## CONTRACT DOCUMENTS AND TECHNICAL SPECIFICATIONS FOR:

## PLEASANT HILL ROAD 24-INCH PCCP RETIREMENT -**PHASE I**

**FILE NO.: SCE-R8125.Y24** MCMUA Contract No: 2024-W01

### MORRIS 0 UNT



## MUNICIPAL UTILITIES AUTHORITY

## **BOARD MEMBERS**

Dr. Dorothea Kominos - Chairwoman

Michael Guadagno-Vice Chairman

Christopher Dour - James Barry - Laura Szwak

Dr. Arthur Nusbaum - William Hudzik - Frank Druetzler

LARRY GINDOFF, EXECUTIVE DIRECTOR

## **DECEMBER 2024**

BIDDER:

ADDRESS:

TELEPHONE:

ANNA F. SANTANO

NJPE LICENSE. #24GE05771600

12/19/2024

DATE

MICHAEL K. MCA NJPE LICENSE #24GE06346500 12/19/2024

DATE

## SUBURBAN CONSULTING ENGINEERS, INC.

## Administrative Documents

A. Failure to submit the following documents at the time of bid opening is a MANDATORY cause for rejection of the bid in accordance with N.J.S.A. 40A:11-23.2.

| Owner's<br>Checkmarks |  | Bidder's<br>Initials |
|-----------------------|--|----------------------|
| X                     | Bid Guarantee  | 0                    |
| X                     | Consent of Surety  | ®.                   |
| X                     | Statement of Ownership Disclosure  | 0                    |
| X                     | Subcontractor Utilization Form   | @                    |
| X                     | Acknowledgement of receipt of any notice(s) or revision(s) or addenda to an advertisement, specifications or bid document(s) | (1)                  |
| X                     | Non-Collusion Affidavit  | 0                    |
| X                     | Price Proposal Table   | 0                    |
| X                     | Price Proposal Signature Form  | (P)                  |

B. Failure to submit the following documents at the time of bid opening may be cause for rejection of the bid.

| Owner's<br>Checkmarks |   | Bidder's<br>Initials |
|-----------------------|---|----------------------|
| X                     | Experience & Qualifications Questionnaire                     | (1)                  |
|                       | Disclosure of Investment Activities in Iran                   | 0                    |
| X                     | Mandatory EEO Language  | @                    |
| X                     | AA-201 Form – Initial Project Workforce Report - Construction | <b>@</b>             |
| X                     | NJ Anti-Discrimination Requirements Form                      | @                    |
| X                     | Pay to Play Advisory Notice                                   | <b>②</b>             |
| X                     | Americans with Disability Act of 1990                         | (P)                  |
| X                     | Affidavit of Non-Debarred Status                              | 0                    |
| X                     | Surety Acknowledgement  | <b>©</b>             |
| X                     | Surety Disclosure Statement & Certification                   | 0                    |
| X                     | Bidder's Agreement to Provide Equipment and Vehicles          | 8                    |

## Administrative Documents

| Owner's<br>Checkmarks |   | Bidder's<br>Initials |
|-----------------------|---|----------------------|
| X                     | Equipment and Vehicle Certification Form  | NA                   |
| X                     | Third Party Equipment and Vehicle Owner's Agreement to Provide Bidder with Equipment and Vehicles | Ala                  |
| X                     | Corporate Acknowledgement   | 0                    |
| X                     | Acknowledgement of Contractor, if Bidder is a Partnership   | NA                   |
| X                     | Acknowledgement of Contractor, if Bidder is an Individual   | plA                  |
| X                     | Acknowledgement of Contractor, LLC  | (D)                  |
| X                     | Certified Copy of Resolution of Board of Directors, if Bidder is a<br>Corporation                 | P                    |
| X                     | W-9   | 6                    |

C. The following documents are to be submitted prior to contract award.

| Owner's<br>Checkmarks | VWIIIS do village and the vill | Bidder's<br>Initials |
|-----------------------|--|----------------------|
| X                     | New Jersey Business Registration Certificate   | 0                    |
| X                     | Performance Bond & Payment   |                      |
| X                     | Certificate of Insurance   |                      |
| X                     | Public Works Contractor Registration   | 0                    |
| X                     | Non-Debarment Certification – Federal Level  | <b>O</b> ,           |
| X                     | Lowest Bidder Prevailing Wage Certification  | 0                    |

## D. To be submitted prior to start of construction.

Required Prior to Start of Construction

| X | Project Work Schedule (Time Line)      |
|---|--|
| X | Pre-Construction Photographs or Video  |
| X | Shop Drawings, Material Certifications |

## E. To be submitted at completion and acceptance of project

Required at Completion and Acceptance of Project (Owners checkmarks)

## Administrative Documents

| X | Maintenance Bond (100% Of Final Contract Price) |
|---|---|
| X | Final Release and Indemnity Agreement           |
| X | Project Guarantees/Warranties (If Applicable)   |
| X | Instruction and O & M Manuals (If Applicable)   |

| F. The undersigned | ed hereby | acknowledges and | has submitted | the above required documents. |
|--------------------|-----------|------------------|---------------|-------------------------------|
| Business Name:     | DS        | Meyer            | Enter         | prises le                     |
| Representative's   | Name:     | Dougla           | Mei           | er                            |
| Representative's   | Signature | ·                |               |                               |
| Date:              | 28/0      |                  | Phone:        | 201444 1301                   |

## Acknowledgement of Receipt of Addenda

Pursuant to the NJSA 40A:11-23.1a, the undersigned Bidder hereby acknowledges receipt of the following notices, revisions or addenda to the Bid Advertisement, Bid Specifications or Bid Documents. By indicating date of receipt, Bidder acknowledges the submitted Bid takes into account the provisions of the notice, revision or addendum. Note that the local unit's record of proper notice to Bidders, per NJSA 40A:11-23(c), shall take precedence and Bidder's failure to acknowledge receipt of addenda shall result in rejection of Bid.

| Title of Addendum/Revision | Received Via (email, fax, etc.) | Date Received |
|----------------------------|---------------------------------|---------------|
| Addendum No. 1             | poral                           | 1/21/2025     |
|                            | 1                               |               |
|                            |                                 |               |
|                            |                                 |               |
|                            |                                 |               |
|                            |                                 |               |
|                            |                                 |               |
|                            | No Addenda Issued Initials      |               |
|                            |                                 |               |
| AC                         | KNOWLEDGEMENT OF BIDI           | DER           |
|                            |                                 |               |
| Name of Bidder: US M       | eyer Enterons                   | es uc         |
|                            |                                 |               |
| Bidder's Signature:        |                                 |               |
| Drinted Name & Title:      | Douglas Meyer,                  | Maniner       |
| Printed Name & Title:      | - Jouges Today                  | 1 WILLIAM     |
| Date: 1/28/20              |                                 |               |

## Price Proposal Table

## Project Scope:

This project includes the installation of approximately 2,475 LF of proposed ductile iron water mains, and retirement of existing 24-inch Prestressed Concrete Cylinder Pipe (PCCP) along Pleasant Hill Road between Selma Boulevard and approximately 250' east of Mel Drive in Randolph Township. The scope of work includes various improvements of water mains through the construction of new 12-inch Ductile Iron Pipe Class 52 Potable Water Mains along with fittings, service connections and components. This new water main system shall connect to the existing Morris County Municipal Utilities Authority (MCMUA) infrastructure within Randolph Township. As part of the project, the Contractor must perform a tie-in connection to the existing 24-inch PCCP pipe utilizing the necessary adaptors to make the watertight connection. The project erosion and sediment control measures, excavation, restoration of asphalt pavement, various driveway restorations, curb restoration, and landscape restorations. The Contract will allow 120 calendar days for completion of the work from the notice to proceed. In accordance with includes retirement of approximately 2,475 LF of 24-inch PCCP and DIP mains. The bidders shall provide all material and labor necessary to perform the installation as per the construction documents and specifications. Site work scope includes various traffic control devices, soil the above understandings and agreements, Bidder will complete the Work for the following sums:

## PROPOSAL TO:

Morris County Municipal Utilities Authority

# BID#2024-W01 PLEASANT HILL ROAD 24-INCH PCCP RETIREMENT – PHASE I

| ITEM#    | DESCRIPTION  | UNIT<br>MEAS. | QUANT. | UNIT PRICE<br>(In Figures) | UNIT PRICE (In Figures)               | TOTAL PRICE (In Figures) |
|----------|--|---------------|--------|----------------------------|---------------------------------------|--------------------------|
| BASE BID | BID  |               |        |                            |                                       |                          |
| ,        | Mobilization * The lump sum unit price is                    | 5             | ,      | A.                         | Atten Thousand                        |                          |
| -        | not to exceed requirements of Section 017113                 | rs.           | 1      | \$ 15,000.53               | DOVIGING ZELTO (ENTS                  | \$ 15,000.3              |
| 7        | Soil Erosion and Sediment Control                            | LS            |        | \$ 100.00                  | olve Hwndived Dollars                 | \$ 100.00                |
| κı       | Excavation, Test Pits (If and Where Directed)                | CY            | 5      | 001 8                      | ONE DOLLON ZEVO LENTS & 5,00          | \$ 5,00                  |
| 4        | Excavation, Rock (If and Where Directed)                     | CY            | 20     | 90°Q5 \$                   | 65, 000,11 & 1,000, 200               | ec'000'1 \$              |
| 8        | Hot Mix Asphalt 25M64, Base Course, 8"<br>Thickness (Trench) | SY            | 068    | 00'08 \$                   | eighty pollars zeracents & 71, 200,00 | \$ 71,200,00             |
| 9        | 8" DIP CI 52 Water Main & Fittings                           | LF            | 110    | s 150,00                   | one Hundred CATY<br>Dollax 2000 CATS  | cc'095'01'\$             |

