

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:

NILFISK, INC.

Trade Name:

Address:

14600 21ST AVE NORTH

PLYMOUTH, MN 55447-3408

Certificate Number:

0850962

Effective Date:

March 25, 2002

Date of Issuance:

August 03, 2017

For Office Use Only:

20170803102719733

Certification 542

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-JUN-2022 to 15-JUN-2025

NILFISK, INC.
9435 WINNETKA AVE. NORTH
BROOKLYN PARK MN 55445



ELIZABETH MAHER MUOIO
State Treasurer

(Revised: January, 2016)

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE N.J.S.A. 10:5-31 et seg. (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: lavoff 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 I.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 AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at: http://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

Company	Name Chiri M°Clly
Signature	Date

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. 19:44A-20.26

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that (Business Entity) has made the following			
			ate or any political committee as
	<u> </u>	Reportable Contributions	
<u>Date of</u> <u>Contribution</u>	Amount of Contribution	Name of Recipient Elected Official/ Committee/Candidate	<u>Name of</u> <u>Contributor</u>
ĺ	*		
	ty may attach additional pa		
No Reportable	Contributions (Please ch	eck (✓) if applicable.)	
I certify that	Nilfisk, INC.	(Busi	ness Entity) made no reportable ommittee as defined in N.J.S.A. 19:44-
Certification			
			ublic law 2005 – Chapter 271.
Name of Authoriz	ed Agent Chirs M	"Culling L	
Signature	1 'helling	Title	+ feneral Compel
Name of Authorized Agent			
)			

STATEMENT OF OWNERSHIP DISCLOSURE

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal. Name of Organization: Organization Address: 4426 City, State, ZIP: DOUCLUM Part I Check the box that represents the type of business organization: Sole Proprietorship (skip Parts II and III, execute certification in Part IV) Non-Profit Corporation (skip Parts II and III, execute certification in Part IV) For-Profit Corporation (any type) Limited Liability Company (LLC) Limited Liability Partnership (LLP) Partnership Limited Partnership Other (be specific): Part II Check the appropriate box The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. (COMPLETE THE LIST BELOW IN THIS SECTION) OR No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. (SKIP TO PART IV) (Please attach additional sheets if more space is needed): Name of Individual or Business Home Address (for Individuals) or Business Address **Entity** 9435 Winnerka Ave. N. Brooklyn Park, MN 55445 - 100% owner of Nilfak, Inc. Nilfink Als

Korn marksrej 1

DK-2605 Brønd

INO 1. OWNER of Nilfing U.S. Holding, Inc. DK-2605 Brondby Kornmarksvej 1 DK-2605 Bryndby

<u>Part III</u> DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. Attach additional sheets if more space is needed.

	ast annual SEC (or foreign equivalent) filing	Page #'s
https://investor.nilfisk.com/	events event-details annual-report-2017	All
Annual Control of the		

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II other than for any publicly traded parent entities referenced above. The disclosure shall be continued until names and addresses of every non-corporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. Attach additional sheets if more space is needed.

Stockholder/Partner/Member and	Home Address (for Individuals) or Business
Corresponding Entity Listed in Part II	Address
Nilfish Holderia Als - 100%	Danish Intity
Nilfigh Als-100%	Danish entitle
Milfigh U.S. Holding Inc. 100%	MN croty

Part IV Certification

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the *ESCNJ and/or its members* is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with the *ESCNJ and/or its members* to notify the *ESCNJ and/or its members* in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the *ESCNJ and/or its members* to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	Chris M Calley	Title:	VI + Greal Grand
Signature:	enall	Date:	11-13-18

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

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

The contractor and the Educational Services Commission of New Jersey (hereafter "owner") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S121 01 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim, If any action or administrative proceeding is brought against the owner or any of its agents, servants, and employees, the *owner shall* expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph.

