111 West Street Englewood, New Jersey 07631 (201) 871-3451

REQUEST FOR PROPOSALS PROFESSIONAL RISK MANAGEMENT SERVICES

The Housing Authority of the City of Englewood, New Jersey is accepting proposals for services of a qualified individual or firm to provide the Authority with:

Professional Risk Management Services

Which services shall be furnished over a period of One (1) year, with optional renewal for a second term of one (1) year. Respondents are encouraged to contact the Authority's Executive Director for the purpose of familiarizing themselves with same.

Proposals shall contain a description of the respondent's qualifications and experience. A schedule of hourly billing rates for all categories of staff who will be assigned to perform contract services, if a contract is awarded; other charges if any, to be billed under the contract; and respondent's proposed total contract fee. An executed Non-Collusive Affidavit, a completed Disclosure of Ownership Form, a Professional Service Information Form, Insurance Requirement and Acknowledgement Form and a signed completed Mandatory Equal Employment Opportunity Notice must be included with respondent's proposal.

The description of respondent's qualifications and experience shall demonstrate possession of a broad and practical knowledge of applicable rules, regulations and requirements and State law and applicable procedures pertaining to the Scope of Services set forth under Exhibit "A" hereof; strong, analytical, interpretative and oral and written communication skills, particularly with regard to said Scope of Services; and skills, capabilities and work experience of a level that would assure completion of the contract services in a timely and satisfactory mariner.

Proposals can be obtained by calling Englewood Housing Authority (201) 871-3451. Proposals are due back on Tuesday, April 19, 2022 by 11:00 A.M. E.O.E.

111 West Street Englewood, New Jersey 07631 (201) 871-3451

REQUEST FOR PROPOSALS PROFESSIONAL RISK MANAGEMENT SERVICES

The Housing Authority of the City of Englewood (hereinafter referred to as "Authority") requires the services of a qualified individual or firm to provide the Authority with:

Professional Risk Management Services

Which services shall be furnished over a period of One (1) year, with optional renewal for a second term of one (1) year.

SCOPE OF SERVICES

The services to be provided are set forth under Exhibit "A" hereof. Respondents are encouraged to contact the Authority's Executive Director for the purpose of familiarizing themselves with same.

CONTRACTS TERMS AND CONDITIONS

Same as set forth under Exhibit "B" hereof.

PROPOSAL REQUIREMENTS

Proposals shall contain a description of the respondent's qualifications and experience. A schedule of hourly billing rates for all categories of staff who will be assigned to perform contract services, if a contract is awarded; other charges if any, to be billed under the contract; and respondent's proposed total contract fee. An executed Non-Collusive Affidavit, a completed Disclosure of Ownership Form, a Professional Service Information Form, Insurance Requirement and Acknowledgement Form and a signed completed Mandatory Equal Employment Opportunity Notice must be included with respondent's proposal.

The description of respondent's qualifications and experience shall demonstrate possession of a broad and practical knowledge of applicable rules, regulations and requirements and State law and applicable procedures pertaining to the Scope of Services set forth under Exhibit "A" hereof; strong, analytical, interpretative and oral and written communication skills, particularly with regard to said Scope of Services; and skills, capabilities and work experience of a level that would assure completion of the contract services in a timely and satisfactory mariner.

EVALUATION CRITERIA

Proposals will be evaluated based on the degree to which a respondent meets the qualifications and experience requirements and the degree of acceptability of his/her/its proposed hourly billing rates, other charges, if any, and the total contract fee. A weight of 0% to 75% will be assigned his/her/its qualifications and experience and a weight of 0% to 25% will be assigned to his/her/its proposed hourly billing rates. Other charges, if any; and total contract fee based on the degree of acceptability of same to the Authority.

CONTRACT AWARD

It is the Housing Authority's intent to award a contract for the service required hereunder in accordance with competitive proposal procedures.

The Housing Authority retains the right to reject any and all proposals or to award a contract to the respondent whose proposal is deemed to be most advantageous to the Authority, taking into consideration the evaluation factors cited above.