# MORRIS COUNTY MUA Price Proposal Table

|       |  |               | Fric   | Frice Froposai Table       |   |                          |
|-------|--|---------------|--------|----------------------------|---|--------------------------|
| ITEM# | DESCRIPTION  | UNIT<br>MEAS. | QUANT. | UNIT PRICE<br>(Ia Figures) | UNIT PRICE<br>(In Figures)                  | TOTAL PRICE (In Figures) |
| 7     | 12" DIP CI 52 Water Main & Fittings  | LF            | 2,475  | \$ 200,00                  | Two Hundred Dollars                         | \$ U95, 000,00           |
| ∞     | Specialty Connection 24" PCCP to 12" DIP (From STA. 24+26 to STA. 24+75) Complete in Place | FS            | -      | \$ 98,000,00               | Twenty Eight Thousand<br>Dollars Zero cents | \$ 28,000,00             |
| 6     | Water Main Disinfection & Dechlorination   | LF            | 2,585  | 4.00                       | four Dollars zero cents                     |                          |
| 10    | 1" Water Service Connection  | EA            | 12     | \$ 1,800.00                | ON Thousand Elgit                           | \$ 21,000,00             |
| 11    | Hydrant Assembly   | EA            | 9      | \$ 9.500°.°°               | Hundred Dollay Zergy \$ 57,000,00           | 2018 \$ 57,000,00        |
| 12    | 8" Gate Valve  | EA            | 'n     | \$ 3,000.00                | Three Thowand six<br>Hundred Zero cents     | \$ 18,000,00             |
| 13    | 12" Gate Valve   | EA            | 11     | \$ 5,800,00                | Fight Hunared Dollars                       | \$ 43,800.00             |
| 14    | 24" PCCP Line Stop (If and Where Directed)   | rs            | -      | \$ 33,000.00               | Thirty Three Thousenor                      | \$ 33,000.03             |
| 15    | Soil Waste Characterization (Allowance)  |               |        |                            |   | \$ 10,000.00             |
| 16    | Maintain and Protect Traffic   | rs            |        | \$ 15,000.00               | fitten Thousand<br>Dollars 2020 cents       | \$ 15,000.00             |
| 17    | Unforeseen Conditions (Allowance)  |               |        |                            |   | \$ 20,000.00             |
| 18    | Uniformed Traffic Directors (Allowance)  |               |        | TWPN)                      | TWENT SPVEN                                 | \$ 40,000.00             |
| 19    | Wet Tap Installation   | EA            | 9      | cc,000 FX 8                | Thirty Thousand                             | \$ (40,000,30)           |
| TOTAL | TOTAL BASE BID PRICE: \$ 1,077   | SFC S         | 200    |                            | }   | (In Figures)             |
| COMP  | COMPANY NAME: DS MEYER   | ENT           | erpri  | exprises ule               |   |                          |
|       |  |               |        |                            |   |                          |

## Addendum No. 1

# **MORRIS COUNTY MUA**

## Price Proposal Table

| TTERK |  |               |        |                            |                       |                              |
|-------|--|---------------|--------|----------------------------|-----------------------|------------------------------|
| ##    | DESCRIPTION  | UNIT<br>MEAS. | QUANT. | UNIT PRICE<br>(In Figures) | UNIT PRICE (In Words) | EXTENDED AMOUNT (In Figures) |
| S-1   | Hot Mix Asphalt 9.5M65 Surface Course, 2" Thick (Curb to Curb) | SY            | 7,000  | \$ 18.00                   | Eighteen Doilgib and  | \$ 134,000,2                 |
| TOTAL | TOTAL SUPPLEMENTAL BID PRICE: \$                               | 126,000,00    | 000    | 00,                        |                       | (In Figures)                 |
| TOTAI | TOTAL BID PRICE (BASE + SUPPLEMENTAL): \$                      | s:i           | 90     | 203, 545.00                |                       | (In Figures)                 |
| COMP  | COMPANY NAME: DS MEYER ENTEN                                   | Ente          | NOV    | prise UC                   |                       |                              |

- Unit Prices shall be written in words and figures. Ditto marks are not considered writing or printing and shall not be used. If the amount shown in words and its equivalent in figures do not agree, a determination of intent will be made based on the following.

  If the Extended total is the correct product of Unit Price in figures and quantity, then Unit Price in figures shall prevail.

  - If the Extended total is the correct product of Unit Price in words and quantity, then the Unit Price in words shall prevail.
- If the Extended total is the incorrect calculation using either Unit Price in words or Unit price in figures, then the Unit Price in words shall prevail and the Extended total shall be adjusted accordingly.
  - In the case of the correction of the apparent low bid, the bidder will be contacted and given the option to either accept the correction or withdraw their bid.
- The Total Contract Price shall be the correct sum of the correctly extended unit price multiplied by the quantity provided.
- The lump sum price bid for Mobilization is not to exceed requirements outlined in Section 017113, Mobilization. In case of exceedance, the maximum amount for mobilization, for the submitted bid range, will govern and the Total Contract Price will be adjusted accordingly.
- If awarded a contract, the Bidder agrees to comply with NJSA 10:5-31 et seq. and NJAC 17:27.
- It is the intention of the Owner to award the complete project to the lowest responsible bidder inclusive of Base Bid and Supplemental Bid items. In the event there are insufficient funds to support the award of the entire contract, the Owner will select the best basis of award option that meets their budget and project objectives in the following order:
- 1. Base Bid + Supplemental Bid
- 2. Base Bid
- 3. Reject all bids
- Bids must provide pricing for all base bid items. Bids that do not provide pricing for base bid will be rejected.

## Price Proposal Signature Form

| From: D.S Meyer Enterprises UC  |
|---|
| <b>Vendor</b> : The undersigned has reviewed the proposal submitted in response to the bid issued by the MCMUA in connection with the need for the following:   |
| BID#2024-W01 PLEASANT HILL ROAD 24-INCH PCCP RETIREMENT – PHASE I   |
| We affirm that the contents of the proposal (which proposal is incorporated herein by reference) is accurate, factual and complete to the best of our knowledge and belief, and that the proposal is submitted in good faith upon express understanding that any false statements may result in the disqualification of our proposal. |
| The undersigned hereby agrees to furnish all labor, materials, supplies, supervision, equipment and other means as necessary to perform all the work and furnish all the materials in accordance with the Specifications at the proposed prices within the time constraints of Specifications:  |
| Business Name: DS Meyer Enterprises Cle   |
| Business Name: DS Meyer Enterprises We Representative's Name (print): Douglas Meyer   |
| Representative's Signature:   |
| Title: Member   |
| Complete Address: 2 North St. Stl. 2A   |
| Complete Address: 2 North St. Stl. 2A<br>Waldwick NJ 07463  |

**Affix Seal if Corporation:** 

## Experience & Qualifications Questionnaire

This questionnaire must be filled out and submitted as a part of the Bid. Failure to complete this form or to provide any of the requested information will be grounds for the rejection of the bid. If additional space is required, the respondent shall add additional sheets, which identify the question being answered.

| Number of years in business under present name & address:   |
|---|
| 50 9601/3   |
|   |
| If less than 5 years, list previous names and address:  |
|   |
|   |
| Within the last 5 years has the business or any officer/partner failed to complete a contract awarded to them: _No If yes, provide the details in on a separate page. |
| Have any liens and lawsuits been filed against the company in the past 5 years:   |
| If yes, please provide details:   |
|   |
|   |
|   |
|   |
| List similar services you are now providing for which you have signed contract, but not yet started work:  AHACHA   |
|   |
|   |
|   |
| List all major subcontractors to be used to complete the service and the area of their responsibility:  Carner Brothers - Wet Tup Installation                        |
| KRM LLC - GOT OPERATING Engineers   |
| - straight enge striping Friends  |



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## Attached list of current projects currently under construction as of 1/29/2025:

1

Project and Owner Name: Rockland County - Highview Road Monsey, NY

Project Address: Highview Road Monsey, NY

Construction Managers Name & Phone #: Robert Porporino (201) 566-5465

Contract Value: \$534,625.00

Architects Name and Phone #: Rockland County Engineering Division (845) 638-5060

Brief Project Description: Concrete curb and sidewalks

Percentage of Completion: 10%

Contract Completion Date: June 2025

Prime Contractor

2.

