

**REQUEST FOR QUALIFICATIONS
FOR
THIRD PARTY ADMINISTRATION SERVICES**

**Issued by the Office of the Executive Director
of
Ocean County Insurance Fund Commission**

Date Issued: November 15, 2022

Responses Due by: December 7, 2022, 3:00 PM

**REQUEST FOR QUALIFICATIONS
FOR
THIRD PARTY ADMINISTRATION SERVICES**

I. PURPOSE AND INTENT

Through this Request for Qualifications, the Ocean County Insurance Fund Commission (hereinafter, the COMMISSION) is requesting qualifications for vendors to provide Third Party Administration Services to the Ocean County Insurance Fund Commission including Ocean County Legacy Claims for the period of January 1, 2023 – December 31, 2025. This contract will be awarded through a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et seq. and complies with the best practices recommended by Office of the State Controller.

II. PROPOSAL SUBMISSION

Submit (a) one original paper copy, clearly marked as the “ORIGINAL” plus 2 copies. The proposal must be addressed to:

Ocean County Insurance Fund Commission
Att: Cathy Dodd
9 Campus Drive, Suite 216
Parsippany, NJ 07054
(Contains OCIFC RFQ)

The proposal must be received by **December 7, 2022 at 3:00 PM**

Faxed or E-Mailed proposals will NOT be accepted.

Any inquiry concerning this proposal should be directed in writing to:

Cathy Dodd cdodd@permainc.com or Joseph Hrubash jhrubash@permainc.com

This Request for Qualifications is to solicit professional services. All documents/information submitted in response to this solicitation shall be available to the general public as required by the New Jersey Open Public Records Act N.J.S.A. 47:1A-1 et seq. The COMMISSION will not be responsible for any costs associated with the oral or written and/or presentation of the proposals. The COMMISSION reserves the right to reject any and all proposals, with or without cause, and waive any irregularities or informalities in the proposals. The COMMISSION further reserve the right to make such investigations as it deems necessary as to the qualifications of any and all vendors submitting proposals. In the event that all proposals are rejected, the reserves the right to re-solicit proposals.

III. GENERAL INFORMATION ON THE FUNCTIONS OF THE COMMISSION

The Commission is organized pursuant to N.J.S.A. 40A: 10-36 to provide property/casualty insurance to its member local units. The Commission also provides members with a comprehensive risk control and claims management program. The Commission is controlled by Board of Commissioners that annually elects an executive committee. The Commission is

regulated by the Department of Banking and Insurance and the Department of Community Affairs.

IV. SCOPE OF SERVICES

See Exhibit A for Scope of Services. This sets forth a representative listing of the services to be provided under this contract. To the extent a responder proposes modifications to the services, they should clearly describe the modifications and the impact, if any. The Commission reserves the right, in the best interests of the Commission, to make modifications to the scope of services based upon the RFQ responses received.

V. MANDATORY CONTENTS OF PROPOSAL

In its proposal, the firm must include the following:

- 1) Contact Information: Provide the name and address of the firm, the name, telephone number, fax number, and e-mail address of the individual responsible for the preparation of the proposal.
- 2) A statement detailing how the responder meets minimum qualifications in Exhibit A. List the first item in the exhibit followed with the specific response, followed with the next item and the response, and so on. Also include a staffing plan listing those persons who will be assigned to the engagement if selected, including the designation of the person who would be the responder's officer responsible for all services required under the engagement. This portion of the proposal should include the relevant resume information for the individuals who will be assigned. This information shall further include, at a minimum, a description of the person's relevant professional experience, years and type of experience, and number of years with the responder.
- 3) The responder shall also include in an addendum a copy of the Data Forms required by the Department of Banking and Insurance pursuant to NJAC 11:15 – 2.6 (c) 8, a Political Disclosure statement, a Non-Collusion Certificate and a Disclosure of Investment Activities in Iran attached as Exhibits B, C, D and E.
- 4) A description of the responder's experience in performing services of the type described in this RFQ. Specifically identify client size and specific examples of similarities with the scope of services required under this RFQ.
- 5) A description concerning specific and quantifiable savings the responder can demonstrate from similar engagements and the rational why the Commission should consider this experience when evaluating the responder's proposal.
- 6) A description of resources of the responder (i.e., background, location, experience, staff resources, financial resources, other resources, etc.).
- 7) The location of the office or offices at which the responder proposes to perform services required under this RFQ. Specifically, the responder must state in its proposal whether or not the

responder is registered as a small business enterprise (“SBE”) with the New Jersey Commerce and Economic Growth Commission New Jersey’s Set-Aside Program.

