

# STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:

SCHOOL SPECIALTY, INC

Trade Name:

Address:

W6316 DESIGN DR

GREENVILLE, WI 54942-8884

**Certificate Number:** 

0092743

**Effective Date:** 

March 03, 1999

Date of Issuance:

December 09, 2015

For Office Use Only:

20151209143244004

Certification 2114

#### CERTIFICATE OF EMPLOYEE INFORMATION REPORT 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-SEP-2018 to 15-SER-2021

SCHOOL SPECIALTY, INC. W6316 DESIGN DRIVE GREENVILLE WI

5494

**ELIZABETH MAHER MUOIO** 

State Treasurer

## **RETURN WITH BID**

#### **EXHIBIT A**

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

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

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

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

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

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

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

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

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

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age,

#### New Jersey State Approved Co-op # 65MCESCCPS

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 <a href="https://www.state.nj.us/treasury/contract\_compliance">www.state.nj.us/treasury/contract\_compliance</a>)

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

Signature _	Qnt -	
Name	Stephen M Herren	
Title	Assistant Secretary	

## Middlesex Regional Educational Services Commission **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 und	dersigned, be	ing authorized ar	nd knowledgeable of the circu (Business	umstances, does hereby Entity) has made the fol	
•			any elected official, political ouring the twelve (12) months	candidate or any politica	1 committee
			Reportable Contributions		
Co	Date of ontribution	Amount of Contribution	Name of Recipient Elected Official/ Committee/Candidate	Name of Contributor	
The Bu	siness Entity	may attach addit	tional pages if needed.		
X No	Reportable (	Contributions (Pl	ease check (🗸) if applicable.)		
reportal	that <u>School</u> ble contribut S.A. 19:44-20		d official, political candidate	(Business Entity) or any political committ	
Certific	eation				
I certify	, that the info	ormation provided	d above is in full compliance	with Public Law 2005—	Chapter 271.
			n M Herren		
Signatu	ire	14	TitleAssistant Sec	eretary	
Busines	ss Entity	School Specialty I	Inc		

To be completed and signed below.

Return with Bid

## STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP

Re: Bid Pro	posal fo	or the MRI	ESC							
Please check	one type	e of Owners	ship, complete th	e form	ı, and execı	ite where p	provided.			
	X 🗆 🗆 🗆				Limited L	artnership iability Co iability Pa	orp rtnership-			
performance of any public the State, or receipt of the statement set interest there partnership", owning 10% obe, continued the 10% owned are no person be certified be Name	of any we funds, by an a set bid of atting for sin, as to the stoor greated until nearship of the second when the second are second as who delow as the second control of the se	work or the by the Sta uthority, but accompanied the narrow the case maken the case maken the case interest in the case and riteria estable.  THAT THIS own ten per part of this	ool Specialty In	y mater, municion who f said ividual r more of hip, as ry noret, has	erial or supplicipality or hich exercised corporated by the case marcorporate been listed	plies, the conscious school distributed by seas government or said in the particular for pay be, shall stockholde by the	ost of which trict, or an mental function partnership where the partnership lalso be list, and indi	y subsidiary subsidiary subsidiary there is no own a 1 is itself a cop the individual particular the dividual particular the ev	aid with of y or ager as prior to submit 0% or grorporation idual particular particular, exce	or out ncy of to the ted a reater on "or rtners s shall reding
City,	State, 2	ZipLanc	aster Pa 17601							
		List of	Owners with	Ton I	Percent (1	0%) or Mo	ro Interes	c+		
Owner's Na	me		ome Address	10/11	ercent (1	Title/Off		Percent (%) Partnership Owned		
			See d	attach	ed					
	ed info		e than that pro or any remainin	g pers		tities.			nishing	the
			(Form con	tinue	d on next	page) 🕏	<b>→</b>			

## To be completed and signed below.

### Return with Bid

#### STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP (con't)

If your firm is not a corporation and/or partnership, please explain below how your firm is organized and include a list of the various principals. Our firm, \_\_\_\_\_\_, is organized Names of Principals Title Use additional paper if needed. Check here if additional sheets are attached. Name of Company School Specialty Inc **Address** 140 Marble Drive City, State, Zip Lancaster PA 17601 Authorized Agent Stephen M Herren Title Assistant Secretary SIGNATURE OF AUTHORIZED AGENT