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Company NH& Inc.	Name Chris Mallingh	
Signature M'hellmy	Date	

Educational Services Commission of New Jersey DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN PART 1: CERTIFICATION BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

Part 1

FAILURE TO CHECK EITHER BOX 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 http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder'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.

a person	n or entity to be in violation of law, s/he shall take action as ma to, imposing sanctions, seeking compliance, recovering damag	exhibit will render a bidder's proposal holl-responsive. If the Director finds by be appropriate and provided by law, rule or contract, including but not es, declaring the party in default and seeking debarment or suspension
PLEASE	SE CHECK EITHER BOX:	
\checkmark	subsidiaries, or affiliates is <u>listed</u> on the N.J. Department of activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 L or representative of the entity listed above and am authorized and complete the Certification below."	the person/entity listed above nor any of the entity's parents, if the Treasury's list of entities determined to be engaged in prohibited ist"). I further certify that I am the person listed above, or I am an officer d to make this certification on its behalf. I will skip Part 2 and sign
	on the Department's Chapter 25 list. I will provide a det	entity and/or one or more of its parents, subsidiaries, or affiliates is listed called, accurate and precise description of the activities in Part 2 below provide such will result in the proposal being rendered as non-responsive essed as provided by law.
Part 2	<u>.</u>	
You mus affiliates PROVID	s, engaging in the investment activities in Iran outlined above l	ctivities of the bidding person/entity, or one of its parents, subsidiaries or by completing the boxes below. ONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION
Name:		Relationship to Bidder/Vendor:
Descripti	tion of Activities:	Bidder/ v endor:
Duration	n of Engagement:	Anticipated Cessation Date
Bidder/V	Vendor	
Contact 1	Name:	Contact Phone Number:
best of mentity. I a acknowled Services informatic certificat agreement	my knowledge are true and complete. I attest that I am authorize acknowledge that the Educational Services Commission of Noteledge that I am under a continuing obligation from the date of a Commission of New Jersey to notify the Educational Service ation contained herein. I acknowledge that I am aware that it is ation, and if I do so, I recognize that I am subject to criminal preserved.	I state that the foregoing information and any attachments thereto to the zed to execute this certification on behalf of the below-referenced person or ew Jersey is relying on the information contained herein and thereby this certification through the completion of contracts with the Educational s Commission of New Jersey in writing of any changes to the answers of a criminal offense to make a false statement or misrepresentation in this rosecution under the law and that it will also constitute a material breach of my they and that the Educational Services Commission of New Jersey at its option menforceable.

agreements(s) with the Educational Services Commission of New Jersey and that the Educational Services Commission of New Jersey and the Education of New Jersey and Tersey and Ter

Educational Services Commission of New Jersey DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN PART 1: CERTIFICATION BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

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or the pa	party.	
X	activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). or representative of the entity listed above and am authorized to and complete the Certification below. I am unable to certify as above because I or the bidding entity on the Department's Chapter 25 list. I will provide a detailed	Treasury's list of entities determined to be engaged in prohibited. I further certify that I am the person listed above, or I am an officer make this certification on its behalf. I will skip Part 2 and sign y and/or one or more of its parents, subsidiaries, or affiliates is listed 1, accurate and precise description of the activities in Part 2 below ide such will result in the proposal being rendered as non-responsive
Part 2	2	
You muaffiliates	ASE PROVIDE FURTHER INFORMATION RELATED TO IN- must provide a detailed, accurate and precise description of the activit tes, engaging in the investment activities in Iran outlined above by co VIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS OUNEED TO MAKE ADDITIONAL ENTRIES, USE ADDITIONAL	ies of the bidding person/entity, or one of its parents, subsidiaries or ompleting the boxes below. LPLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION
Name:_		tionship to ler/Vendor:
Descript	iption of Activities:	er/ vendor
Duration	ion of Engagement:	Anticipated Cessation Date
Bidder/	r/Vendor	
Contact	ct Name:Con	tact Phone Number:
best of rentity. I acknow Services informa certificating agreement and decrease may decrease the services agreement and decrease the services agreement agreem	. I acknowledge that the Educational Services Commission of New Jowledge that I am under a continuing obligation from the date of this ces Commission of New Jersey to notify the Educational Services Comation contained herein. I acknowledge that I am aware that it is a critication, and if I do so, I recognize that I am subject to criminal prosecution, with the Educational Services Commission of New Jersey and electare any contract(s) resulting from this certification void and unentications.	o execute this certification on behalf of the below-referenced person of ersey is relying on the information contained herein and thereby certification through the completion of contracts with the Educational ommission of New Jersey in writing of any changes to the answers of iminal offense to make a false statement or misrepresentation in this cution under the law and that it will also constitute a material breach of my and that the Educational Services Commission of New Jersey at its option forceable.
Full Na	Name (Print): Katherine Koehler Sign	nature: Katherine Koehler
Title: _	. VP and Corporate CounselDat	e: 11/12/2020
Bidder	er/Vendor: Nilfisk, Inc.	