8) At least five references including the contact names, titles and phone numbers.

9) Any existing or potential conflicts of interest. Disclose any representation of parties or other relationships that might be considered a conflict of interest with regard to this engagement, or the Commission.

10) Contract will be in accordance with NJAC 17:44-2.2 - which requires all vendors to maintain all documentation related to the services provided for a period of five years from the date of final payment. Records to be made available to the state office of comptroller upon request.

V. INTERVIEW

The Commission reserves the right to interview any or all of the applicants submitting a proposal. Although interviews may take place, the proposal should be comprehensive and complete on its face. The Commission reserves the right to request clarifying information subsequent to submission of the proposal.

VI. SELECTION PROCESS

All proposals will be reviewed to determine responsiveness. Non-responsive proposals will be rejected without evaluation. For vendors that satisfy the minimum requirements, the Commission will evaluate proposals based on the following evaluation criteria, separate or combined in some manner, and not necessarily listed in order of significance:

- (a) The vendor’s general approach to providing the services required under this RFQ.
- (b) The vendor’s documented experience in successfully completing contracts of a similar size and scope to the engagement addressed by this RFQ
- (c) The experience of the vendor’s management, supervisory or other key personnel assigned to the engagement, with emphasis on documented experience in successfully completing work on contracts of similar size and scope to the services required by this RFQ.
- (d) The overall ability of the vendor to mobilize, undertake and successfully complete the engagement within the timeline. This criterion will include, but not be limited to, the following factors: the number and qualifications of management, supervisory and other staff proposed by the vendor to perform the services required by this RFQ; the availability and commitment to the engagement of the vendor’s management, supervisory and other staff proposed; the vendor’s contract management plan, including the vendor’s contract organizational chart.

VII. SELECTION CRITERIA AND CONTRACT

The Commission will select the vendor or vendors deemed most advantageous to the Commission and other factors considered. “These contract(s) will be awarded through a “fair and open” process.”

Request for Qualifications

Exhibit A

Scope of Services

The successful candidate will provide the Ocean County Insurance Fund Commission with, but not necessarily limited to, the following services for member affiliated entities and Ocean County Legacy Claims:

1. Maintain or establish a local office with account manager, dedicated workers' compensation and liability supervisor, and sufficient dedicated claims staff to handle the Ocean County Insurance Fund Commission account. Consult with the Ocean County Insurance Fund Commission staff regularly and conduct service calls as needed with Ocean County Insurance Fund Commission's affiliated member entity for the purpose of establishing lines of communication, reporting, and settlement procedures.
2. Provide effective, courteous and cost efficient claim handling including but not limited to, all loss adjustments, investigations and settlements (within the approval authority) of reported claims. A claim shall include any of the following:

Workers' Compensation – Lost Time and Medical Only; Cyber Liability, General Liability; Automobile Liability; Public Officials; Police Professional; Errors and Omissions.
3. Maintain a comprehensive file for each reported claim or loss and preserve such records as required by state statutes and/or regulations. Such records shall be available for review by Ocean County Insurance Fund Commission and/or its designated representative at any reasonable time.
4. Administer all programs in full compliance with all laws, rules and regulations governing Workers' Compensation, General Liability and Self-insurance.
5. Prepare reports required pursuant to any state statutes and any regulations enacted pursuant thereto.
6. Conduct an investigation of each reported claim or loss as necessary to properly administer the claim.
7. Recommend claim reserves and provide continuous review and updating of these reserves. Promptly close claim files when appropriate to do so.

8. Formally notify the Ocean County Insurance Fund Commission in writing, of any claim subject to payment that exceeds the TPA's payment authority (currently \$10,000), inclusive of legal fees, expenses, and such other items as may be charged to the Ocean County Insurance Fund Commission. Said notice will be given to the Ocean County Insurance Fund Commission, its attorney or agent.
9. Attend and report at Ocean County Insurance Fund Commission claims committee meetings. Review all sizable and unusual claims by candidate's internal audit staff at no additional cost to the Ocean County Insurance Fund Commission and provide results of such review to the Ocean County Insurance Fund Commission.
10. Notify the Ocean County Insurance Fund Commission excess insurance carriers, including the NJ Counties Excess Joint Insurance Fund, in accordance with reporting requirements established by the carrier, of all claims which exceed or may exceed the Ocean County Insurance Fund Commission's self-insured retention, maintaining liaison between the Ocean County Insurance Fund Commission and its excess insurers on matters affecting the handling of such claims and arranging for reimbursement to the Ocean County Insurance Fund Commission of losses in excess of its self-insured retention.
11. Prepare and provide claim reports as required by Ocean County Insurance Fund Commission's Executive Director for financial reporting and excess insurance carriers.
12. Investigate all claims for potential third party recovery, pursue subrogation when there is a viable third-party, and protect the lien rights of the Ocean County Insurance Fund Commission.
13. Immediately furnish the Ocean County Insurance Fund Commission with a written report of the existence of any hazardous condition that becomes evident during the course of an investigation.
14. Assist the Ocean County Insurance Fund Commission's designated legal counsel with preparation of the defense of litigated cases, negotiate settlements and prepare for subrogation or contribution of actions. Maximize recoveries from the Second Injury Fund for workers' compensation matters.
15. Maintain a fraud protection program, including a comprehensive plan to detect, investigate and resolve actual and potential fraud and abuse, and implement procedures to prevent fraud, abuse, and similar improprieties. Aggressively defend fraudulent claims.