#### New Jersey State Approved Co-op # 65MCESCCPS

## Middlesex Regional Educational Services Commission DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

**PART 1: CERTIFICATION** BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

#### 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.

## 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 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

PLEASE CHECK EITHER BOX:

#### PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

engaging in the investment activities in Iran outlined above by compl	S. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU
Name:	Relationship to
Description of Activities:	Bidder/Vendor:
Duration of Engagement:	Anticipated Cessation Date
Bidder/Vendor	
Contact Name:	Contact Phone Number:
best of my knowledge are true and complete. I attest that I am autho I acknowledge that the Middlesex Regional Educational Services Cothat I am under a continuing obligation from the date of this certificati Services Commission to notify the Middlesex Regional Educational Scontained herein. I acknowledge that I am aware that it is a criminal of so, I recognize that I am subject to criminal prosecution under the Middlesex Regional Educational Services Commission and that the Middlesex Regional Educational Services Commission and that the Middlesex Regional Educational Services Commission and Unenforceable.	essent and state that the foregoing information and any attachments thereto to the rized to execute this certification on behalf of the below-referenced person or entity. It is mission is relying on the information contained herein and thereby acknowledge on through the completion of contracts with the Middlesex Regional Educational Services Commission in writing of any changes to the answers of information offense to make a false statement or misrepresentation in this certification, and if I law and that it will also constitute a material breach of my agreements(s) with the Middlesex Regional Educational Services Commission at its option may declare any
Full Name (Print): Stephen M Herren	Signature:
Title:Assistant Secretary	Date: 4/15/2016
Bidder/Vendor: School Specialty Inc	