Educational Services Commission of New Jersey DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN **PART 1: CERTIFICATION** BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

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of the pa	o, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension arty.
PLEAS	E CHECK EITHER BOX:
	I certify, pursuant to Public Law 2012, c. 25, that neither the person/entity listed above nor any of the entity's parents, subsidiaries, or affiliates is listed 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. OR I am unable to certify as above because I or the bidding entity 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	
You mus affiliates PROVID	E PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN st provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or s, engaging in the investment activities in Iran outlined above by completing the boxes below. DE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. NEED TO MAKE ADDITIONAL ENTRIES, USE ADDITIONAL PAGES
Name:	
Descript	ion of Activities: Bidder/Vendor:
 Duration	n of Engagement:Anticipated Cessation Date
	/endor
Contact 1	Name:Contact Phone Number:
best of m entity. I a acknowled Services informat certificat agreement may decl	tion: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the below-referenced person or acknowledge that the Educational Services Commission of New Jersey is relying on the information contained herein and thereby edge that I am under a continuing obligation from the date of this certification through the completion of contracts with the Educational Commission of New Jersey to notify the Educational Services Commission of New Jersey in writing of any changes to the answers of ion contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this tion, 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 nts(s) with the Educational Services Commission of New Jersey and that the Educational Services Commission of New Jersey at its option lare any contract(s) resulting from this certification void and unenforceable.
Full Na	me (Print): Chirs M'Culling L Signature: M'Culling
Title: _	we (Print): Chirs M'Callong L Signature: M'Callong L VP + General Coursel Date: 11-13-18 Vendor: Wilfie, lac.
Bidder/	Vendor: Wilfih, lac.
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	. N

(Rev. November 2017) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for Instructions and the latest information.

