

MPI OYEE INFORMATION REPORT

# CERTIFICATE OF EMPLOYEE INFORMATION REPORT

RENEWAL

effect for the period of 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 15-001-2019 to 15-001-2026 This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to

TRI STATE LED

TRI STATE LED 255 MILL ST., GREENWICH

CT 06830

(and

ELIZABETH MAHER MUOIO

State Treasurer

Revised: January, 2016)

# Appendix A **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; 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 t 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, 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.ni.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

nvestigation pursuant to N.J.A.C. 17:27-1.1 et seq.	Name Appendix C
mpany Trichita Los	Name Will S XINGETES!
a: Cl. A	12/0/18
Signature Date	Cillia

# **Educational Services Commission of New Jersey**

# **Business Office**

1660 Stelton Road Second Floor 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, b	eing authorized and know	ledgeable of the circumstance Business E)	es, does hereby certify that Entity) has made the following
reportable politica	l contributions to any elect	ed official, political candidate	e or any political committee as
defined in N.J.S.A.	19:44-20.26 during the twe	elve (12) months preceding th	nis award of contract:
	Re	eportable Contributions	
Date of	Amount of	Name of Recipient	Name of
Contribution	<b>Contribution</b>	Elected Official/	<u>Contributor</u>
		Committee/Candidate	
		-	
	y may attach additional pag		
No Reportable	Contributions (Please che	ck (✓) if applicable.)	
	y elected official, political		ess Entity) made no reportable nmittee as defined in N.J.S.A. 19:44-
Certification			
I certify that the inf	formation provided above	is in full compliance with Pub	olic law 2005 – Chapter 271.
Name of Authorize	d Agent Chrus t	Title Sa	les Manager
Business Entity	Trustato	[8]	4

# 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: TMSTR	TO (B)
Organization Address: 255 McLL	
City, State, ZIP: <u>Creenwich</u> C	
Part I Check the box that represents the	
Sole Proprietorship (skip Parts II and	III, execute certification in Part IV)
☐ Non-Profit Corporation (skip Parts II a	nd III, execute certification in Part IV)
For-Profit Corporation (any type)	Limited Liability Company (LLC)
Partnership Limited Partners	hip Limited Liability Partnership (LLP)
Other (be specific):	
Part II Check the appropriate box	
percent or more of its stock, of any percent or greater interest therein, or	and addresses of all stockholders in the corporation who own 10 class, or of all individual partners in the partnership who own a 10 or of all members in the limited liability company who own a 10 as the case may be. (COMPLETE THE LIST BELOW IN THIS
partner in the partnership owns a 10	on owns 10 percent or more of its stock, of any class, or no individual 0 percent or greater interest therein, or no member in the limited t or greater interest therein, as the case may be. ( <b>SKIP TO PART IV</b> )
(Please attach additional sheets if more sp.	ace is needed):
	Ø.
Name of Individual or Business Entity	Home Address (for Individuals) or Business Address
RevolutionLighting	177 Broad St.
Revolution Lighting Technologies Inc	STAMPOND CT 06901

# <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.

Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s
https://ir.rvlti.com/all-sec-filings?form_type=DEF+14A&year=#document-23024-	19
0001193125-18-091664	

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 Corresponding Entity Listed in Part II	Home Address (for Individuals) or Business Address

# 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 Anastasi	Title:	Seles Manager
Signature:	Challa	Date:	12/10/18

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.

# **APPENDIX A**

# 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 seg.), 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 xpense 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 Trustate LED	Name Mus Hastesi
ignature C	Date 12(1) 18

# 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

Bidder/Vendor:

# 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 <a href="http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf">http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf</a>. 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.

of the pa	ty.
PLEASE	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 must affiliates. PROVID	E PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN  t provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or engaging in the investment activities in Iran outlined above by completing the boxes below.  THE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION NEED TO MAKE ADDITIONAL ENTRIES, USE ADDITIONAL PAGES
Name:	Relationship to
	Bidder/Vendor:
Descripti	on of Activities:
Duration	of Engagement:Anticipated Cessation Date
Bidder/V	endor
Contact	Name:Contact Phone Number:
best of mentity. I a acknowled Services informatic certificat agreement	tion: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the sy 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 on contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this ion, 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 ints(s) with the Educational Services Commission of New Jersey and that the Educational Services Commission of New Jersey at its option are any contract(s) resulting from this certification void and unenforceable.