SUBMISSION OF PROPOSALS

Proposals shall be submitted (an original and one (1) copy) and delivered to the Housing Authority no later than 11:00 AM on Tuesday, April 19, 2022. at which time they will be opened publicly and read aloud. Same shall be addressed as follows:

Domingo Senande
Executive Director
HOUSING AUTHORITY OF THE CITY OF ENGLEWOOD
111 West Street
Englewood, NJ 07631

All proposals shall be submitted in sealed envelopes; the wording 'PROPOSAL FOR PROFESSIONAL RISK MANAGEMENT SERVICES" shall appear on the fact thereof. Please note that our offices are under construction so staffing is limited and should be taken into account when delivering the submission.

Attachments:

Exhibit "A" Scope of Services

Exhibit "B" Proposed Form of Contract

Non-Collusive Affidavit Disclosure of Ownership Form

Professional Service Information Form

Insurance Requirements Acknowledgment Form Mandatory Equal Employment Opportunity Notice

Notice to Vendors Statement of Compliance

111 West Street Englewood, New Jersey 07631 (201) 871-3451

REQUEST FOR PROPOSALS

PROFESSIONAL RISK MANAGEMENT SERVICES

SCOPE OF SERVICES

EXHIBIT "A"

The selected Risk Management Consultant shall provide the following services:

- 1) Assist the Authority in evaluating its exposures and recommended professional methods to reduce, assume or transfer risk or loss.
- 2) Explain to the Authority the various coverage's available from the FUND and assist the Authority in the selection of proper coverage.
- 3) Provide the Authority with general assistance in the preparation of applications, statement of values, etc., as required by the FUND
- 4) Review the Authority's assessment and assist in the preparation of the Authority's insurance budget.
- 5) Assist in reviewing loss and engineering reports and provide general assistance to the safety committee in its loss containment objectives and attend safety committee meetings, when requested; to promote safety objectives and goals.
- 6) Review certificates of insurance from contractors, vendors and professionals when requested by the Authority.
- 7) Assist where needed in the settlement of claims with the understanding that the Scope of Risk Management Services does not include services normally provided by a public adjuster.
- Provide any other risk management related services required by the Joint Insurance Fund By-Laws.

111 West Street Englewood, New Jersey 07631 (201) 871-3451

RISK MANAGEMENT CONSULTANT AGREEMENT **EXHIBIT "B"**

| THE | A 01 | DEEMENTS | | |
|----------------|-------|---|--|--|
| 1115 | AGI | REEMENT made this | day of | , 2022, by and |
| betwee | en th | ne Housing Authority of the City of | Englewood (hereinafter | referred to as the "Authority") |
| and | - | | (hereina | fter referred to as the "Consultant |
| DCI AIC | CS IC | S, the Consultant has offered to the or the FUND, in part, pursuant to P. ion and property/casualty insurance | L. 1993 Chanter 260 (N | Risk Management Consulting J.S.A. 40A 10-36) for the workers |
| WHER Author | REAS | S, the Authority desires these profe and; | ssional services pursuant | to the governing body of the |
| NOW agree a | THE | EREFORE, the parties in considerat llows: | ion of the mutual promis | es and covenants set forth herein |
| 1) | For | r and in consideration of the amoun | t stated hereinafter, the C | Consultant shall: |
| | a) | Assist the Authority in identifying recommend professional methods | its insurable Property & to reduce, assume or trar | Casualty exposures and to usfer the risk or loss. |
| | b) | Assist the Authority in understand | ing the various coverage | 's available and claim issues. |
| | c) | Review with the Authority any add carried but are not available from the Authority's authorization place such | the Insurance Fund or Pro | he Consultant feels should be ogram and subject to the |
| | d) | Provide general assistance to the A values and similar documents requinclude any appraisal work by the | ested, it being understoo | on of applications, statements of d that this Agreement does not |
| | e) | Review Certificates of Insurance fithe Authority. | rom contractors, vendors | , professionals when requested by |
| | f) | Review the Authority's assessment insurance budget. | t and assist the Authority | in the preparation of the annual |
| | g) | Review the loss and engineering re | ports and generally assis | t with the settlement of claims, |

with the understanding that the scope of the consultant's involvement does not include the

h) Perform any other risk management related services required by the Fund's By-Laws.

work normally done by a public adjuster.

