

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

**Issued by the Office of the Executive Director
of**

Ocean County Insurance Fund Commission

Responses Due by: Friday, November 7, 2025 at 2:00 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, 2026 – December 31, 2028. 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 **November 7, 2025 at 2:00 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 N.J.A.C. 11:15 – 2.6 (c) 8, a Statement of Ownership Disclosure, Conflict of Interest Certification, Mandatory Equal Employment Opportunity Language, Political Disclosure Statement, a Non-Collusion Certificate and a Prohibited Russia-Belarus Activities & Iran Investment Activities are attached as Exhibits C, D, E, F, G, & H.
- 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 rationale 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.

11) Insurance:

All firms deemed qualified shall maintain adequate insurance coverage during the term of any Contract awarded pursuant to the following guidelines:

- a) All statutory Workers’ Compensation coverage required to be held by law; and Employer’s Liability; and
- b) Commercial, General Liability including Products/Completed Operations coverage for Personal Injury and Property Damage Liability of not less than \$1,000,000 for each occurrence and \$2,000,000 annual aggregate; and
- c) Comprehensive Automobile Bodily Injury and Property Damage Liability coverage of not less than \$500,000 combined single limit; and
- d) Professional Liability/Errors and Omissions insurance coverage of not less than \$1,000,000 each wrongful act, \$1,000,000 aggregate.

All firms shall provide a Certificate of Insurance as verification of the existence of said insurance policies as part of its response to the RFQ. Failure to submit such Certificate may be cause to determine any firm as being non-responsive and to be disqualified from consideration. Approval of the coverage and the Certificate by the Insurance and Risk Management Division is a precedent to the taking effect of any contract awarded to any firm selected. Any questions regarding insurance should be directed to Cathy Dodd, Associate Account Executive, at (973) 659-6410. The Certificate should be issued to:

Ocean County Insurance Fund Commission
9 Campus Drive, Suite 216
Parsippany, NJ 07054

Firms shall agree to the inclusion of the following language in any contract ultimately awarded:

“Contractor shall be solely responsible for and shall keep, save, defend and hold harmless the Board and its servants, employees and agents from and against any and all claims, demands, suits, actions, recoveries, judgments, costs and expenses in connection therewith on account of personal injury, loss of life, and damage and loss of real and personal property of any person, agency, corporation, or government entity arising out or in consequence to any acts or omissions of Contractor, his employees, agents and subcontractors, in the performance of the work covered by this Agreement or the failure to comply with the terms and conditions of this Agreement.”

12) State of New Jersey Business Registration Certificate

P.L.2004, c.57 (Chapter 57) amends and supplements the business registration provisions of N.J.S.A. 52:32-44 which impose certain requirements upon a business competing for or entering into a contract with a public contracting agency.

All bidders must submit a copy of their State of New Jersey Business Registration Certificate with each bid submission.

The State Division of Revenue issues Business Registration Certificates. There is no cost to file, and renewal is unnecessary, though changes to information must be submitted.

Information on how a business can obtain a certificate on the Internet at www.nj.gov/njbgs or by phone at (609) 292-1730.

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 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 Fund 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	163
Liability/Auto	13

Ocean County Insurance Fund Commission

Workers' Compensation	272
General Liability	217
Property	2
Auto Loss	13

2025 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 _____ 10 points</p>	
<p>B. Relevance and Extent of Qualifications, Experience, and Training of Personnel to be assigned _____ 30 _____ points</p>	
<p>C. Relevance and Extent of Similar Engagements performed _____ 30 _____ points</p>	
<p>D. Plan for performing engagement is realistic, thorough, and demonstrates knowledge of requirements and personnel availability _____ 30 _____ 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:

Exhibit E

STATEMENT OF OWNERSHIP DISCLOSURE

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

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

Name of Organization: _____

Organization Address: _____

Part I Check the box that represents the type of business organization:

- ☐ Sole Proprietorship (skip Parts II and III, execute certification in Part IV)
- ☐ Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)
- ☐ For-Profit Corporation (any type) ☐ Limited Liability Company (LLC)
- ☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership (LLP)
- ☐ Other (be specific): _____

Part II

- ☐ The list below contains the names and addresses of all stockholders in the corporation who own ten percent (10%) or more of its stock, of any class, or of all individual partners in the partnership who own a ten percent (10%) or greater interest therein, or of all members in the limited liability company who own a ten percent (10%) or greater interest therein, as the case may be. **(COMPLETE THE LIST BELOW IN THIS SECTION)**

OR

- ☐ No one stockholder in the corporation owns ten percent (10%) or more of its stock, of any class, or no individual partner in the partnership owns a ten percent (10%) or greater interest therein, or no member in the limited liability company owns a ten percent (10%) or greater interest therein, as the case may be.
(SKIP TO PART IV)

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Home Address (for Individuals) or Business Address

Part III DISCLOSURE OF TEN PERCENT (10%) OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a Bidder/Proposer has a direct or indirect parent entity which is publicly traded, and any person holds a ten percent (10%) 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 ten percent (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