# Form W-9

(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.

interna	Revenue Service Go to www.irs.gov/Formiws for in	istructions and the late	estintori	nau	on.							
	Name (as shown on your income tax return). Name is required on this line;     Tri State LED	do not leave this line blank.										
	2 Business name/disregarded entity name, if different from above											
s on page 3.	3 Check appropriate box for federal tax classification of the person whose national following seven boxes.  Individual/sole proprietor or Scorporation Scorporat			one o	state	certa	in enti	ities, s on	(codes not inc page 3	dividu 3):		
pe.						Ехеп	ipt pay	/ee c	ode (if	any)		
Print or type. Specific Instructions on	Limited liability company. Enter the tax classification (C=C corporation, Note: Check the appropriate box in the line above for the tax classification 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. federal 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	wner. Do owner of the gle-member	he Li	LC is		nption e (if any		FATC	А гер	orting	g
GC	Other (see instructions) ▶					(Applie	s to acco	ounts r	maintaine	d outsid	ethe L	1.5)
	5 Address (number, street, and apt. or suite no.) See instructions:		Request	er's	name ar	nd ad	dress	(opti	onal)			
See	255 Mill St											
97)	6 City, state, and ZIP code	1										
	Greenwich, CT 06830	1										
	7 List account number(s) here (optional)								-	_		
Par	Taxpayer Identification Number (TIN)									_	_	_
	your TIN in the appropriate box. The TIN provided must match the na	me given on line 1 to av	nid l	Soc	cial secu	ıritv	numb	er				
	p withholding. For individuals, this is generally your social security nu				1	7		_	[-	T	T	T
reside	nt alien, sole proprietor, or disregarded entity, see the instructions for	r Part I, later. For other				-			-			
	s, it is your employer identification number (EIN). If you do not have a	number, see How to ge										
TIN, la		1 Alan ann IA/hat Alama		or	ployer i	donti	flooric	OD 01	umbar		_	7
	If the account is in more than one name, see the instructions for line er To Give the Requester for guidelines on whose number to enter.	1. Also see vvnat ivame	and	EIII	pioyer	demi	Ticatio	JEE FIE	mber	-		-
1401112	or to the fieldester of gardanies of whose fambur to affect.			8	0 -	0	6	4	0 4	1 3	0	
	Openidia a tipus					_						_
Par											_	
	penalties of perjury, I certify that:						,	,				
2. I an Ser	enumber shown on this form is my correct taxpayer identification nun n not subject to backup withholding because: (a) I am exempt from ba vice (IRS) that I am subject to backup withholding as a result of a failu longer subject to backup withholding; and	ackup withholding, or (b	)   haven	not b	oeen no	tifie	d by t	he Ir	nterna			
3. I an	n 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	npt from FATCA reporting	ng is corr	ect.								
you ha	ication instructions. You must cross out item 2 above if you have been rave failed to report all Interest and dividends on your tax return. For real edition or abandonment of secured property, cancellation of debt, contributhan interest and dividends, you are not required to sign the certification,	estate transactions, item 2 tions to an individual retir	2 does no rement ar	t ap	ply. For gement	mor	tgage , and	inte gene	erest p erally,	aid, paym	nents	3
Sign Here			Date > 4	4	12,	/10	8					
Ge	neral Instructions	<ul> <li>Form 1099-DIV (diffunds)</li> </ul>	ividends,	incl	luding t	hose	e from	ı sto	cks o	r mut	ual	
Section	on references are to the Internal Revenue Code unless otherwise	• Form 1099-MISC	(various 1	type	s of inc	ome	, priz	es, a	award	s, or	gros	SS
relate	e developments. For the latest information about developments d to Form W-9 and its Instructions, such as legislation enacted hey were published, go to www.irs.gov/FormW9.	proceeds) • Form 1099-B (stootransactions by brol		tual	fund sa	ales a	and c	ertai	in othe	ar		
		• Form 1099-S (pro									1	
	pose of Form	• Form 1099-K (mer					-				,	
	lividual or entity (Form W-9 requester) who is required to file an	<ul> <li>Form 1098 (home 1098-T (tuition)</li> </ul>	mortgag	e IIII	(e) eS(),	1098	5-⊏ (S	rude	2111 108	III III	eres'	L),
	nation return with the IRS must obtain your correct taxpayer ication number (TIN) which may be your social security number	• Form 1099-C (can	celed de	bt)								
(SSN)	individual taxpayer identification number (ITIN), adoption	<ul> <li>Form 1099-A (acquired)</li> </ul>			andonn	nent	of sec	cure	d pror	oerty)		
(EIN),	yer Identification number (ATIN), or employer identification number to report on an information return the amount paid to you, or other not reportable on an information return. Examples of information	Use Form W-9 on alien), to provide yo	ly if you a	are a	a U.S. p							

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,

later.