Project and Owners Name: Supercharged Entertainment Inc. - Albratross

Project Address: Edison Towne Square - Edison, NJ

Construction Managers Name & Phone #: Douglas Meyer (201) 481-2975

Contract Value: \$1,836,620.16

Architects Name and Phone #: Menlo Engineering (732) 846-8585 Brief Project Description: Full sitework, drainage, utilities, mill and pave

Percentage of Completion: 25% Contract Completion Date: June 2025

Prime Contractor

3.

Project and Owners Name: Passaic Valley Sewer Commission Project Address: 600 Wilson Avenue, Newark, NJ 07105

Construction Managers Name & Phone #: Robert Porporino (201) 566-5465

Contract Value: Two-Year Contract

Architects Name and Phone #: Hazen and Sawyer (212) 539-7000

Brief Project Description: Mill & pave

Percentage of Completion: 0%

Contract Completion Date: December 2025

## Experience & Qualifications Questionnaire

| Please provide at least 3 references below: | attached |   |
|---|----------|---|
| Name:                                       | Phone:   |   |
| Address:                                    |          |   |
| Equipment/Service Provided:                 |          |   |
| Contract Amount:                            |          |   |
| Contract Amount.                            |          | - |
|   |          |   |
| Name:                                       | Phone:   |   |
| Address:                                    |          |   |
| Equipment/Service Provided:                 |          |   |
| Contract Amount:                            |          |   |
| Contract Amount.                            |          |   |
|   |          |   |
| Name:                                       | Phone:   |   |
| Address:                                    |          |   |
| <b>Equipment/Service Provided:</b>          |          |   |
| Contract Amount:                            |          |   |
|   |          |   |
|   |          |   |
| Name:                                       | Phone:   |   |
| Address:                                    |          |   |
| Equipment/Service Provided:                 |          |   |
| Contract Amount                             |          |   |



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## Attached list of projects completed in the past (5) years with similar requirements, size, and cost as of 1/29/2025:

1.

Project and Owner Name: Sitex Group

Project Address: 275-350 N. Midland Ave. Saddle Brook, NJ 07663

Construction Managers Name & Phone #: Robert Porporino (201) 566-5465

Contract Value: \$1,577,707.00 Architects Name and Phone #: N/A Brief Project Description: Mill & pave

General Comments about the Project: Long-term customer

Contract Completion Date: September 2024

Prime Contractor

2.

Project and Owner Name: Township of Ramsey - East and West Oak St. and Grove St.

Project Address: East and West Oak St. and Grove St., Ramsey, NJ

Construction Managers Name & Phone #: Robert Porporino (201) 566-5465

Contract Value: \$834,113.98

Architects Name and Phone #: Boswell Engineering (201) 641-0770 Brief Project Description: Concrete curb and sidewalks, mill and pave

General Comments about the Project: Completed timely

Contract Completion Date: October 2024

Prime Contractor

3.

Project and Owners Name: Town of Elizabeth - Various Streets

Project Address: Various Streets within Elizabeth, NJ

Construction Managers Name & Phone #: Robert Porporino (201) 566-5465

Contract Value: \$1,585,014.70

Architects Name and Phone #: Johnson, Mirmiran & Thompson, Inc. (609) - 512 - 3900

Brief Project Description: Concrete curb and sidewalks, drainage, mill and pave

General Comments about the Project: Completed timely

Contract Completion Date: October 2024

Tel NJ: (201) 444-1301 Fax NJ: (201) 444-1302

## D. S. MEYER ENTERPRISES, L.L.C.

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Continuation of: Attached list of projects completed in the past (5) years with similar requirements, size, and cost as of 1/29/2025:

4.

Project and Owners Name: Rifle Camp Park - Woodland Park, NJ Project Address: 387 Rifle Camp Road, Woodland Park, NJ 07424

Construction Managers Name & Phone #: Robert Porporino (201) 566-5465

Contract Value: \$989,857.20

Architects Name and Phone #: County of Passaic Department of Engineering (973) 881-4453 Brief Project Description: Installation of drainage, concrete curb and sidewalk, mill and pave

General Comments about the Project: Completed timely

Contract Completion Date: August 2024

Prime Contractor

5.

Project and Owners Name: Township of Wyckoff Roadway Improvements

Project Address: Various Streets within Wyckoff, NJ

Construction Managers Name & Phone #: Douglas Meyer (201) 481-2975

Contract Value: \$959,301.68

Architects Name and Phone #: Boswell Engineering (201) 641-0770

Brief Project Description: Mill and pave

General Comments about the Project: Completed timely

Contract Completion Date: August 2024

Prime Contractor

6.

Project and Owners Name: Town of Ramapo, New York

Project Address: 237 Rt 59 Suffern, NY 10901

Construction Managers Name & Phone #: Robert Porporino (201) 566-5465

Contract Value: \$1,476,862.50

Architects Name and Phone #: Atzl, Nasher & Zigler, PC (845) 634-4694

Brief Project Description: Installation of drainage, concrete curb and sidewalk, mill and pave

General Comments about the Project: Awarded additional work

Contract Completion Date: October 2024



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## Continuation of: Attached list of projects completed in the past (5) years with similar requirements, size, and cost as of 1/29/2025:

7.

Project and Owners Name: Hartz Mountain Industries - Malcolm Expansion

Project Address: 1 Malcolm Drive Teterboro, NJ

Construction Managers Name & Phone #: Douglas Meyer (201) 481-2975

Contract Value: \$5,450,113.02

Architects Name and Phone #: Langan (973) 560-4900

Brief Project Description: Sitework, drainage, utilities, mill and pave General Comments about the Project: Awarded additional work

Contract Completion Date: May 2023

**Prime Contractor** 

8.

Project and Owners Name: Hartz Mountain Industries - United Airlines Expansion

Project Address: Haynes Avenue Newark, NJ

Construction Managers Name & Phone #: Douglas Meyer (201) 481-2975

Contract Value: \$1,207,552.42

Architects Name and Phone #: Menlo Engineering (732) 846-8585 Brief Project Description: Sitework, drainage, utilities, mill and pave General Comments about the Project: Awarded additional work

Contract Completion Date: May 2023

Prime Contractor

9.

Project and Owners Name: Hartz Mountain Industries - Mori Tract

Project Address: Secaucus, NJ

Construction Managers Name & Phone #: Douglas Meyer (201) 481-2975

Contract Value: \$2,940,000.00

Architects Name and Phone #: Langan (973) 560-4900 Brief Project Description: Soil removal and sitework

General Comments about the Project: Awarded additional work

Contract Completion Date: November 2023



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## Continuation of: Attached list of projects completed in the past (5) years with similar requirements, size, and cost as of 1/29/2025:

10.

Project and Owners Name: Supercharged Entertainment Inc. - Supercharged Racing

Project Address: Edison Towne Square - Edison, NJ

Construction Managers Name & Phone #: Douglas Meyer (201) 481-2975

Contract Value: \$2,658,304.28

Architects Name and Phone #: Menlo Engineering (732) 846-8585 Brief Project Description: Sitework, Drainage, Utilities, Mill & Pave General Comments about the Project: Awarded additional streets

Contract Completion Date: December 2022

Prime Contractor

11.

Project and Owners Name: Hartz Mountain Industries - Teterboro Warehouse

Project Address: 1 Malcolm Avenue, Teterboro, NJ

Construction Managers Name & Phone #: Douglas Meyer (201) 481-2975

Contract Value: \$3,591,277.70

Architects Name and Phone #: Langan (973) 560-4900 Brief Project Description: Drainage, Concrete, Mill & Pave General Comments about the Project: Awarded additional work

Contract Completion Date: December 2022

Prime Contractor

12.

Project and Owners Name: Township of Mahwah 2022 Road Program

Project Address: Various Streets in Mahwah, NJ

Construction Managers Name & Phone #: Robert Porporino (201) 566-5465

Contract Value: \$2,005,911.81

Architects Name and Phone #: Boswell Engineering (201) 641-0770

Brief Project Description: Drainage, Mill & Pave

General Comments about the Project: Completed timely

Contract Completion Date: September 2022



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Continuation of: Attached list of projects completed in the past (5) years with similar requirements, size, and cost as of 1/29/2025:

13.

Project and Owners Name: Borough of Oradell - 2021 Road Program - Various Roads

Project Address: Various Roads, Oradell, NJ

Construction Managers Name & Phone #: Robert Porporino (201) 566-5465

Contract Value: \$720,629.05

Architects Name and Phone #: David Atkinson, Neglia Engineering (201) 939-8805

Brief Project Description: Concrete curb, sidewalk, inlets, mill and pave

General Comments about the Project: Completed timely

Contract Completion Date: September 2021

Prime Contractor

14.