- 2) In exchange for the above services; the Consultant shall be compensated in the following manner:
 - a) The Authority authorizes the FUND to pay its Consultant a fee as compensation for services rendered, an amount equal to ______% percent of the Authority's annual workers' compensation and property/casualty assessment or a brokerage commissioner as promulgated by the Program. Said fees shall be paid to the Consultant within thirty (30) days of payment of the Authority's assessment.
 - b) For any insurance coverage's authorized by the Authority to be placed outside the FUND/Program the normal brokerage commissions paid by the insurance company, carrier or program for such coverage.
- 3) The term of the Agreement shall be one (1) year. However, either party may terminate this Agreement at any time by mailing to the other written notice, certified mail return receipt, calling for termination at not less than thirty (30) days thereafter. In the event of termination of the Agreement, the Consultant's fees outlined in 2 (a) above shall be prorated to date of termination.

In addition, either party shall have the right to terminate this Agreement upon notice to the other party upon the occurrence of any of the following events:

- a) The filing by the Consultant of a voluntary petition in bankruptcy; the adjudication of the Consultant as bankruptcy; the filing by the Consultant of a petition of bankruptcy, the filing by the Consultant of a petition or answer seeking a reorganization, arrangement, composting, readjustment, liquidation, dissolution or similar relief under the present or any future federal Bankruptcy Act or any other statute or law relative to bankruptcy, insolvency or relief of debtors; or seeking, or consenting to or conservator, or liquidator of all, or any substantial part of the assets of the Consultant.
- b) The above provisions of this paragraph notwithstanding, the Authority may, at its options;
 - Require the specific performance of the Consultant under the terms and covenants of this Agreement.
 - Enjoin the Consultant from acting in violation of the terms and covenants contained in this Agreement.
- c) All of the rights and options contained in this paragraph shall be both cumulative and separate and may be exercised and pursued by the party not causing the termination in any number of combinations.

4) <u>AFFIRMATIVE ACTION</u>

During the performance of this Agreement, the Consultant agrees as follows:

a) The Consultant will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, sex affection or sexual orientation. The Consultant will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment without regard of their age, race, creed, color, national origin, ancestry, marital status, sex affection or sexual orientation. Such action shall include but not 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 Consultant agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Compliance Officer setting forth provisions of this nondiscrimination clause.

- b) The Consultant, where applicable will in all solicitation or advertisements for employees placed by or on behalf of the Consultant, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, sex affection or sexual orientation.
- c) The Consultant, where applicable will send to each labor union, or representative, or workers with which it has a collective bargaining agreement, or other contract, or understanding; a notice to be provided by the agency contracting officer advising the labor union or workers' representative of the Consultant's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- d) The consultant, where applicable, agrees to comply with the regulations promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time and with the American with Disabilities Act.
- e) The Consultant agrees to attempt in good faith to employ minority and female workers consistent with applicable employment goals prescribed by N.J.A.C. 17:25-5.2 promulgated by the Treasurer pursuant P.L. 1975, c 127, as amended and supplemented from time to time or in accordance with a binding determination of the applicable employment goals determined by the Affirmative Action Office pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c 127, as amended and supplemented from time to time.
- f) The Consultant agrees to inform in writing, appropriate recruitment agencies in the area, including employment agencies, placement bureaus, colleges, universities, labor unions that it does not discriminate and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.
- g) The Consultant agrees to revise any of its procedures, if necessary, to assure that all personnel testing comply with applicable Federal Law and applicable Federal Court decisions.
- h) The Consultant agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, sex affection or sexual orientation and conform with the applicable employment goals, consistent with the statutes and court decisions of the State of New Jersey and applicable Federal Law and applicable Federal Court decisions.
- i) The Consultant shall furnish such reports or other documents to the Affirmative Action Office 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 AFFIRMATIVE ACTION OFFICE for conducting a compliance investigation pursuant to Subchapter 10 f the Administrative Code (N.J.A.C. 17:27).

All payments, notices and other communications hereunder shall be deemed to have been duly given, if mailed certified, return receipt to the parties names as follows: CONSULTANT: AUTHORITY:

The parties may change their respective addresses for purpose of this paragraph by giving written notice by registered or certified mail to the other parties in the paragraph.

6. CONFIDENTIAL AGREEMENT:

Confidential information shall mean all information disclosed to the Consultant by the Authority or to the Authority by the Consultant which relates to the Authority or the Consultants past, present and future activities, except such information as is previously known to the Consultant or to Authority or is publicly disclosed to the Consultant or Authority. The Consultant and the Authority shall hold all such information in trust and confidence for the Authority and the Consultant and except as may be authorized by either party in writing, shall not be disclosed to any person any such confidential information.