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) 12/10/2018

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		CONTACT NAME:					
Aon Risk Services, Inc. of 1120 20th Street NW	Washington, D.C.	PHONE (A/C. No. Ext):	(866) 283-7122	FAX (A/C. No.): (800) 3	63-0105		
Washington DC 20036 USA		E-MAIL ADDRESS:					
			INSURER(S) AFFORD	ING COVERAGE	NAIC #		
INSURED		INSURER A:	Great Northern Ir	surance Co.	20303		
Tri-State LED Inc		INSURER B:					
255 Mill Street Greenwich CT 06830 USA		INSURER C:					
		INSURER D:					
		INSURER E:					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER: 5	570074107706	REV	ISION NUMBER:			

00121111020	OLIVIII TOATE HOMBER. 07	0071107700		IL VIOIOIN INDIVIDEIX.	
THIS IS TO CERTIFY THAT THI	E POLICIES OF INSURANCE LISTED E	BELOW HAVE BEEN	I ISSUED TO THE INSU	IRED NAMED ABOVE FOR	THE POLICY PERIOD
INDICATED. NOTWITHSTANDII	NG ANY REQUIREMENT, TERM OR C	ONDITION OF ANY	CONTRACT OR OTHER	R DOCUMENT WITH RESI	PECT TO WHICH THIS
CERTIFICATE MAY BE ISSUED	OR MAY PERTAIN, THE INSURANCE	E AFFORDED BY T	HE POLICIES DESCRIE	BED HEREIN IS SUBJECT	TO ALL THE TERMS,
EYCLLICIONS AND CONDITION	IS OF SHOU DOLICIES LIMITS SHOW!	NI MANY LIANCE DEEN	DEDUCED BY DAID OLD	AIMIC	

ISR TR	TYPE OF INSURANCE	ADDU SUBR INSD WVD	POLICY NUME	BER POLICY EFF	POLICY EXP (MM/DD/YYYY)	ı	s shown are as requested LIMITS
	X COMMERCIAL GENERAL LIABILITY		36047535	01/28/2018	01/28/2019	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
						MED EXP (Any one person)	\$5,000
Ī						PERSONAL & ADV INJURY	\$1,000,000
Ì	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$2,000,000
	POLICY X PRO- JECT X LOC					PRODUCTS - COMP/OP AG	\$2,000,000
	OTHER: AUTOMOBILE LIABILITY		7359-66-47	01/28/2018	01/28/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
ŀ	X ANY AUTO					BODILY INJURY ( Per perso	on)
ŀ	OWNED SCHEDULED					BODILY INJURY (Per accide	
-	AUTOS ONLY AUTOS HIRED AUTOS NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
+	UMBRELLA LIAB OCCUR		-			EACH OCCURRENCE	
ŀ	EXCESS LIAB CLAIMS-MADE					AGGREGATE	
ŀ	DED RETENTION						
7	WORKERS COMPENSATION AND		1971764057	01/28/2018	01/28/2019	X PER STATUTE	OTH- ER
-	EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE					E.L. EACH ACCIDENT	\$1,000,000
-	OFFICER/MEMBER EXCLUDED?	N/A					
	(Mandatory in NH) If yes, describe under					E.L. DISEASE-EA EMPLOYI	
+	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE-POLICY LIMI	\$1,000,000
SC	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (ACORD 1	01, Additional Remarks Sc	hedule, may be attached if more	space is require	d)	
•	Bid Title: LED Lighting, Bid N	IO. ESCN	J 18/19-39.				
ΞR	TIFICATE HOLDER			CANCELLATION			
				SHOULD ANY OF THE EXPIRATION DATE THERE POLICY PROVISIONS.			
	ESCNJ			AUTHORIZED REPRESENTATIV	E		
	1660 Stelton Rd. Piscataway NJ 08854 USA			An Rich	Ferracas In	c. of Washington	D. C.

RE:	Bid	Title:	LED	Liahtina.	Bid	NO.	ESCNJ	18	/19-39.

# CERTIFICATE HOLDER

### CANCELLATION

# ACCEPTANCE OF BID and CONTRACT AWARD LED and Other Lighting

# 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 ne 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 con extended as permitted by law.	tract may be
Company Name TVUSTATO LON Date UZ (1)	(P
Company Address 255 Mill St 2nd FC City Greenwich State CT Zip	
Contact Person Chris Anastasi Title Salls	Nanager
Authorized Signature (ink only) Title Sales N	langur
ACCEPTANCE OF BID AND CONTRACT AWARD BELOW TO BE COMPLETED ONLY BY E	SCNJ
Awarding Agency: Educational Services Commission of New Jersey	,
Agency Executive:	
Patrick M. Moran, SBA/BS	
Patrick M. Moran, SBA/BS  Awarded this day of	<u>.</u>