Form
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

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

	Name (as shown on your income tax return)													
	SCHOOL SPECIALTY, INC. Business name/disregarded entity name, if different from above													
e 2.	business name/disregarded entity name, it different from above													
n pag	Check appropriate box for federal tax classification:	П	Exemptions (see instructions):											
o s	☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporatio													
/pe	20 20			Exer	npt paye	e co	de (if	any)	X					
Print or type Specific Instructions on page	☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶									Exemption from FATCA reporting				
Prin c Ins	Other (see instructions) ▶													
Citi	Address (number, street, and apt. or suite no.)		Requester				ddress (o	ptior	nal)					
Spe	BUSINESS: W6316 DESIGN DRIVE / REMIT TO: 326	556 COLLECTION C	ENTER	DR	VE									
See 5	City, state, and ZIP code													
Š		HICAGO, IL 60693-	326											
	List account number(s) here (optional)											-		
Par														
Enter	your TIN in the appropriate box. The TIN provided must match the r	name given on the "Name	" line S	ocial	sec	urity	number							
to avo	oid backup withholding. For individuals, this is your social security nue to talien, sole proprietor, or disregarded entity, see the Part I instruct	umber (SSN). However, fo	ra 🗆	T	T	7								
	es, it is your employer identification number (EIN). If you do not have					-		-						
	n page 3.	,				_		_	_					
	. If the account is in more than one name, see the chart on page 4 fo	r guidelines on whose	E	mplo	yer i	er identification number								
number to enter.								T	2	2				
1101110			1.1	19	3 9 -0 9 7 1 2 3 9									
			3	9	_	0	9 7	1	2	3	9			
Par	t II Certification			9		0	9 7	1		3	9			
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Pari Under	t II Certification	umber (or I am waiting for			e iss			<u> </u>			9			
Pari Under 1. The 2. I ar Ser	t II Certification r penalties of perjury, I certify that:	backup withholding, or (b	a number	to be	en n	ued	to me),	and	erna	al Rev	enue	; am		
Pari Under 1. The 2. I ar Sei no	r penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification not mean not subject to backup withholding because: (a) I am exempt from tryice (IRS) that I am subject to backup withholding as a result of a factorial triangle.	backup withholding, or (b	a number	to be	en n	ued	to me),	and	erna	al Rev	enue	e am		
Par Under 1. The 2. I ar Ser no 3. I ar 4. The	r penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification num not subject to backup withholding because: (a) I am exempt from rivice (IRS) that I am subject to backup withholding as a result of a fallonger subject to backup withholding, and m a U.S. citizen or other U.S. person (defined below), and e FATCA code(s) entered on this form (if any) indicating that I am exe	backup withholding, or (but illure to report all interest mpt from FATCA reporting	a number  ) I have no or dividence  g is correc	to be	en n	ued otifie the I	to me), ed by th RS has	and e Int noti	erna	al Rev	enue nat i	am		
Pari Under 1. The 2. I ar Ser no 3. I ar 4. The Certiff because interest general instructions	r penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification not mean not subject to backup withholding because: (a) I am exempt from rivice (IRS) that I am subject to backup withholding as a result of a fallonger subject to backup withholding, and mean u.S. citizen or other U.S. person (defined below), and a FATCA code(s) entered on this form (if any) indicating that I am exempt from the faction instructions. You must cross out item 2 above if you have be use you have failed to report all interest and dividends on your tax rest paid, acquisition or abandonment of secured property, cancellating ally, payments other than interest and dividends, you are not require citions on page 3.	backup withholding, or (t illure to report all interest mpt from FATCA reportin been notified by the IRS ti turn. For real estate trans	a number or dividence g is correct nat you are actions, ite	to be of been dis, or	ently	otifie the I	to me), ed by th RS has	and e Int noti	erna fied kup mor	withh	enue nat i	am		
Pari Under 1. The 2. I ar Ser no 3. I ar 4. The Certiff because interest general instruct Sign	r penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification not mean not subject to backup withholding because: (a) I am exempt from rivice (IRS) that I am subject to backup withholding as a result of a fallonger subject to backup withholding, and mean u.S. citizen or other U.S. person (defined below), and a FATCA code(s) entered on this form (if any) indicating that I am exempt from instructions. You must cross out item 2 above if you have be use you have failed to report all interest and dividends on your tax refers to paid, acquisition or abandonment of secured property, cancellating ally, payments other than interest and dividends, you are not required citions on page 3.	backup withholding, or (to illure to report all interest mpt from FATCA reporting the notified by the IRS to turn. For real estate transing of debt, contributions to disput the certification,	a number or dividence g is correct nat you are actions, ite	to be des, o	ently doe: retire	oued otified the I	to me), ed by th RS has	and e Int noti	erna fied kup mor	withh	enue nat i	am		
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Parr Under 1. The 2. I ar Sel no 3. I ar 4. The Certif becaus interes general instruct Sign Here	r penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification not mean not subject to backup withholding because: (a) I am exempt from truce (IRS) that I am subject to backup withholding as a result of a fallonger subject to backup withholding, and mean a U.S. citizen or other U.S. person (defined below), and a FATCA code(s) entered on this form (if any) indicating that I am exemption instructions. You must cross out item 2 above if you have be use you have failed to report all interest and dividends on your tax rest paid, acquisition or abandonment of secured property, cancellating ally, payments other than interest and dividends, you are not requirections on page 3.  Signature of	backup withholding, or (to illure to report all interest mpt from FATCA reporting the notified by the IRS to turn. For real estate transing of debt, contributions to disput the certification,	a number of line and or dividence of dividen	to be out been a current a	ently does retire or control of the	sued otifie the I	to me), ed by th RS has  Dject to apply. nt arran your con	and e Introduction in the	erna fied kup mor ent TIN	withhtgage	olding and the	am		

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at <a href="https://www.irs.gov/w9">www.irs.gov/w9</a>. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### Purpose of Form

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, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

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
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

Note. If you are a U.S. person and 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.

 $\mbox{\bf Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:$ 

- · An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- · An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/18/2016

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).