16. Discuss all investigative referrals with Ocean County Insurance Fund Commission claims committee and request approval to refer to either an internal/affiliated investigations activity or non-affiliated investigations vendor.
17. Maintain the capability to provide online claim access and report producing capabilities to Ocean County Insurance Fund Commission staff. Assist and train Ocean County Insurance Fund Commission staff in use of the online system as necessary.
18. Prepare computerized claim activity reports as requested.
19. Submit monthly loss runs within seven (7) days following the end of each month. Loss runs must include the claim number, the date of the loss, date reported, cause of loss, type of loss, description of loss, body part affected, department, reserved, paid and total amounts incurred, and TD & PD benefits. Loss runs should have the ability to separate legal, investigative, medical, and other expenses and have the flexibility to include all or part of the required information.
20. Prepare a year-end report that shall provide complete data by “Policy Year” in such format as to be readily usable by all service professionals without further modification.
21. Provide information regarding changes or proposed changes in legislation, rules and regulations affecting the responsibility of the Ocean County Fund Insurance Commission.
22. Consult with Ocean County Insurance Commission on the establishment and coordination of necessary procedures and practices to comply with applicable state requirements.
23. Perform bill review on all billings related to the administration of the Ocean County’s Insurance Commission workers’ compensation
24. Provide complete accounting for all programs, which at all times is subject to review by the Ocean County Insurance Commission or its designated representative.
25. Prepare all checks or vouchers to satisfy all approved and authorized claims against the Ocean County Insurance Fund Commission (including allocated claims expense).
26. Provide the Ocean County Insurance Fund Commission with a listing of all claim and expense payments made against the Ocean County’s Insurance Fund Commission account on a monthly basis.

27. Provide other services on an as-needed and as-requested basis at an agreed upon cost.

Workers' Compensation

1. Monitor treatment programs recommended for employees by physicians or specialists by reviewing all reports prepared by treating physicians and maintaining appropriate contact with treating physicians.
2. Conduct three-point contact for each reported claim with the following:
 - a. Injured worker;
 - b. Injured Worker's Manager or Department head; for Ocean County, consultation should be made with the Division of Risk Management.
 - c. Physician
3. For affiliated member entities other than Ocean County, medical case management should be included within the scope of services.
4. Repricing should be provided for all Medical Bills. A monthly report should be provided reflecting billed amounts, repriced amounts, total savings and fees.

All Relationships and fee agreements between the TPA and outside vendors must be disclosed at time of proposal submission.

General Liability

1. Investigate, evaluate, process, manage and resolve bodily injury, personal injury, property damage claims and potential claims for monetary damages asserted by third parties against the member entities of the Ocean County Insurance Fund Commission, its officers, departments, agents, commissions, or employees for which they are alleged to be legally responsible.

2. Receive, examine, and investigate as warranted or as directed by the member entities of the Ocean County Insurance Commission, all reports of accidents, incidents, claims or cases which are, or may be, the subject of liability claims.
3. Notify the Ocean County Insurance Fund Commission's excess insurance carriers, in accordance with reporting requirements established by the carrier, of all claims which exceed or may exceed the Ocean County Insurance Fund Commission's self-insured retention, maintaining liaison between the Ocean County Insurance Fund Commission and its excess carrier on matters affecting the handling of such claims and arranging for reimbursement to the Ocean County Insurance Fund Commission of losses in excess of its self-insured retention.
4. Coordinate, consult, and fully cooperate with Ocean County Insurance Fund Commission personnel and legal counsel in the administration and investigation of those claims referred to herein with respect to the facts, liability and disposition of all claims. This includes notices allowed or required by the Tort Claims Act.
5. Comply with all required federal and state income forms to be provided to claim recipients.