Project and Owners Name: Ford Site Project - Hartz Mountain Industries

Project Address: Edison Towne Square - US-1, Edison, NJ 08817

Construction Managers Name & Phone #: Douglas Meyer (201) 481-2975

Contract Value: \$655,808.26

Architects Name and Phone #: Menlo Engineering (732) 846-8585 Brief Project Description: Sitework, Drainage, Utilities & Paving

General Comments about the Project: Longtime client

Contract Completion Date: June 2021

Prime Contractor

15.

Project and Owners Name: Hazel Street Improvements - City of Clifton

Project Address: Hazel Street, Clifton, NJ

Construction Managers Name & Phone #: Ryan Meyer (551) 427-6912

Contract Value: \$629,820.00

Architects Name and Phone #: Boswell Engineering (201) 641-0770

Brief Project Description: Removing Soil, Mill and Pave

General Comments about the Project: Completed under budget

Contract Completion Date: May 2021



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## Continuation of: Attached list of projects completed in the past (5) years with similar requirements, size, and cost as of 1/29/2025:

16.

Project and Owners Name: RM Improvements - Robert Martin Company

Project Address: Elmsford and Yonkers, NY

Construction Managers Name & Phone #: Ryan Meyer (551) 427-6912

Contract Value: \$1,232,449.26 Architects Name and Phone #: N/A Brief Project Description: Mill and Pave

General Comments about the Project: Awarded Phase II for 2021

Contract Completion Date: November 2020

Prime Contractor

17.

Project and Owners Name: Township of Mahwah 2020 Road Improvement Project

Project Address: Various Roads Mahwah, NJ

Construction Managers Name & Phone #: Douglas Meyer (201) 481-2975

Contract Value: \$1,749,955.16

Architects Name and Phone #: Boswell Engineering (201) 641-0770

Brief Project Description: Drainage, Concrete, Mill and Pave

General Comments about the Project: Completed earlier than expected

Contract Completion Date: September 2020

Prime Contractor

18.

Project and Owners Name: Jersey City Urban Renewal Phase II - Suffolk Construction

Project Address: 444 Luis Marin Boulevard Jersey City, NJ 07302

Construction Managers Name & Phone #: Douglas Meyer (201) 481-2975

Contract Value: \$1,446,167.25

Architects Name and Phone #: Perkins Eastman (617) 449-4000 Brief Project Description: Sitework, Drainage, Mill and Pave General Comments about the Project: Bidding Phase III

Contract Completion Date: September 2020

Tel NJ: (201) 444-1301 Fax NJ: (201) 444-1302



## D. S. MEYER ENTERPRISES, L.L.C.

Complete Asphalt Pavement Maintenance & Other Related Construction Services 2 North Street Suite 2A • Waldwick, New Jersey 07463 Established 1987

## **Vendor References**

## Tilcon Inc. NJ/NY

9 Entin Road Parsippany, NJ 07054 Contact: Angelo Sarachelli

Tel: 973-659-3653 Fax: 973-366-9831

Email:

Acct # 593800

## **Brent Materials**

325 Columbia Turnpike, Suite 308 Florham Park, NJ 07932 Contact: Paul Fischer Tel: 973-325-3030

Acct # 200888

## Stavola Asphalt Company

P.O. Box 482 Red Bank, NJ 07701 Contact: Phyllis Ferra Tel: 732-542-2328 x210 Fax: 732-542-0143

Email:

Acct # 97641

## Weldon Material Inc.

141 Central Avenue Westfield, NJ 07090 Contact: Beth Rotella Tel: 908-233-4444 x2233

Fax: 908-233-4215

Email:

Acct # 442450

Certification 39688

# CERTIFICATE OF EMPLOYEE INFORMATION REPORT RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-AUG-2018 to 15-AUG-2025 effect for the period of . 110

D.S. MEYER ENTERPRISES, INC. 2 NORTH STREET SUITE 2 A

NJ 07463

WALDWICK

Chain M. Musel

State Treasurer

## Instructions for Completing the Initial Project Workforce Report AA201

## INSTRUCTIONS FOR COMPLETING THE INITIAL PROJECT WORKFORCE REPORT - CONSTRUCTION (AA201)

## DO NOT COMPLETE THIS FORM FOR GOODS AND/OR SERVICE CONTRACTS

- 1. Enter the Federal Identification Number assigned to the contractor by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for but not yet issued, or if your business is such that you have not or will not receive a Federal Identification Number, enter the social security number assigned to the single owner or one partner, in the case of a partnership.
- Note: The Division of CC/EEO will assign a contractor ID number to your company.
   This number will be your permanently assigned contractor ID number that must be on all correspondence and reports submitted to this office.
- 3. Enter the prime contractor's name, address and zip code number.
- 4. Check box if Company is Minority Owned or Woman Owned
- 5. Enter the complete name and address of the Public Agency awarding the contract. Include the contract number, date of award and dollar amount of the contract.
- 6. Enter the name and address of the project, including the county in which the project is located.
- 7. gg
- 8. Check "Yes" or "No" to indicate whether a Project Labor Agreement (PLA) was established with the labor organization(s) for this project.
- 9. Under the Projected Total Number of Employees in each trade or craft and at each level of classification, enter the total composite workforce of the prime contractor and all subcontractors projected to work on the project. Under Projected Employees enter total minority and female employees of the prime contractor and all subcontractors projected to work on the project. Minority employees include Black, Hispanic, American Indian and Asian, (J=Journeyworker, AP=Apprentice). Include projected phase-in and completion dates.
- 10. Print or type the name of the company official or authorized Equal Employment Opportunity (EEO) official include signature and title, phone number and date the report is submitted.

This report must be submitted to the Public Agency that awards the contract and the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts no later than three (3) days after the contractor signs the contract.

THE CONTRACTOR IS TO RETAIN THE FOURTH AND FINAL COPY MARKED "CONTRACTOR", SUBMIT THE THIRD COPY MARKED "PUBLIC AGENCY" TO THE PUBLIC AGENCY AWARDING THE CONTRACT AND FORWARD THE REMAINING TWO (2) COPIES TO: NEW JERSEY DEPARTMENT OF THE TREASURY

DIVISION OF CONTRACT COMPLIANCE & EQUAL EMPLOYMENT OPPORTUNITY IN PUBLIC CONTRACTS

P.O.BOX209 TRENTON, NJ 08625-0209 (609) 292-9550

Instructions for Completing the Initial Project Workforce Report AA201

## STATE OF NEW JERSEY

DIVISION OF CONTRACT COMPLIANCE EQUAL EMPLOYMENT OPPORTUNITY IN PUBLIC CONTRACTS

FORMAA-101

| Official Use Only<br>Assignment |  |
|---------------------------------|--|
| Code                            |  |

| Revised 10/03                         | INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION       |                 |  |  |               |             |            |  |  |                                       |   |
|---------------------------------------|---|-----------------|--|--|---------------|-------------|------------|--|--|---------------------------------------|---|
| READ INSTRU                           | I<br>ICTIONS ON THE BACK O<br>E OR PRINT IN BLACK O | AREFU<br>R BLUE | JLLY BE  | FORE T   | HEC           | OMPLE       | TION A     | ND DIS   | TRIBUTIC   | N OF THIS FORM                        | Л.  |
| 1. FID NUMBER 2. CONTRACTOR ID NUMBER |   |                 | 5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDING CONTRACT |  |               |             | CONTRACT   |  |  |                                       |   |
| 3. NAME AND A                         | DDRESS OF PRIME CONTR                               | ACTOR           |  |  | -             |             |            |  |  |                                       |   |
|                                       |   |                 |  |  |               |             |            |  |  |                                       |   |
|                                       | (Name)  |                 |  |  |               | CONTR       | RACT NUM   | IBER   | DATE OF AW                                       | ARD DOLLAR A                          | MOUNT OF AWARD                            |
|                                       | (Street Address)                                    |                 |  |  |               | 6. NAM      | E AND AD   | DRESS  | OF PROJECT                                       | •                                     | 7. PROJECT NUMBER                         |
| (City) 4. IS THIS COM                 | (State) (Zip  | Code)           | OMAN OV  | WNED[]   |               | COUNT       | Y          |  |  | 8. IS THIS PROJECT<br>LABOR AGREEMENT | COVERED BY A PROJE4<br>Γ(PLA)? ☐ YES ☐ NC |
| 9. TRADE                              | OR CRAFT  | PROJE           | CTED TO  | L EMPLO  | OYEES         | PROJEC      | CTED MIN   |  | MPLOYEES   | PROJECTED                             | PROJECTED                                 |
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| 3. CARPEN                             |   | _               |  |  | +             | _           |            | _  | <u> </u>   |                                       |   |
| 4. ELECTR                             |   |                 |  |  | $\Box$        |             |            |  |  |                                       |   |
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| 6. HVAC M                             |   |                 | -  | _  | +-            |             | _          | _  | 1  |                                       |   |
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| -                                     | ING ENGINEER  | _               |  |  | $\vdash$      |             |            |  |  |                                       |   |
| 9. PAINTER                            |   | -               | -  |  | $\vdash$      |             |            | _  |  |                                       |   |
| 10.PLUMB                              |   | -               |  |  | $\vdash$      |             |            | _  | <del>                                     </del> |                                       |   |
| 11.ROOFE                              |   |                 |  |  | +             |             |            | <del>                                     </del> | 1  |                                       |   |
|                                       | METAL WORKER  | _               |  |  | +             |             | _          |  |  |                                       |   |
|                                       | LER FITTER  | _               |  |  | +             |             |            | <u> </u>   |  |                                       |   |
| 14. STEAM                             |   |                 | -  | -  | $\overline{}$ |             |            | <u> </u>   | <b>†</b>   |                                       |   |
| 15. SURVE                             | YOR   |                 | <del>                                     </del>       | -  | +             | _           |            | †  | +  |                                       |   |
| 16. TILER                             | DDIVED  | -               |  | <del>                                     </del> | +             | <b>-</b>    |            | $\vdash$   | <u> </u>   |                                       |   |
| 17. TRUCK                             |   | <u> </u>        | <del>                                     </del>       | <del>                                     </del> | +             |             |            | <del>                                     </del> | _  |                                       | -   |
| 18.LABOR                              |   | <u> </u>        | <del>                                     </del>       | <u> </u>   | +             |             |            | <del>                                     </del> |  |                                       |   |
| 19.0THER 20.0THER                     |   |                 | -  |  | +             |             |            |  |  |                                       |   |
| Lhereby certify                       | that the foregoing statemen                         | ats mad         | e hy me :  | are true.  | I am a        | ware tha    | at if any  | of the fo  | regoing sta                                      | tements are willfu                    | lly                                       |
|                                       | ject to punishment.                                 |                 |  |  |               |             |            |  |  |                                       |   |
|                                       |   |                 |  |  |               |             |            | (Sign  | nature)  |                                       |   |
| 10. (Plea                             | se Print Your Name)                                 |                 |  |  |               | (Title)     |            |  |  |                                       |   |
| (Area Code)                           | (Telephone Number)                                  | (Ext.)          |  |  |               |             |            |  |  | (Date)                                |   |