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

	1 Name (as shown on your income tax return). Name is required on this line;	do not leave this line blank	<i>(</i> .			
	Nilfisk, Inc. (formally Nilfisk-Advance, Inc.) 2 Business name/disregarded entity name, if different from above					
	Clarke, Alto, Advance, Nilfisk, US Products, Hydramaster	. Cyclone. Viner an	d Nilfisk CFM			
page 3,	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.				4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
s. Is on	Individual/sole proprietor or C Corporation S Corporation S Corporation	on Partnership	Trust/estate	Exempt payee code (if any)	5	
Lyb tio	Limited liability company. Enter the tax classification (C=C corporation,	S=S corporation, P=Partni	ership).			
Print or type. Specific Instructions on page 3,	Note: Check the appropriate box in the line above for the tax classifical LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. lederal tax is disregarded from the owner should check the appropriate box for the	ion of the single-member of from the owner unless the purposes. Otherwise, a sin	owner. Do not check owner of the LLC is ngle-member LLC that	Exemption from FATCA reporting code (if any)	ng	
io.	☐ Other (see instructions) ▶			(Applies to accounts maintained outside the	U.S.	
ů,	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name a	and address (optional)		
See	9435 Winnetka Avenue North					
	6 City, state, and ZIP code					
	Brooklyn Park, MN 55445					
	7 List account number(s) here (optional)					
Par	Toyogyay Identification Number (TIN)					
	Taxpayer Identification Number (TIN) your TIN in the appropriate box. The TIN provided must match the na	and the same that the	Social par	curity number		
	your the in the appropriate box. The the provided thus match the his ip withholding. For individuals, this is generally your social security nu			arity number		
reside	nt alien, sole proprietor, or disregarded entity, see the instructions fo	Part I, later. For other				
entitie	s, it is your employer identification number (EIN). If you do not have a	number, see How to g				
	If the account is in more than one name, see the instructions for line	1 Alee eee What Name	or Employer	identification number		
	er. To Give the Requester for guidelines on whose number to enter.	1. VISO SEG ANI ST LASTING			4	
			4 1	- 0 1 1 6 0 4 0		
Pari	II Certification					
Under	penalties of perjury, I certify that:				-	
2. I am Ser	number shown on this form is my correct taxpayer identification nun n not subject to backup withholding because: (a) I am exempt from b vice (IRS) that I am subject to backup withholding as a result of a failt longer subject to backup withholding; and	ackup withholding, or (t	I have not been no	otified by the Internal Revent	ie Lam	
3.1 an	a U.S. citizen or other U.S. person (defined below); and					
4. The	FATCA code(s) entered on this form (if any) indicating that I am exen	pt from FATCA reporti	ng is correct.			
you ha acquis other t	cation instructions. You must cross out item 2 above if you have been a live failed to report all interest and dividends on your tax return. For real elition or abandonment of secured property, cancellation of debt, contribution in the certification, an interest and dividends, you are not required to sign the certification.	state transactions, item : tions to an individual reti	2 does not apply. Fo rement arrangement	r mortgage interest paid, (IBA), and generally payment	e	
Sign Here		nen	Date ► /	1-8-18		
Ger	neral Instructions	• Form 1099-DIV (d	ividends, including	those from stocks or mutual		
Section noted.	n references are to the Internal Revenue Code unless otherwise		(various types of in-	come, prizes, awards, or gro	SS	
related	e developments. For the latest information about developments of to Form W-9 and its instructions, such as legislation enacted hey were published, go to www.irs.gov/FormW9.	 Form 1099-B (sto transactions by bro 	kers)	ales and certain other		
	cose of Form	 Form 1099-S (pro Form 1099-K (me) 		ate transactions) d party network transactions	.\	
	lividual or entity (Form W-9 requester) who is required to file an			1098-E (student loan interes		
inform	ryldual or entity (rorm w-9 requester) who is required to tile an ation return with the IRS must obtain your correct taxpayer ication number (TIN) which may be your social security number	1098-T (tuition) • Form 1099-G (car		- 100 E fordesire intel intel 65	, , , , , , , , , , , , , , , , , , ,	
(SSN),	individual taxpayer identification number (ITIN), adoption			nent of secured property)		
taxpayer identification number (ATIN), or employer identification number			building or distilled in			

Use Form W-9 only if you are a U.S. person (including a resident

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,

alien), to provide your correct TIN.

later.

(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)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2018

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).

PRODUCER Willis of Minnesota, Inc. c/o 26 Century Blvd P.O. Box 305191	CONTACT NAME: PHONE	67-2378	
Nashville, TN 372305191 USA	INSURER(S) AFFORDING COVERAGE INSURER A: Allianz Global Risks US Insurance Company	NAIC# 35300	
INSURED Nilfisk, Inc. 9435 Winnetka Avenue North Brooklyn Park, MN 55445	INSURER B: Travelers Property Casualty Company of Ame 25674		
	INSURER C: Travelers Casualty and Surety Company 19038		
	INSURER D:		
	INSURER E :		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: W8831390

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.