Please list the names and addresses of each stockholder, partner or member owning a ten percent (10%) 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 noncorporate stockholder, and individual partner, and member exceeding the ten percent (10%) ownership criteria established pursuant to N.J.S.A. 52:25-24.2 et seq. 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 **County of Ocean** 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 **County of Ocean** to notify the **County of Ocean** 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 **County of Ocean** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):			
Signature:			

Exhibit F

CONFLICT OF INTEREST CERTIFICATION

The undersigned certifies to the Ocean County Insurance Fund Commission that, in performing services for the Commission, he knows of no circumstance that would constitute a conflict of interest, financial or otherwise, between himself or his firm and the Ocean County Insurance Fund Commission, its members or with the interests of the Commission in general. The undersigned further certifies that he knows of no circumstances or relationships between himself or his firm and third parties that would cause the actual or appearance of a conflict of interest or a compromise of judgment and independence in the performance of the designated services.

The undersigned acknowledges this is a continuing certification and shall remain in effect for the term of the attorney services.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

By: _____

Exhibit G

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE N.J.S.A. 10:5-31 et seq. (P.L. 1975, C.127) N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

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

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with 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 AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance 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 Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

Exhibit H

Prohibited Russia-Belarus Activities & Iran Investment Activities

Person or Entity

Part 1: Certification

COMPLETE PART 1 BY CHECKING ONE OF THE THREE BOXES BELOW

Pursuant to law, any person or entity that is a successful bidder or proposer, or otherwise proposes to enter into or renew a contract, for goods or services must complete the certification below prior to contract award to attest, under penalty of perjury, that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list or Chapter 25 list as a person or entity engaging in prohibited activities in Russia, Belarus or Iran. Before a contract for goods or services can be amended or extended, a person or entity must certify that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list. Both lists are found on Treasury's website at the following web addresses:

<https://www.nj.gov/treasury/administration/pdf/RussiaBelarusEntityList.pdf>
www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf.

As applicable to the type of contract, the above-referenced lists must be reviewed prior to completing the below certification.

A person or entity unable to make the certification must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran. The person or entity must cease engaging in any prohibited activities and provide an updated certification before the contract can be entered into.

If a vendor or contractor is found to be in violation of law, action may be taken as appropriate and as may be 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.

CONTRACT AWARDS AND RENEWALS



I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate appears on the N.J. Department of Treasury's lists of entities engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3 or in investment 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. (Skip Part 2 and sign and complete the Certification below.)

CONTRACT AMENDMENTS AND EXTENSIONS	
<input type="checkbox"/>	<i>I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate is listed on the N.J. Department of the Treasury's lists of entities determined to be engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3. 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. (Skip Part 2 and sign and complete the Certification below.)</i>
IF UNABLE TO CERTIFY	
<input type="checkbox"/>	<i>I am unable to certify as above because the person or entity and/or a parent entity, subsidiary, or affiliate is listed on the Department's Russia-Belarus list and/or Chapter 25 Iran list. I will provide a detailed, accurate, and precise description of the activities as directed in Part 2 below, and sign and complete the Certification below. <u>Failure to provide such will prevent the award of the contract to the person or entity, and appropriate penalties, fines, and/or sanctions will be assessed as provided by law.</u></i>
Part 2: Additional Information	
<p><u>PLEASE PROVIDE FURTHER INFORMATION RELATED TO PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS AND/OR INVESTMENT ACTIVITIES IN IRAN.</u></p> <p>You must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran in the space below and, if needed, on additional sheets provided by you.</p>	

Part 3: Certification of True and Complete Information

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there, 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 hereby 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. 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 at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print)		Title	
Signature		Date	

RFQ DOCUMENT CHECKLIST

THIS CHECKLIST MUST BE COMPLETED AND SUBMITTED WITH YOUR PROPOSAL:

Please initial below, indicating that your proposal includes the itemized document.

A PROPOSAL SUBMITTED WITHOUT THE FOLLOWING DOCUMENTS IS CAUSE FOR REFUSAL.

	INITIAL BELOW
A. An original with two (2) copies of your complete proposal.	_____
B. Certificate of Insurance (pages 4-5)	_____
C. Business Registration Certificate (page 5)	_____
D. Data Form (Exhibit B)	_____
E. Service Provider Political Contribution Disclosure Certification (Exhibit C)	_____
F. Non-Collusion Affidavit properly notarized (Exhibit D)	_____
G. Statement of Ownership Disclosure (Exhibit E)	_____
H. Conflict of Interest Certification (Exhibit F)	_____
I. Affirmative Action Statement (Exhibit G)	_____
J. Prohibited Russia-Belarus Activities & Iran Investment Activities (Exhibit H)	_____

THE UNDERSIGNED HEREBY ACKNOWLEDGES THE ABOVE LISTED REQUIREMENTS.

NAME OF PROPOSER:

Person, Firm or Corporation

BY: _____
(NAME) (TITLE)