## Mandatory Equal Employment Opportunity Language

### **EXHIBIT B**

N.J.S.A. 10:5-31 et seq. (P.L.1975, c.127)

N.J.A.C. 17:27-1.1 et seq.

## **CONSTRUCTION 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 applicant's 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 or workers' representative of the contractor's commitments under this act 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.

When hiring or scheduling workers in each construction trade, the contractor or subcontractor agrees to make good faith efforts to employ minority and women workers in each construction trade consistent with the targeted employment goal prescribed by N.J.A.C. 17:27-7.2; provided, however, that the Dept. of LWD, Construction EEO Monitoring Program, may, in its discretion, exempt a contractor or subcontractor from compliance with the good faith procedures prescribed by the following provisions, A, B, and C, as long as the Dept. of LWD, Construction EEO Monitoring Program is satisfied that the contractor or subcontractor is employing workers provided by a union which provides evidence, in accordance with standards prescribed by the

## Mandatory Equal Employment Opportunity Language

Dept. of LWD, Construction EEO Monitoring Program, that its percentage of active "card carrying" members who are minority and women workers is equal to or greater than the targeted employment goal established in accordance with N.J.A.C. 17:27-7.2. The contractor or subcontractor agrees that a good faith effort shall include compliance with the following procedures:

- (A) If the contractor or subcontractor has a referral agreement or arrangement with a union for a construction trade, the contractor or subcontractor shall, within three business days of the contract award, seek assurances from the union that it will cooperate with the contractor or subcontractor as it fulfills its affirmative action obligations under this contract and in accordance with the rules promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et. seq., as supplemented and amended from time to time and the Americans with Disabilities Act. If the contractor or subcontractor is unable to obtain said assurances from the construction trade union at least five business days prior to the commencement of construction work, the contractor or subcontractor agrees to afford equal employment opportunities minority and women workers directly, consistent with this chapter. If the contractor's or subcontractor's prior experience with a construction trade union, regardless of whether the union has provided said assurances, indicates a significant possibility that the trade union will not refer sufficient minority and women workers consistent with affording equal employment opportunities as specified in this chapter, the contractor or subcontractor agrees to be prepared to provide such opportunities to minority and women workers directly, consistent with this chapter, by complying with the hiring or scheduling procedures prescribed under (B) below; and the contractor or subcontractor further agrees to take said action immediately if it determines that the union is not referring minority and women workers consistent with the equal employment opportunity goals set forth in this chapter.
- (B) If good faith efforts to meet targeted employment goals have not or cannot be met for each construction trade by adhering to the procedures of (A) above, or if the contractor does not have a referral agreement or arrangement with a union for a construction trade, the contractor or subcontractor agrees to take the following actions:
- (I) To notify the public agency compliance officer, the Dept. of LWD, Construction EEO Monitoring Program, and minority and women referral organizations listed by the Division pursuant to N.J.A.C. 17:27-5.3, of its workforce needs, and request referral of minority and women workers:
- (2) To notify any minority and women workers who have been listed with it as awaiting available vacancies;
- (3) Prior to commencement of work, to request that the local construction trade union refer minority and women workers to fill job openings, provided the contractor or subcontractor has a referral agreement or arrangement with a union for the construction trade;
- (4) To leave standing requests for additional referral to minority and women workers with the local construction trade union, provided the contractor or subcontractor has a referral agreement or arrangement with a union for the construction trade, the State Training and Employment Service and other approved referral sources in the area;

## Mandatory Equal Employment Opportunity Language

- (5) If it is necessary to lay off some of the workers in a given trade on the construction site, layoffs shall be conducted in compliance with the equal employment opportunity and nondiscrimination standards set forth in this regulation, as well as with applicable Federal and State court decisions;
- (6) To adhere to the following procedure when minority and women workers apply or are referred to the contractor or subcontractor:

The contactor or subcontractor shall interview the referred minority or women worker.

If said individuals have never previously received any document or certification signifying a level of qualification lower than that required in order to perform the work of the construction trade, the contractor or subcontractor shall in good faith determine the qualifications of such individuals. The contractor or subcontractor shall hire or schedule those individuals who satisfy appropriate qualification standards in conformity with the equal employment opportunity and non-discrimination principles set forth in this chapter. However, a contractor or subcontractor shall determine that the individual at least possesses the requisite skills, and experience recognized by a union, apprentice program or a referral agency, provided the referral agency is acceptable to the Dept. of LWD, Construction EEO Monitoring Program. If necessary, the contractor or subcontractor shall hire or schedule minority and women workers who qualify as trainees pursuant to these rules. All of the requirements, however, are limited by the provisions of (C) below.

The name of any interested women or minority individual shall be maintained on a waiting list, and shall be considered for employment as described in (i) above, whenever vacancies occur. At the request of the Dept. of LWD, Construction EEO Monitoring Program, the contractor or subcontractor shall provide evidence of its good faith efforts to employ women and minorities from the list to fill vacancies.

- If, for any reason, said contractor or subcontractor determines that a minority individual or a woman is not qualified or if the individual qualifies as an advanced trainee or apprentice, the contractor or subcontractor shall inform the individual in writing of the reasons for the determination, maintain a copy of the determination in its files, and send a copy to the public agency compliance officer and to the Dept. of LWD, Construction EEO Monitoring Program.
- (7) To keep a complete and accurate record of all requests made for the referral of worker's in any trade covered by the contract, on forms made available by the Dept. of LWD, Construction EEO Monitoring Program and submitted promptly to the Dept. of LWD, Construction EEO Monitoring Program upon request.
- (C) The contractor or subcontractor agrees that nothing contained in (B) above shall preclude the contractor or subcontractor from complying with the union hiring hall or apprenticeship policies in any applicable collective bargaining agreement or union hiring hall arrangement, and, where required by custom or agreement, it shall send journeymen and trainees to the union for referral, or to the apprenticeship program for admission, pursuant to such agreement or arrangement. However, where the practices of a union or apprenticeship program will result in the exclusion of minorities and women or the failure to refer minorities and women consistent with the targeted county employment goal, the contractor or subcontractor shall consider for employment persons referred pursuant to (B) above without regard to such agreement or

## Mandatory Equal Employment Opportunity Language

arrangement; provided further, however, that the contractor or subcontractor shall not be required to employ women and minority advanced trainees and trainees in numbers which result in the employment of advanced trainees and trainees as a percentage of the total workforce for the construction trade, which percentage significantly exceeds the apprentice to journey worker ratio specified in the applicable collective bargaining agreement, or in the absence of a collective bargaining agreement, exceeds the ratio established by practice in the area for said construction trade. Also, the contractor or subcontractor agrees that, in implementing the procedures of (B) above, it shall, where applicable, employ minority and women workers residing within the geographical jurisdiction of the union.