certificate holder in lieu of such endorsement(s).	maor sement.	A statement on t	ms certificate does not co	omer rights to the				
PRODUCER 1-414-443-0000	CONTACT NAME:							
Hays Companies of Wisconsin, Inc.	PHONE FAX							
	(A/C, No, Ext): (A/C, No):							
1200 North Mayfair Road, Suite 100	ADDRESS:							
Milwaukee, WI 53226		NAIC#						
INSURED	INSURER A : AD	24856						
School Specialty, Inc.		EREST NATL IN		10120				
Constitution of the Consti		TIONAL FIRE &	MARINE INS CO	20079				
PO Box 1579	INSURER D :							
INSURER E :								
Appleton, WI 54911-1579 INSURERF:								
COVERAGES CERTIFICATE NUMBER: 46617110	VE BEEN ICOU	D TO THE MINIS	REVISION NUMBER:	E DOLLOV DEDICE				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION	OF ANY CONT	RACT OR OTHER	DOCUMENT WITH RESPEC	T TO WHICH THIS				
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD	DED BY THE PC	LICIES DESCRIBE	ED HEREIN IS SUBJECT TO	ALL THE TERMS,				
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE				**				
LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER	(MM/DD/	YEFF POLICY EXP YYYY) (MM/DD/YYYY)	LIMITS	3				
A X COMMERCIAL GENERAL LIABILITY X CA000005586-12	09/01	/15 09/01/16		\$ 1,000,000				
CLAIMS-MADE X OCCUR			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000				
			MED EXP (Any one person)	\$ 10,000				
			PERSONAL & ADV INJURY	\$ 1,000,000				
GEN'L AGGREGATE LIMIT APPLIES PER:			GENERAL AGGREGATE	\$ 2,000,000				
X POLICY X PRO- JECT LOC			PRODUCTS - COMP/OP AGG	\$ 2,000,000				
OTHER:				\$				
B AUTOMOBILE LIABILITY CF4CA00595-161	01/31	/16 01/31/17	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000				
ANY AUTO				\$				
X ALL OWNED SCHEDULED AUTOS AUTOS			BODILY INJURY (Per accident)	\$				
X HIRED AUTOS X NON-OWNED AUTOS			PROPERTY DAMAGE (Per accident)	\$				
				\$				
C X UMBRELLA LIAB X OCCUR 42-UMO-100045-03	09/01	/15 09/01/16	EACH OCCURRENCE	\$ 5,000,000				
EXCESS LIAB CLAIMS-MADE		1		\$ 5,000,000				
DED X RETENTION\$ 10,000				\$				
WORKERS COMPENSATION			PER OTH- STATUTE ER					
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			CONTROL BROWNS CONTROL	\$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			E.L. DISEASE - EA EMPLOYEE					
If yes, describe under DESCRIPTION OF OPERATIONS below				\$				
DESCRIPTION OF ELECTRONIC SOLOW			E.E. DIGEAGE -1 GEIGT EIMIT					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedu	ule, may be attached	I if more space is requi	ired)					
ACCUSED OF ACCUSED AND EXECUSED AND CONTROL OF THE SECOND			,					
RE: bid 15-16-68 Classroom Supplies / SSI # 7780536903								
MRESC-Middlesex Regional Education Service Commission , Co-								
are additional insured on the above referenced policy where	required by	written cont	tract.					
				1				
CERTIFICATE HOLDER	CANOFILAT	1011						
CERTIFICATE HOLDER	CANCELLAT	ION						
MRESC-Middlesex Regional Education Service Commission			DESCRIBED POLICIES BE CA					
		CE WITH THE POLI						
1660 Stelton Road	AUTHORIZED REPRESENTATIVE							

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Dal J Spir

Piscataway , NJ 08854

USA

ACORD"

## CERTIFICATE OF LIABILITY INSURANCE Acct#: 1783756

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).

