3/15/17
		-1,1

To All Respondents:

ESCNJ 16/17-54

March 15, 2017 @ 10:00 a.m.

(Rev. November 2005) Department of the Tra

Request for Taxpaver Identification Number and Certification

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

Interna	Revenue Service				
ge 2.	Name (as shown on your in: LIGHTON INDUST				
ed uo	Business name, if different	from above		•	·
r type	Check appropriate box:	Individual/ Sole proprietor Corporation	Partnership Other		Exempt from backup withholding
Print or type Specific instructions on page	Address (number, street, ar 801 CORPORATE			Requester's name and ac	Idress (optional)
틍	City, state, and ZIP code				
eg	The second secon	NJ 08755		<u> </u>	
See	List account number(s) here	e (optional)			
Pa	Taxpayer Ider	ntification Number (TIN)			
baci aller you	cup withholding. For individ i, sole proprietor, or disrega employer identification nur	te box. The TIN provided must mate uals, this is your social security nun arded entity, see the Part I instruction miber (EIN). If you do not have a nur	nber (SSN). However, for a none on page 3. For other entimber, see <i>How to get a TIN</i> of the control of the con	esident ities, it is on page 3.	ity number OT entification number
	e. If the account is in more ber to enter.	than one name, see the chart on pa	age 4 for guidelines on whos	2 2 2 4 2	
Pa	Certification				
	er penalties of perjury, I ce	•			
		form is my correct taxpayer identific			
	Revenue Service (IRS) that notified me that I am no lor	withholding because: (a) I am exent I am subject to backup withholding, or subject to backup withholding,	as a result of a failure to re	, or (b) I have not been r port all interest or divider	notified by the internal nds, or (c) the IRS has
	1 am a U.S. person (includio				
with For arra	holding because you have mortgage interest paid, acc ngement (IRA), and general	I must cross out item 2 above if you failed to report all interest and dividualition or abandonment of secure ily, payments other than interest another instructions on page 4.)	lends on your tax return. For d property, cancellation of d	real estate transactions ebt, contributions to an i	, item 2 does not apply. ndividual retirement
Sig		On Hospau	Aliseo	Date > 3/28	117
	irpose of Form	He as information with the	Sident An individual	who is a citizen or res	ident of the United
IRS	s, must obtain your corre	o file an information return with ect taxpayer identification numb o, income paid to you, real estat	er • A partnership,		y, or association ates or under the laws

transactions, mortgage interest you paid, acquisition of 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:

- 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.

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:

- 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 Hasbrouck Heights NJ 07604		PHONE (A/C, No, Ext):201-727-0070	FAX (A/C, No):201-72	27-0080		
		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:				

COVERAGES

CERTIFICATE NUMBER: 1928002175

REVISION NUMBER:

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.

	AGEOGRAPHO CONDITIONS OF SOCIE	ADDL						
INSR LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	'S
С	X COMMERCIAL GENERAL LIABILITY	Υ		DTCO0F313524-TCT-16	10/1/2016	10/1/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$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: POLICY X PRO- LOC			*			PRODUCTS - COMP/OP AGG	\$2,000,000 \$
A	AUTOMOBILE LIABILITY			DT8100F313524-IND-16	10/1/2016	10/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO ALL OWNED AUTOS AUTOS NON-OWNED						BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$
	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000			DTSMCUP0F313524-IND-16	10/1/2016	10/1/2017	EACH OCCURRENCE AGGREGATE	\$10,000,000 \$10,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		DTJUB0F31352-4-16	10/1/2016	10/1/2017	X WC STATU- TORY LIMITS OTH- E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$1,000,000 \$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.

CERTIFICATE HOLDER	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
ī	Jan M. Slave St

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ACCEPTANCE OF BID And CONTRACT AWARD

Job Order Contracting: General Contracting- Repair and 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 Name <u>Lighton Industries Inc.</u> Date <u>3/15/17</u>	
Company Address <u>801 Corporate Circle</u> City <u>Toms River</u> State <u>NJ</u> Zip Code <u>08755</u>	
Contact Person Paul Aliseo Title President Authorized Signature (ink only) Title	

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

Awarding Agency: Educational Services Commission of New Jersey
Agency Executive: Katruf Brownara—
Patrick M. Moran, SBA/BS
Awarded this day of day of Contract Number ESCNJ 16/17-54

ESCNJ 16/17-54