After notification of award, but prior to signing a construction contract, the contractor shall submit to the public agency compliance officer and the Dept. of LWD, Construction EEO Monitoring Program an initial project workforce report (Form AA-201) electronically provided to the public agency by the Dept. of LWD, Construction EEO Monitoring Program, through its website, for distribution to and completion by the contractor, in accordance with N.J.A.C. 17:27-7. The contractor also agrees to submit a copy of the Monthly Project Workforce Report once a month thereafter for the duration of this contract to the Dept. of LWD, Construction EEO Monitoring Program, and to the public agency compliance officer.

The contractor agrees to cooperate with the public agency in the payment of budgeted funds, as is necessary, for on-the-job and/or off-the job programs for outreach and training of minorities and women.

(D) The contractor and its subcontractors shall furnish such reports or other documents to the Dept. of LWD, Construction EEO Monitoring Program as may be requested by the Dept. of LWD, Construction EEO Monitoring Program 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 Dept. of LWD, Construction EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

## Mandatory Equal Employment Opportunity Language

## **Additional Mandatory Construction Contract Language**

## For State Agencies, Independent Authorities, Colleges and

## **Universities Only**

Executive Order 51 (Corzine, August 28, 2009) and P.L.2009, c.335 include a provision which require all state agencies, independent authorities and colleges and universities to include additional mandatory equal employment and affirmative action language in its construction contracts.

It is important to note that this language is in addition to and does not replace the mandatory contract language and good faith efforts requirements for construction contracts required by N.J.A.C. 17:27-3.6, 3.7 and 3.8, also known as Exhibit B. The additional mandatory equal employment and affirmative action language is as follows:

It is the policy of the [Reporting Agency] that its contracts should create a workforce that reflects the diversity of the State of New Jersey. Therefore, contractors engaged by the [Reporting Agency] to perform under a construction contract shall put forth a good faith effort to engage in recruitment and employment practices that further the goal of fostering equal opportunities to minorities and women.

The contractor must demonstrate to the [Reporting Agency's] satisfaction that a good faith effort was made to ensure that minorities and women have been afforded equal opportunity to gain employment under the [Reporting Agency's] contract with the contractor. Payment may be withheld from a contractor's contract for failure to comply with these provisions.

Evidence of a "good faith effort" includes, but is not limited to:

- 1. The Contractor shall recruit prospective employees through the State Job bank website, managed by the Department of Labor and Workforce Development, available online at ;
- 2. The Contractor shall keep specific records of its efforts, including records of all individuals interviewed and hired, including the specific numbers of minorities and women;
- 3. The Contractor shall actively solicit and shall provide the [Reporting Agency] with proof of solicitations for employment, including but not limited to advertisements in general circulation media, professional service publications and electronic media; and

## Mandatory Equal Employment Opportunity Language

- 4. The Contractor shall provide evidence of efforts described at 2 above to the [Reporting Agency] no less frequently than once every 12 months.
- 5. The Contractor shall comply with the requirements set forth at N.J.A.C. 17:27-1.1 et seq.

To ensure successful implementation of the Executive Order and Law, state agencies, independent authorities and colleges and universities must forward an Initial Project Workforce Report (AA-201) for any projects funded with ARRA money to the Dept. of LWD, Construction EEO Monitoring Program immediately upon notification of award but prior to execution of the contract

| Business Name: DS Meyer Enterprises UC |             |  |  |  |
|--|-------------|--|--|--|
| Representative's Name (print):         | uglas Meyer |  |  |  |
| Representative's Signature:            |             |  |  |  |
| Date: //28/05                          |             |  |  |  |

## Americans with Disabilities Act of 1990

The CONTRACTOR and the OWNER do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "ACT") (42 U.S.C. S12101 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereunto, are made a part of this contract. In providing any act benefit, or service on behalf of the OWNER pursuant to this contract, the CONTRACTOR agrees that the performance shall be in strict compliance with the Act. In the event that the Contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the CONTRACTOR shall defend the OWNER in any action or administrative proceeding commenced pursuant to this Act. The Contractor shall indemnify, protect, and save harmless the OWNER, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The CONTRACTOR shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the OWNER grievance procedure, the CONTRACTOR agrees to abide by any decision of the OWNER which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the OWNER or if the OWNER must any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the CONTRACTOR shall satisfy and discharge the same at its OWN expense.

The OWNER shall, as soon as practicable after a claim has been made against it, give written notice thereof to the CONTRACTOR along with frill and complete particulars of the claim. if any action or administrative proceedings is brought against the OWNER or any of its agents, servants, and employees, the OWNER shall expeditiously forward or have forwarded to the CONTRACTOR every demand, complaint, notice, summons, pleading, or other process received by the OWNER or its representatives.

It is expressly agreed and understood that any approval by the OWNER of the services provided by the CONTRACTOR pursuant to this contract will not relieve the CONTRACTOR of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the OWNER pursuant to this paragraph.

It is further agreed and understood that the OWNER assumes no obligation to indemnify or save harmless the CONTRACTOR, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the CONTRACTOR expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the CONTRACTOR'S obligations assumed in this Agreement, nor shall they be construed to relieve the CONTRACTOR from any liability, nor preclude the OWNER from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

| Business Name (Print): $\mathop{\mathbb{N}} {\mathbb{N}}$ | leyer En | terprises | CC         |
|---|----------|-----------|------------|
| Representative's Name (Print):                            | Douglas  | Meyer     |            |
| Representative's Title: Mew                               | user     |           |            |
| Representative's Signature:                               |          |           |            |
| Phone: (128/20  |          | Date: 20  | 1 444 1301 |

## New Jersey Anti-Discrimination

## Pursuant to N.J.S.A. 10:2-1:

- a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;
- b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
- c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and
- d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

| Business | Name (Print): DS        | Meyer | Enterp   | rises UC |  |
|----------|-------------------------|-------|----------|----------|--|
|          | ntative's Name (Print): |       | ,        |          |  |
|          | ntative's Title: Me     | mber  | <u> </u> |          |  |
| Represer | ntative's Signature:    | 2     |          |          |  |
|          | 0011111111              | 21    | Date:    | 1/28/25  |  |

## Statement of Ownership Disclosure

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

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

| Name             | of Organization: DSMUH   | r Enterpr   | ises UC  |            |
|------------------|--|---|--|------------|
|                  | nization Address: 2 NOAh   |   | Waldwick N) 6  | 7463       |
| <u>Part</u>      | I Check the box that represents t  | he type of business o                             | rganization:   |            |
|                  | ole Proprietorship (skip Parts II and I  | II, execute certification i                       | n Part IV)   |            |
|                  | on-Profit Corporation (skip Parts II ar  | nd III, execute certification                     | on in Part IV)   |            |
| □ <sub>F</sub> ( | or-Profit Corporation (any type)   | Limited Liability Compa                           | ny (LLC)   |            |
|                  |  | nip Limited Liab                                  |  |            |
|                  | her (be specific):   |   |  |            |
|                  | The list below contains the names 10 percent or more of its stock, of own a 10 percent or greater interest who own a 10 percent or greater is BELOW IN THIS SECTION) | any class, or of all indest therein, or of all me | ividual partners in the partnership<br>mbers in the limited liability comp | who<br>any |
|                  | OR   |   |  |            |
|                  | No one stockholder in the corporal individual partner in the partnersh in the limited liability company ow (SKIP TO PART IV)   | ip owns a 10 percent o                            | or greater interest therein, or no m                                       | nember     |
| (Pleas           | se attach additional sheets if more spa  | ce is needed):                                    |  |            |
| Nan              | ne of Individual or Business Entity  |   | Address  |            |
|                  |  | 00 00001 161                                      | 10.A DCA   |            |

| Name of Individual or Business Entity | Address                                 |
|---------------------------------------|---|
| Manene Meyer                          | 93 slepy valley Rg<br>Warwick NY 10990  |
| Douglas Meyer                         | 93 Sleepy valley Rd<br>Warwick NY 10990 |
|                                       |   |
|                                       |   |

## Statement of Ownership Disclosure

<u>Part III</u> DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. Attach additional sheets if more space is needed.

| Website (URL) containing the last annual SEC (or foreign equivalent) filing | Page #'s |
|---|----------|
| · · · · · · · · · · · · · · · · · · ·                                       |          |
|   |          |
|   |          |

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II other than for any publicly traded parent entities referenced above. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. Attach additional sheets if more space is needed.

| Stockholder/Partner/Member and<br>Corresponding Entity Listed in Part II | 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 *Morris County Municipal Utilities Authority* 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 *Morris County Municipal Utilities Authority* to notify the *Morris County Municipal Utilities Authority* 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 *Morris County Municipal Utilities Authority* to declare any contract(s) resulting from this certification void and unenforceable.

| Full Name (Print): | Douglas Meyer | Title: | Member  |
|--------------------|---------------|--------|---------|
| Signature:         | 2             | Date:  | 1/28/27 |