7. INDEPENDENT CONTRACTOR:

Nothing herein contained shall be construed to create an employer-employee relationship between the parties hereto. The consultant is retained hereunder strictly as an independent Contractor and the Authority acknowledges that the Consultant may enter into Consultant Agreement with others.

8. INDEMNIFICATION AND HOLD HARMLESS:

Consultant agrees to defend, indemnify and holds the Authority, its Insurance Fund/Program, its Commissioners and appointed officials harmless against any and all claims or liability resulting from the negligent or intentionally wrongful act or omissions of the Consultant, its employees and agents in connection with all activities undertaken by the Consultant, pursuant to this Agreement. It is the intention of the parties that any claims for relief of any type being asserted against the Authority, its Insurance Fund, its Commissioners and appointed officials, based upon any act or omission of the Consultant, its employees, agents, servants, affiliates and successors shall be the responsibility of the Consultant and the Consultant shall hold the Authority harmless from same.

9. ENTIRE AGREEMENT:

This Agreement shall supersede all prior agreements and understandings between the parties respecting the subject matter hereof. It may be modified only in writing and signed by the parties.

10. RIGHT OF ASSIGNMENT:

Neither this Agreement nor any rights or obligations there under may be assigned by either party without the consent of the other. This Agreement shall insure to the benefit of and are binding upon the parties hereto and their respective successors and permitted assigns.

11. GOVERNING LAW:

This Agreement will be interpreted and enforced according to the laws of the State of New Jersey. The parties submit to the Jurisdiction and venue of the Superior Court of New Jersey Law Division located within the County of Warren with respect to the validity, interpretation or performance or of any rights or obligation of the parties, or of any litigation arising out of the breach or enforcement of this Agreement. This Agreement shall be binding upon all successors and assigns and may not be modified or amended except by the express written agreement of the parties hereto.

12. HEADINGS:

The headings of the Sections and subsections of this Agreement are inserted for the purposes of convenience only and shall not be construed to affect the meaning or construction of any of the provisions hereof.

13. AMENDMENT:

The terms and provisions of this Agreement may not be modified or amended or any other provisions hereof waived temporarily or permanently, except in the case of modification and amendments pursuant to the written consent of each of the parties of this Agreement.

| ATTEST/WITNESS: | |
|-----------------|--|
| | BY: |
| | ADDRESS: |
| | |
| ATTEST/WITNESS: | HOUSING AUTHORITY OF THE CITY OF ENGLEWOOD |
| | Chairman |

111 West Street Englewood, New Jersey 07631 (201) 871-3451

REQUEST FOR PROPOSALS

PROFESSIONAL RISK MANAGEMENT SERVICES

SECOND (2nd) TERM PROFESSIONAL RISK MANAGEMENT SERVICES SHEET

| Please submit proposal for Professional Risk Management Services effective May 1, 2022 to |
|---|
| April 30, 2022. |
| |
| |
| Amount of Fee: |
| Numeric & Written |
| Signature |
| |
| Date |

FORM OF NON-COLLUSIVE AFFIDAVIT

AFFIDAVIT

| STATE OF |) |
|---|---|
| COUNTY OF | |
| (Print or Type Full Na | , being first |
| duly sworn, deposes and says: | |
| that he is | |
| (Print or Type Tit | le: Sole Proprietor, Partner or Officer of the firm, etc.) |
| indirectly, with any bidder or person in any manner, directly or indirectly conference, with any person, to fix to overhead, profit, or cost element of advantage against <i>The Housing Auth</i> | posal or bid, that such proposal or bid is genuine and not as not colluded, conspired, connived or agreed, directly or a, to put in a sham bid or to refrain from bidding, and has no , sought by agreement or collusion, or communication or he bid price of affiant or of any other bidder, or to fix any said bid price, or of that of any other bidder, or to secure any pority of the City of Englewood, or any person interested in attements in said proposal or bid are true. Signature of Bidder, if the bidder is an individual; Partner, if the bidder is a partnership; Officer, if the bidder is a corporation. |
| Described and sworn to before me | |
| Thisday of | |
| (Print or Type Name) | - (Notary Scal) |
| My commission expires | , 20 . |