The Third-Party Administrator will also handle all open items for the Commission and Ocean County Legacy Claims as noted below:

Ocean County Open Legacy Claims

Workers' Compensation	283
Liability/Auto	80

Ocean County Insurance Fund Commission

Workers' Compensation	123	<i>Fund Year 2021</i>
	198	<i>Fund Year 2022</i>
General Liability	30	<i>Fund Year 2021</i>
	59	<i>Fund Year 2022</i>
Auto	1	<i>Fund Year 2021</i>
	8	<i>Fund Year 2022</i>

2023 CURRENT LIST OF MEMBERS

1. Ocean County (including Library, Mosquito Commission and Ocean County Legacy)
2. Ocean County Utilities Authority (workers' compensation only)
3. Ocean County Board of Social Services
- 4.. Ocean County Board of Health

BASIS OF AWARD

(To be completed by the Insurance Commission evaluation committee)

<p style="text-align: center;">EVALUATION FACTORS</p> <p>Points awarded will be based on the information contained in the technical proposal, any supplemental information obtained and information gathered during the interview, if one is conducted.</p>	<p style="text-align: center;">SCORE</p>
<p>A. Proposal contains all required checklist information <u> 10 </u> points</p>	
<p>B. Relevance and Extent of Qualifications, Experience, and Training of Personnel to be assigned <u> 30 </u> points</p>	
<p>C. Relevance and Extent of Similar Engagements performed <u> 30 </u> points</p>	
<p>D. Plan for performing engagement is realistic, thorough, and demonstrates knowledge of requirements and personnel availability <u> 30 </u> points</p>	
<p style="text-align: center;">TOTALS</p>	

DATA FORM
Exhibit B

(Print or Type)

Name and Address of Administrator or Servicing Organization

In connection with the above-named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NONE" or "NO EXCEPTION", SO STATE.

- 1. Affiant's Full Name: _____
- 2. Other Names Used at any Time: _____
- 3. Date of Birth: _____ Place of Birth: _____
- 4. Social Security Number: _____
- 5. For the last 10 years, I have lived at the following address or addresses:

ADDRESS	CITY	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 6. Schooling:
 - College: _____
 - Graduate: _____
 - or Professional: _____
 - Degree (List): _____

ATTACH LIST OF ALL EDUCATIONAL INSTITUTIONS AND LOCATION-CITY AND STATE)

- 7. Member Of Professional Societies Or Associations (List):

8. I presently hold or have held, in the past, the following professional, occupational, and vocational licenses issued by public or governmental licensing agencies or authorities (state date license issued, issuer of license, date terminated, reason for termination):

9. Present Chief Occupation:

Position or Title: _____

Employer's Name: _____

Address: _____

How long in this position? _____

How long with this employer? _____ Where? _____

10. Other jobs, positions, directorates or officerships concurrently held at present.

11. Complete Employment Record for Past 20 Years:

DATES	EMPLOYER AND ADDRESS	TITLE
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12. I control directly or indirectly or own legally or beneficially 10% or more of the outstanding capital stock (in voting power) of the following companies:

12a. If any of the above stock is pledged or hypothecated in any way, please detail fully:

13. I have never been adjudicated as bankrupt, except as follows:

14. I have never been convicted or had a sentence imposed or suspended, or had pronouncement of a sentence suspended, or been pardoned for conviction of, or pleaded guilty of an nolo contendere to an information an indictment charging a felony for embezzlement, theft or larceny, mail fraud, or violating any corporate securities statute or any insurance law, nor have I been the subject of a cease and desist order or consent order _____ of any federal or state regulatory agency, except as follows:

15. During the last 10 years, I have neither been refused a professional, occupational vocational license by any public or governmental licensing agency or regulatory authority, nor has such a license held by me ever been suspended or revoked, except as follows: _____

16. I have never been an officer, director, key employee or controlling stockholder of a company which, while I occupied any such position or capacity with respect to it, became insolvent or was enjoined from or ordered to cease and desist from violating any law, except as follows: _____

17. Neither I nor any company of which I was an officer, director or key management person at the time has ever been subject to any civil action alleging fraud, negligence or violation of any applicable racketeering statutes (state or federal), except as follows:

18. I am not and none of the employees, officers or directors of: _____ (name of company) is an employee, officer or director of any other administrator, program manager, servicing organization or insurance producer of the Commission, nor do I or any of the employees, officers or directors of _____ (name of company) _____ have a direct or indirect financial interest in any other administrator, program manager, servicing organization or insurance producer of the Commission, except as follows:

18a. Any direct or indirect financial interest or any position held as employee, officer or director in any other administrator, program manager, servicing organization, or insurance producer of the Commission, as described above, has been disclosed to the Commissioners or executive committee, as applicable. (Yes/No)

Dated and signed this ____ day of _____ at _____.