cei	rtificate holder in lieu of such endorsem	ent(s).										
9 2000	DDUCER				CONTACT					10-		
Lockton Companies, LLC						NAME:						
5847 San Felipe, Suite 320						PHONE FAX (A/C No.Ext): 888-828-8365 (A/C, No):						
Houston, TX 77057						:						
						INSURER(	S) AFFORDING COVE	RAGE		NAIC		
	NSURER-A: Indemnity Insurance Co. of North America 4357								43575			
	INSURED INSURER-B:											
Insperity, Inc.  19001 Crescent Springs Drive												
Kingwood, TX 77339												
*SEE	BELOW				INSURER-							
COV	EDACES CEDI	TEICAT	C NIII	MDED.	INSURER-	F:	DE	//O/ON NUM				
				MBER:				ISION NUN				
CER EXCI	IS TO CERTIFY THAT THE POLICIES OF II CATED. NOTWITHSTANDING ANY REQUIR TIFICATE MAY BE ISSUED OR MAY PER' LUSIONS AND CONDITIONS OF SUCH POLIC	EMENT, FAIN, TH IES. LIM	TERM E INSU ITS SHO	OR CONDITION OF JRANCE AFFORDED	ANY CONTRA D BY THE POL EN REDUCED B	CT OR OTHER ICIES DESCRIBE Y PAID CLAIMS.	DOCUMENT WITH	RESPECT TO	WHICH T	HIS		
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	S			
l,	COMMERCIAL GENERAL LIABILITY						EACH OCCURREN	ICE.	\$			
	CLAIMS- MADE OCCUR						DAMAGE TO RENT	ΓED	Ψ			
		1				1	MED EXP (Any one person)					
							PERSONAL & ADV		\$			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGRE		\$			
	POLICY PRO- LOC						PRODUCTS - COM	AP/OP AGG	\$			
	OTHER:						\$			-19		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$					
	ANY AUTO						BODILY INJURY (F	Per Person)	\$			
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (F		\$			
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMA (Per accident)	GE	\$			
	UMBRELLA LIAB OCCUR						EACH OCCURREN	CE	\$			
	EXCESS LIAB CLAIMS MADE	-					AGGREGATE		\$			
-	DED RETENTION \$ WORKERS COMPENSATION	-					I PER	OTH-				
Α	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N	N/A					X STATUTE	ER				
	OFFICER/MEMBER EXCLUDED?		X	C48620140	10/01/2015	10/01/2016	E.L. EACH ACCIDE	NT	\$ 1,000	,000		
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA	EMPLOYEE	\$ 1,000			
	DESCRIPTION OF ENAMERS DESCRIP						E.L. DISEASE - PO	LICY LIMIT	\$ 1,000	,000		
DESC	CRIPTION OF OPERATIONS /LOCATIONS / VEHIC	LES (Acc	ord 101.	L Additional Remarks Se	chedule, may be a	Ittached if more sr	pace is required)	-				
RE: BI	OL SPECIALTY, INC (3448009) IS INCLUDED AS A NAMED I D: MRESC 15/16-88 CLASSROOM SUPPLIES / SSI# 778053E R OF SUBROGATION IN FAVOR OF CERTIFICATE HOLDER	NSURED TI 1903	HROUGH I	ENDORSEMENT	, ,		,					

#### CERTIFICATE HOLDER

MIDDLESEX REGIONAL EDUCATIONAL SERVICES COMMISSION CO-OP MEMBERS, REPRESENTATIVES & EMPLOYEES 1660 STELTON ROAD PISCATAWAY, NJ 08854

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS

AUTHORIZED REPRESENTATIVE

CANCELLATION

O->Kuly

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#### New Jersey State Approved Co-op # 65MCESCCPS

### Acceptance of Bid and Contract Award

### Bid #: MRESC 15/16-68 - Classroom Supplies

ACCEPTANCE OF BID
And
CONTRACT AWARD

## TO BE COMPLETED BY RESPONDENT AND SUBMITTED WITH RESPONSE

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 MRESC'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 MRESC 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 MRESC and contractor, and no other agreements, oral or otherwise, regarding the subject matter of this contract, shall bind any of the parties hereto. No change or modification of this contract shall be valid unless it shall be in writing and signed by both parties to this contract. If any provision of this contract is deemed invalid or illegal by any appropriate court of law, the remainder of this contract shall not be affected thereby. The term of the agreement shall commence on award and continue for 12 months unless terminated, canceled or extended by mutual written agreement in accordance with N.J.A.C. 18A:18A-1 et. seq.

Company NameSchool Specialty Inc	_Date04/15/2016
Company Address140 Marble Drive City Lancaster State PA	_Zip17601
Contact Person Stephen M Herren Title Assistant Secretary	
Authorized Signature (ink only)	_Title Assistant Secretary
ACCEPTANCE OF BID AND CONTRACT AWARD TO BE COM MRESC	PLETED ONLY BY

Awarding Agency: Middlesex Regional Educational Services Commission

Agency Executive: Vatrut Mora

Patrick M. Moran, SBA/BS

Awarded this 23th day of April 2016 Contract Number MRESC 15/16-68