AFFIDAVIT FOR AFFIRMATIVE ACTION PLAN

| STATE OF |) | | |
|--|----------------------|---|--------------------------------|
| COUNTY OF |) | | |
| (Individual's Name) | being first duly s | worn deposes and say | /S; |
| THAT he/she is the(Partner or | Officer) of the | (Firm Of) | and the |
| party making a certain proposal of | r bid dated | 2016 for w | vork in connection with the bi |
| (Indicate Job Name) | | | |
| located inbid is submitted with full knorrequirements contained herein; that she must and will fulfill these requirements. | a in Submilling such | proposal or hid the l | aidder acknowledges that be - |
| | Partner, if the | e bidder is an indivi e bidder is a partner e bidder is a corpora | ship; |
| Described and sworn to before r | ne | | |
| Thisda | y of | 20 | |
| (Print or Type Name) | | (Signature | (Notary Seal) |
| My commission expires | | 20 | |

DISCLOSURE OF OWNERSHIP FORM

N.J.S.A. 52:25-24.2 read in part that "no corporation shall be awarded any contract by the State, County, Municipality or School District, or any subsidiary or agency thereof, unless prior to the receipt of the submission of the corporation or partnership, here is provided to the public contracting unit a statement setting forth the names and address of all individuals who own 10% or more of the stock or interest in the corporation."

- 1. If the professional services entity is a partnership, then the statement shall set forth the names and address of all partners who own 10% or greater interest in the partnership.
- 2. If the professional service entity is a corporation, then the statement shall set forth the names and addresses of all stockholders in the corporation who own 10% or more of its stock of any class.
- 3. If a corporation owns all or part of the stock of the corporation or partnership providing the submission, then the statement shall include a list of the stockholders who own 10% or more of the stock of any class of that corporation.
- 4. If the professional service entity is other than a corporation or partnership, the contractor shall indicate the form of corporate ownership as listed below:

COMPLETE ONE OF THE FOLLOWING STATEMENTS:

| SIGNATURE | DATE |
|--|---|
| No Stockholder or Partner owns 10 | % or more of the company providing this submissi |
| | |
| SIGNATURE | DATE |
| | DATE individual who operates as a sole proprietorship: |
| | |
| Submission is being provided by an SIGNATURE | individual who operates as a sole proprietorship: |
| Submission is being provided by an SIGNATURE Submission is being provided by a c | individual who operates as a sole proprietorship: DATE |

PROFESSIONAL SERVICE ENTITY INFORMATION FORM

| If the Professional Service Entity is an INDI | VIDUAL, sign name and give the following information: |
|--|---|
| | |
| Address: | |
| | Federal ID # or SS#: |
| | Email: |
| If individual has a TRADE NAME, give suc | |
| Trading As: ************************************ | Phone #: |
| If the Professional Service Entity is a PARTI | NERSHIP, give the following information: |
| Name of Partners | |
| Firm Name: | |
| | |
| | Federal ID #: |
| | Email: |
| Signature of Authorized Agent: | *************** |
| If the Professional Service Entity is INCORP | ORATED, give the following information: |
| State under whose laws incorporated: | |
| | |
| | Federal ID #: |
| | Email: |
| Name of Agent in charge of said office upon | |
| Print | Signature |
| Telephone #: | Name of Corporation: |
| Ву: | |
| Address: | |

INSURANCE REQUIREMENT AND ACKNOWLEDGEMENT FORM

| Respondents Certificate of Professional Insurance Coverage | e shall be filed with the Authority's Office |
|--|--|
| Upon award of Contract by the Authority. | |
| | |
| | |
| (m) | |
| | |
| Acknowledgement of Insurance Requirement | |
| | |
| | |
| | |
| Print Name | Print Title |
| | |
| | |
| Signature | Date |

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY NOTICE (N.J.S.A. 10:5-31 et seq, and N.J.A.C. 17:27 et seq.)

GOODS, PROFESSIONAL SERVICES AND GENERAL SERVICE CONTRACTS

This form is a summary of the successful professional service entity's requirement to comply with the requirements of N.J.S.A. 10:5-31 et. seq. and N.J.A.C. 17:27 et. seq.

The successful professional service entity shall submit to the Housing Authority of the City of Englewood after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

- (a) A photocopy of a valid letter that the vendor is operating under an existing Federally approved or sanctioned affirmative action program (good for one (1) year from the date of the letter):
- (b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-1 1 et. seq.
- (c) A photocopy of an Employee Information Report (Form AA302) provided by the Division of Contract Compliance; in accordance with N.J.A.C. 17:27-1 1 et. seq.