I hereby certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief and further, by the affixation of my signature hereon, I hereby give my certified consent to the New Jersey Department of Insurance to verify the representations and information supplied in response to all questions on the biographical data form, with any Federal, State, municipal or other agency which may have knowledge and/or information thereon.

(Signature of Affiant)

State of _____

County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that affiant executed the above instrument and that the statements and answers contained therein are true and correct to the best of affiant's knowledge and belief.

Subscribed and sworn to before me this ____ day of _____ .

Notary Public

My Commission Expires _____

(SEAL)

DATA FORM SUMMARY

YEAR _____

Firm Name: _____

Address: _____

Phone No. _____ Fax. No. _____

1.) List all parties having or deriving any interest, right or benefit in the firm.

<u>Name</u>	<u>Address</u>	<u>Interest</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2.) List all senior officers and directors who will be servicing the Commission along with a description of professional qualifications.

<u>Name</u>	<u>Title</u>	<u>Qualifications</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that the information on this disclosure is accurate and complete, and that I am an officer of the firm and am duly authorized to supply this information on behalf of the firm.

Signature: _____ Print: _____

Title: _____ Date: _____

Request for Qualifications Exhibit C

SERVICE PROVIDER POLITICAL CONTRIBUTION DISCLOSURE CERTIFICATION

Service provider business entity: _____

Date the contract or engagement is to be authorized: _____

1) Names and home addresses of all persons (a) holding 10% or more of the issued and outstanding stock of the service provider business entity, (b) entitled to receive the benefit of 10% or more of the revenues and/or profits of the service provider business entity and (c) any other individual who will have a significant role in servicing this engagement:

Name	Address

2) List all reportable contributions made during the 12 month period preceding the date that the contract or engagement is legally authorized to any official, candidate, joint candidates committee or political party representing elected officials or candidates as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r) of any member local unit insured by the Ocean County Insurance Fund Commission. (List of Members Attached.)

Local Unit	Contributor	Date	Recipient	Amount

Service Provider Affirmation

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify the above is complete and accurate. The undersigned is fully aware that if I or any of the persons listed above have misrepresented in whole or part this affirmation and certification, I and/or the service provider business entity will be liable for any penalty permitted under law.

Signed: _____ Date: _____

Title: _____

Print Name: _____

If necessary, attach additional sheets.

**Request for Qualifications
Exhibit D**

NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY

ss:

COUNTY OF

I _____ of the City of _____

in the County of _____ and the State of _____

of full age, being duly sworn according to law on my oath depose and say that:

I am _____

Of the firm of _____

the bidder making the Proposal for the above named project, and that I executed the said Proposal with full authority so to do; that said bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge that the Ocean County Insurance Fund Commission relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by

(Name of Contractor) (N.J.S.A. 52:34-15)

(Also type or print name of affiant under signature)

Subscribed and sworn to before me this

Day of _____ 20____.

Notary Public of _____

My commission expires:

Request for Qualifications

Exhibit E

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Page 1 of 2

Bid Name: _____

Bid Due Date: _____

Bidder: _____

PART 1:

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 the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the NJ Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director of the NJ Department of Treasury finds a person or entity to be in violation of the principles which are the subject of this law, he/she 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 person or entity.

I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed above for which I am authorized to bid/renew:

is not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran, AND

is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above-referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the OCEAN COUNTY INSURANCE FUND COMMISSION under penalty of perjury. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or

PART 2 is required to be completed if both certification boxes in PART 1 were not certified.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaged in the investment activities in Iran outlined above by completing the section below.

PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED ADDITIONAL ROOM, ADD ADDITIONAL PAGES.

Name _____ Relationship to Bidder/Offeror _____

Description of Activities _____

Duration of Engagement _____ Anticipated Cessation Date _____

PART 3: CERTIFICATION SIGNATURE:

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the **Ocean County Insurance Fund Commission** is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the **Ocean County Insurance Fund Commission** to notify the **Ocean County Insurance Fund Commission** in writing of any changes to the answers of information contained herein. I acknowledge 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 recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the **Ocean County Insurance Fund Commission** and that the **Ocean County Insurance Fund Commission** its option may declare any contract(s) resulting from this certification void and unenforceable. Parts 1 and 3 or Parts 2 and 3 must be completed and signed to be responsive to the specifications. Failure to complete Parts 1 and 3 or Parts 2 and 3 will render the bid non-responsive and the bid shall not be considered for an award.

Signature

Print Name