## Acknowledgement of Contractor, if a Limited Liability Company

| STATE OF NEW JEWLY )   |                              |
|--|------------------------------|
| STATE OF New Jewey )  SS:  COUNTY OF Bergyn )  |                              |
| On this day of and unique in the year 20_25, before came   | e me personally              |
| and Douglas Meyer  | appeared                     |
| to me known, who, being by me duly sworn, did depose and say, that he is the:  |                              |
| Member of LLC or duly authorized representative)   | of the                       |
| firm of: 05 Meyer Enterprises UC   |                              |
| described in and which executed the foregoing instrument by and with the consen and he acknowledged to me that he executed the same as and for the act and deed of | t of all partners said firm. |
| (Seal) Notary Public   |                              |
| Con  | ınty, State                  |
| Karly M Savas<br>NOTARY PUBLIC<br>STATE OF NEW JERSEY<br>MY COMMISSION EXPIRES June 26, 202  | 7                            |

Certified Copy of Resolution of Board of Directors

OS Muler Enterprises UC (Name of Corporation)

| RESOLVED that Ouglas My Member (Person Authorized to Sign) (Title)                          |
|---|
| of OSMY Enterprises Who authorized to sign and submit the Bid of this (Name of Corporation) |
| Corporation for the following project:  |
| BID#2024-W01 PLEASANT HILL ROAD 24-INCH PCCP RETIREMENT – PHASE I                           |
| The foregoing is a true and correct copy of the Resolution adopted by                       |
| DSWLYLV ENTERPRISES W at a meeting of its Board of Directors                                |
| held on the day of  |
| By My Munere Meyer Title Weywoor  |
| (SEAL)  |

This form must be completed if the Bidder is a Corporation.

## New Jersey Business Registration Certification

Pursuant to N.J.S.A. 52:32-44, the Morris County Municipal Utilities Authority is prohibited from entering into a contract with an entity unless the bidder/proposer/contractor, and each subcontractor that is required by law to be named in a bid/proposal/contract has a valid Business Registration Certificate on file with the Division of Revenue and Enterprise Services within the Department of the Treasury.

Prior to contract award or authorization, the contractor shall provide the Morris County Municipal Utilities Authority with its proof of business registration and that of any named subcontractor(s).

Subcontractors named in a bid or other proposal shall provide proof of business registration to the bidder, who in turn, shall provide it to the Morris County Municipal Utilities Authority prior to the time a contract, purchase order, or other contracting document is awarded or authorized.

During the course of contract performance:

- (1) the contractor shall not enter into a contract with a subcontractor unless the subcontractor first provides the contractor with a valid proof of business registration.
- (2) the contractor shall maintain and submit to the Morris County Municipal Utilities Authority a list of subcontractors and their addresses that may be updated from time to time.
- (3) the contractor and any subcontractor providing goods or performing services under the contract, and each of their affiliates, shall collect and remit to the Director of the Division of Taxation in the Department of the Treasury, the use tax due pursuant to the Sales and Use Tax Act, (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered into the State. Any questions in this regard can be directed to the Division of Taxation at (609)292-6400. Form NJ-REG can be filed online at http://www.state.nj.us/treasury/revenue/busregcert.shtml.

Before final payment is made under the contract, the contractor shall submit to the Morris County Municipal Utilities Authority a complete and accurate list of all subcontractors used and their addresses.

Pursuant to N.J.S.A. 54:49-4.1, a business organization that fails to provide a copy of a business registration as required, or that provides false business registration information, shall be liable for a penalty of \$25 for each day of violation, not to exceed \$50,000, for each proof of business registration not properly provided under a contract with a contracting agency.

Certificate Number 628091



Registration Date: Expiration Date: 12/16/2024 12/15/2026

## State of New Jersey

## Department of Labor and Workforce Development Division of Wage and Hour Compliance

## Public Works Contractor Registration Act

Pursuant to N.J.S.A. 34:11-56.48, et seq. of the Public Works Contractor Registration Act, this certificate of registration is issued for purposes of bidding on any contract for public work or for engaging in the performance of any public work to:

D. S. Meyer Enterplises LLC

Responsible Representative(s): Mariene Meyer, Member Responsible Representative(s): Douglas Meyer, Member

Robert Asaro-Angelo, Commissioner
Department of Labor and Workforce Development

NON TRANSFERABLE

This certificate may not be transferred or assigned and may be revoked for cause by the Commissioner of Labor and Workforce Development.



# STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:

D.S. MEYER ENTERPRISES, L.L.C.

**Trade Name:** 

Address:

2 NORTH STREET SUITE 2A

WALDWICK, NJ 07463

**Certificate Number:** 

0791965

**Effective Date:** 

December 12, 2001

Date of Issuance:

March 14, 2022

For Office Use Only:

20220314120407210

# State of New Jersey Business Registration Certificate

# STATE OF NEW JERSEY HIS NESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTOR

1 6 5 2 8 3 4 22 10 6 2 1 5

TAXPAYER NAME

BUM MAI

CLI

TAX REGISTRATION TEST ACCOUNT

LESTRA

TARRAMOR (DENTIFICATIONAL

SECT É NUMBER

970-097-382/500

01070

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IS HIANCH DATE

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46, 425

07/14/04

31.0

and the contract of the second second second second



# STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:

TAX REGITEST ACCOUNT

Trade Name:

Addressa

847 ROBBLING AVE.

TRUNION, NJ 08611

Certificate Number:

1093907

Date of Issuance:

October 14, 2004

For Office Use Only:

20041014112823533

Pay to Play Advisory

#### **PAY TO PLAY ADVISORY**

Disclosure Requirement P.L. 2005, Chapter 271, Section 3 Reporting (N.J.S.A. 19:44A – 20.27)

Any business entity that has received \$50,000 or more in contracts from government entities in a calendar year will be required to file an annual disclosure report with ELEC.

The report will include certain contributions and contract information for the current calendar year.

At a minimum, a list of all business entities that file an annual disclosure report will be listed on ELEC's website at www.elec.state.nj.us.

If you have any questions please contact ELEC at: 1-888-313-ELEC (toll free in NJ) or 609-292-8700

An analyst from ELEC's Special Programs Section will assist you.

Initials \_\_\_\_\_

Non-Collusion Affidavit

# STATE OF NEW JERSEY MORRIS COUNTY MUNICIPAL UTILITIES AUTHORITY ss:

| I certify that I am   |  |  |  |  |
|---|--|--|--|--|
| of the firm of OSMeyer Enterprises We   |  |  |  |  |
| the Respondent making this Proposal for the bid or proposal for the above named project, that I executed the said proposal with full authority to do so; 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 this affidavit are true, correct, and made with full knowledge that the Morris County Municipal Utilities Authority relies upon the truth of the statements contained in said Proposals 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.  Signature of Representative:  |  |  |  |  |
| 28 1 2 10 10 10 25  |  |  |  |  |
| Subscribed and sworn to before me this \( \infty \) day of \( \infty \) (M) (M) (M) (M) (M) (M) (M) (M) (M) (M  |  |  |  |  |
| Subscribed and sworn to before me this 28 day of January, 20 25  Print Name of Affiant: Douglas Meyer   |  |  |  |  |
| Notary Public of  |  |  |  |  |
| My commission expires   |  |  |  |  |
| Karly M Savas NOTARY PUBLIC STATE OF NEW JERSEY MY COMMISSION EXPIRES June 26, 2027   |  |  |  |  |

Affidavit of Non-Debarred Status

# **AFFIDAVIT OF NON-DEBARRED STATUS**

| STATE OF NEW JERSEY ) COUNTY OF BENJEN ) SS:   |   |  |  |  |
|--|---|--|--|--|
| I, Douglas Neger   | of the City/Town of   |  |  |  |
| warwick  | , in the County of Burye  |  |  |  |
|  | _, of full age, being duly sworn according to law on my   |  |  |  |
| oath depose and say that:  |   |  |  |  |
| I am Nouglas Meyer (Name)  | , a Wember (Title, Position, etc.)  |  |  |  |
| of OS Meyer Enterprise (Name of Firm Company or Corporation)   | the Bidder, the Bidder  |  |  |  |
| full authority so to do; that said Bidder at the<br>Jersey, State Treasurer's List of Debarred, Su<br>contained in said Bid and in this affidavit are  | ipal Utilities Authority and that I executed the said Bid with time of making this Bid is not included on the State of New spended and Disqualified Bidders; and all statements true and correct and made with the full knowledge that the relies upon the truth of the statements contained in said Bid wit in awarding Contract for said project. |  |  |  |
| making this Bid appear on the State Treas<br>Bidders at anytime prior to, and during th  | that should the name of the firm, company or corporation urer's List of Debarred, Suspended and Disqualified e life of the Contract, including the Guarantee Period, that hority shall be immediately so notified by the signatory to   |  |  |  |
| The undersigned understands that the firm, company or corporation making the Bid as a CONTRACTOR is subject to debarment, suspension and/or disqualification in contracting with the State of New Jersey and the Department of Environmental Protection if the CONTRACTOR, pursuant to NJAC 7:1-5.2, commits any of the acts listed therein, and as determined according to applicable law and regulation. |   |  |  |  |
| (Seal if Corporation)  | (Signature of Bidder)  Douglas Meyer, Member  (Printed or Typed Name & Title of Bidder)  2 NOVAN ST. Ste. 2A Walqwick NSMG=  (Address of Bidder)  |  |  |  |