INST

TYPE OF INSURANCE

ADDLISUBR INSD WYD

POLICY NUMBER

(MM//DD/YYYY)

EACH OCCURRENCE

\$ 2,000,000

DAMAGE TO RENTED

CLAIMS-MADE X OCCUR 100,000 PREMISES (Ea occurrence) \$ A \$150,000 SIR Nilfisk Inc 10,000 MED EXP (Any one person) \$ Y Y USL000393180 04/01/2018 04/01/2019 2,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE S POLICY 2,000,000 PRODUCTS - COMP/OP AGG \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY S 1,000,000 ANY AUTO BODILY INJURY (Per person) S В OWNED Y SCHEDULED 810-0D467097 04/01/2018 04/01/2019 BODILY INJURY (Per accident) S AUTOS ONLY NON-OWNED PROPERTY DAMAGE (Per accident) AUTOS ONLY 2 UMBRELLALIAB OCCUR EACH OCCURRENCE S **EXCESS LIAB** CLAIMS-MADE AGGREGATE S DED RETENTION \$ WORKERS COMPENSATION X PER STATUTE AND EMPLOYERS' LIABILITY C 1,000,000 ANYPROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT No N/A OFFICER/MEMBER EXCLUDED? UB-0D130187 04/01/2018 04/01/2019 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If ves, describe under 1,000,000 DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 04/01/2018 04/01/2019 E.L. Each Accident Workers Compensation UB-3K273557-18-14-5 \$1,000,000 & Employers Liability E.L. Disease-EA Empl

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

Named Insured includes: Nilfisk US Holding, Inc.; Nilfisk Pressure Pro, LLC, Hydro Tek Systems, Inc. and Hathaway North America, Inc.

ESCNJ and any other party are included as an Additional Insureds as respects to General Liability and Auto Liability as required by written contract.

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
ducational Services Commission of New Jersey /o Business Administrator/Board Secretary	AUTHORIZED REPRESENTATIVE
1660 Stelton Road	go y
Piscataway, NJ 08854	m 7. 11 ov

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E.L. Disease-Pol Lmt

\$1,000,000

AGENCY CUSTOMER ID:	
LOC#:	



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

	Nilfisk, Inc. 9435 Winnetka Avenue North	
	Brooklyn Park, MN 55445	
NAIC CODE		
See Page 1	EFFECTIVE DATE: See Page 1	
	NAIC CODE	NAME INSURED Nilfisk, Inc. 9435 Winnetka Avenue North Brooklyn Park, MN 55445

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ____25 FORM TITLE: Certificate of Liability Insurance

General Liability policy shall be Primary and Non-Contributory with any other insurance in force for or which may be purchased by ESCNJ as required by written contract.

Waiver of Subrogation applies in favor of ESCNJ with respects to General Liability as required by written contract.

#ESCNJ 18/19-35

Maintenance Equipment November 27, 2018 @ 11:00 a.m.

ACCEPTANCE OF BID And CONTRACT AWARD **Maintenance Equipment**

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 two years unless terminated, canceled or extended. By mutual written agreement, the contract may be extended as permitted by law.

Company Name Niksk Inc.	Date	
	_ City Brooklyn Park State MD Zip Code 5344	
Company Address 9435 Wmnetka toc N Contact Person Ina Barahel	Title Contracts Administ	
Authorized Signature (ink only) M' Cully	Title VP + fever	
	Connect	
ACCEPTANCE OF BID AND CONTRACT AWARD BELOW TO BE COMPLETED ONLY BY ESCNJ		
	1	
Awarding Agency: Educational Services Commission of	New Jersey	
Agency Executive: Hatrus Boldman	pullon.	
Patrick M. Moran, SBA/BS		
Awarded this day of day of	©19 Contract Number #ESCNJ 18/19-35	