The undersigned professional service entity certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 et. seq. and N.J.A.C. 17:27 et. seq. and agrees to furnish the required forms of evidence.

The undersigned professional service entity further understands that his/her submission shall be rejected as non-responsive if said professional service entity fails to comply with the requirements of N.J.S.A. 10:5-31 et. seq. and N.J.A.C. 17:27 et.seq.

| COMPANY: | | |
|------------|-----------|--|
| Print Name | Signature | |
| Title | Date | |

111 West Street Englewood, New Jersey 07631 (201) 871-3451

NOTICE TO VENDORS

In accordance with the State of New Jersey Law of 2004 –A13130, Ch 57, as of September 1, 2004 all parties doing business with public agencies in the State of New Jersey, excluding non-profit organizations and other government agencies, are required to be registered with the New Jersey State Department of the Treasury and to provide such agencies with a copy of their Business Registration Certificate before entering into a contractual agreement (formal contract, purchase order, etc.) with such agencies for the provision of goods or services at a cost in excess of 15% of the State mandated bid threshold. The State mandated bid threshold for this agency is currently set at \$17,500.

The subject registration can be accomplished via the internet:

http://www.nj.gov.njbusiness/registration

REGISTERING A BUSINESS WITH THE NEW JERSEY DEPARTMENT OF THE TREASURY

Business organizations or individuals doing business in New Jersey are required to register with the Department of the Treasury, Division of Revenue. Registration is free and is one-time action—there are no fees to register. However, you should update your contact and tax eligibility information, as needed.

Registration is required to conduct most business with any state, county, municipal, local board of education, charter school, county college, authority, or state college or university. The contracting agency may be required to have a copy of the "*Proof of Registration Certificate*" submitted as part of a public bid or prior to issuing a purchase order.

To register: Business must complete Form NJ-REG and submit it to the Division of Revenue. The form can be filed online or by mailing a paper form to the Division. Online filing is strongly encouraged.

Register online at www.nj.gov/treasury/revenuetaxreg.htm

Click the "online" link and then select "Register for Tax and Employer Purposes"

Download the paper form and instructions at www.nj.gov/treasury

Call the Division at (609) 292-1730 to have a form mailed to you

Write to the Division at: Client Registration Bureau, PO Box 252, Trenton, NJ 08646-0252

NOTE: If you operate a corporation, limited partnership, limited liability company or limited liability partnership, before registering, you must obtain legal authority to operate in the State of New Jersey. Generally, this is accomplished by filing an original business certificate with the Division of Revenue, such as Certificate of Incorporation or formation. For more information on this subject, visit www.njaov/treasury/revenefilecerts.com or call (609)292-9292.

Registering as an individual: There is a simplified registration process for individuals doing business with any New Jersey government agency. The form (NJ-REG-A) may be on the back of this form. If not, it can be downloaded from the web at www.nj.gov/treasury/revenue.pdfforms/reg

To obtain a copy by mail, call (609) 292-1730 or write to the Division at the Client Registration Bureau, PO Box 252, Trenton, NJ 08646-0252.

Questions about the registration process?

- New Registrants When completing Form NJ-REG make sure you answer "yes" to the contractor/sub-contractor question (Online Item 17, Paper form Item 18). The Division of Revenue will mail the certificate to the mailing address you supply on your registration form.
- Previously Registered Businesses Call (609) 292-1730 and select option 3. The Division of Revenue's service agents will take your order and mail you a certificate. Please allow 7 to 10 working days to receive your certificate. Alternately, you may visit the Division's Client Registration Bureau in person and request a certificate. The address is 847 Roebling Avenue, Trenton, NJ 08611. Service desk hours are 8:30 AM to 4:0 PM weekdays, excluding holidays.

What information does the proof of registration contain? The certificate displays the following information: Business Name, Trade Name, if applicable), Tax Pay ID (Usually the Employer Identification Number), Business Address, Contractor Certification Number (State Issued), Certification Number (State Issued) Certification Insurance Date, Effective Date (business Start Date Business started earlier than they did.

STATEMENT OF COMPLIANCE

This is to certify that all persons employed by the undersigned will be paid full weekly wages earned, less permissible deductions for income taxes, social security, etc. and that no rebates have been or will be made directly or indirectly to the undersigned from the full weekly wages earned by any person in its employ.

| Print Name | | - |
|------------|--|---|
| Sign Name | | |
| Title | | |
| Date | | |