Non-Debarment Certification - Federal Level

# CERTIFICATION THAT BIDDER AND ALL ITS AFFLIATES ARE NOT DEBARRED AT THE FEDERAL LEVEL FROM CONTRACTING WITH ANY FEDERAL GOVERNMENT AGENCY

STATE OF NEW JERSEY SS COUNTY OF BENG of the City of of full age, and the State of in the County of being duly sworn according to law on my oath depose and say that: \_\_\_, an officer of the firm of TEXPINED UL and that I executed and submitted the within bid with full authority to do so that said bidder and any affiliate1 of the bidder at the time of making of this bid, is not debarred at the federal level from contracting with a federal government agency; and that all statements contained in said bid and in this certification are true and correct, and made with the full knowledge that The Morris County Municipal Utilities Authority as local unit relies upon the truth of the statements contained in the bid and in the statements contained in this certification in awarding the contract for the work to be performed. The undersigned further warrants that should the name of the bidder making this bid or any affiliate of the bidder or any successors of the same become debarred from contracting with any federal government agency or appear on the federal System for Award Management at any time prior to, and during the life of the contract, including the guarantee period, that the Morris County Municipal Utilities Authority shall be immediately notified of such debarment. The undersigned understands that any natural person, company, firm, association, corporation, or other entity and any affiliate of the same that is debarred at the federal level from contracting with a federal government agency shall be debarred from contracting for any public work in this State. ISSS UL 2 NOAM ST. STR. AA WALDWICK NJ BM03 (Insert Name and Address of Contractor) Insert Name and Title of Affiant) Karly M Savas NOTARY PUBLIC Subscribed and sworn STATE OF NEW JERSEY MY COMMISSION EXPIRES June 26, 2027 Notary Public of before me this day My commission expires

An "affiliate" is defined to mean any entity that (1) directly, indirectly, or constructively controls another entity, (2) is directly, indirectly, or constructively controlled by another entity, or (3) is subject to the control of a common entity. Any entity controls another entity if it owns, directly or individually, more than 50% of the ownership interest in that entity.

# Subcontractor Utilization Plan Form

# NOTICE OF INTENT TO SUBCONTRACT FORM

THIS NOTICE OF INTENT TO SUBCONTRACT FORM MUST BE COMPLETED AND INCLUDED AS PART OF EACH BIDDER'S PROPOSAL. FAILURE TO SUBMIT THIS FORM WILL BE CAUSE FOR REJECTION OF THE BID AS NON-RESPONSIVE.

Title:

Pleasant Hill Road 24 Inch PCCP Retirement - Phase I - Morris

County Municipal Utilitie Authority

Solicitation

Solicitation Number:

R08125, 424

Bidder's Name and Address:

SCE

|  | Name  | OSMEYER ER   | nterprise   | J LLC  |   |   |                                       |
|--|---|--|---|--|---|---|---------------------------------------|
|  | Address   | OSMeyer Er<br>2 North St.  | ste. 2  | A  |   |   |                                       |
|  | City  | Waldwick :   | State N) Z  | ip Code 074  | 63  |   |                                       |
| ,  |   |  |   |  |   | 1   |                                       |
| INSTRUCTION  | ONS: PLE  | ASE CHECK ONE OF THE   | BELOW LISTED  | BOXES:   |   |   |                                       |
| If awarde  |   | ntract, I will engage su   | <u>ıbcontractors</u>  | to provide ce  | rtain goods   |   |                                       |
|  |   | NTEND TO ENGAGE S<br>TRACTOR UTILIZATIO  |   |  |   | A COMPLETED A   | .ND                                   |
| If awarde  | d this co   | ntract, I do not intend  | to engage su  | ocontractors t   | o provide any   | goods and/or serv   | ices.                                 |
| ALL BIDDER<br>CERTIFICAT                                     |   | OO NOT INTEND TO E   | NGAGE SUBC  | ONTRACTOR  | S MUST ATTES  | T TO THE FOLLO  | OWING                                 |
| subcontractor I will submit the any such eng faith effort to | rs to provi<br>he <b>Subco</b><br>gagement<br>achieve | the award is granted to<br>de certain goods and/or<br>intractor Utilization Plate<br>of subcontractors. Add<br>the subcontracting set<br>efforts in accordance w | services, purs<br>an (Plan) for ap<br>litionally, I cert<br>aside goals e | uant to Sectior<br>proval to the Divify that in eastablished for | 3.11 of the Star<br>vision of Purchase<br>ngaging subco<br>this contract, a | ndard Terms and (<br>and Property in a<br>entractors, I will ma<br>and I will attach to | Conditions<br>advance o<br>ake a good |
| PRINCIPAL (  | OF FIRM:  |  |   |  |   |   |                                       |
| 10   |   |  | Dougla  | s Meyer,   | memba   | 1/29/25<br>(Dat   |                                       |
| (Signature)  |   |  |   | (Title)  |   | (Dat  |                                       |

# Subcontractor Utilization Plan Form

|   |  | Solicitation No.:                     |
|---|--|---------------------------------------|
| SUBCONTRACTOR UT  | SCE-R8125. Yay                                 |                                       |
| NOTE: If utilizing subcontractors, failure to submit the properly completed form will be sufficient cause for rejection of the bid as non-responsive. |  | Solicitation Title:                   |
| Piddor's Name and Address:  |  |                                       |
| OCACRILLY KINTONON'SE   | ) UC   | Bidder's Telephone No.:_201444 1301   |
| 2 NOTAN St. STE. all  |  | Bidder's Contact Person: _Karly Savar |
| Waldwick N) PMU3  |  |                                       |
| INSTRUCTIONS: List all businesses to be   | pe used as subcontractors. This form           | may be duplicated for extended lists. |
| SUBCONTRACTOR'S NAME ADDRESS, ZIP CODE TELEPHONE NUMBER AND VENDOR ID NUMBER  | TYPE(S) OF GOODS OR<br>SERVICES TO BE PROVIDED | ESTIMATED VALUE OF SUBCONTRACTS       |
| Carner Brothers 10 steel Ct 07068 937 226 1840 705287   | wet Tap Installation                           | \$50,000.00                           |
| KRM UC<br>2 NOVAH St. STE 2B GMU3<br>201038 5426 738299   | 825 operating enginees                         | \$20,000.33                           |
| Stright Edge Line striping 201 without Ave 08846  | Truffic mancings                               | \$ 15,000.00                          |
| 653443  |  |                                       |
|   |  |                                       |
|   |  |                                       |

# Subcontractor Utilization Plan Form

I hereby certify that this Subcontractor Utilization Plan (Plan) is being submitted in good faith. I certify that each subcontractor has been notified that it has been listed on this Plan and that each subcontractor has consented, in writing, to its name being submitted for this contract. Additionally I certify that I shall notify each subcontractor listed on the Plan, in writing, if the award is granted to my firm, and I shall make all documentation available to Morris County Municipal Utilities Authority upon request.

I further certify that all information contained in this Plan is true and correct and I acknowledge that the Authority will rely on the truth of the information in awarding the contract.

PRINCIPAL OF FIRM:

Output Of Mayer, Member (Date)

(Signature)



# STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:

KRM, L.L.C.

Trade Name:

Address:

34 MAPLE AVE

WALDWICK NJ 07463

**Certificate Number:** 

2805924

**Effective Date:** 

Date of Issuance:

May 22, 2023

For Office Use Only:

20230522093016444



05/22/2024 05/21/2025

Registration Date: Expiration Date:

# State of New Jersey

# Department of Labor and Workforce Development Division of Wage and Hour Compliance

# Public Works Contractor Registration Act

Pursuant to N.J.S.A. 34:11-56.48, et seq. of the Public Works Contractor Registration Act, this certificate of registration is issued for purposes of bidding on any contract for public work or for engaging in the performance of any public work to:

Responsible Representative(s):

Marlene Meyer, Member

Responsible Representative(s):

Ryan Meyer, Member Karly Savas, Member

Department of Labor and Workforce Development Robert Asaro-Angelo, Commissioner

NON TRANSFERABLE

and may be revoked for cause by the Commissioner This certificate may not be transferred or assigned of Labor and Workforce Development.



# State of New Jersey

PHIL MURPHY
Governor

TAHESHA WAY, ESQ.
Lt. Governor

DEPARTMENT OF THE TREASURY DIVISION OF REVENUE & ENTERPRISE SERVICES P.O. BOX 026 TRENTON, NJ 08625-026

PHONE: 609-292-2146 FAX: 609-984-6679

ELIZABETH MAHER MUOIO

State Treasurer

# 1st YEAR PROVISIONAL CERTIFICATION

APPROVED under the

Minority and Women Business Certification Program

This certificate acknowledges KRM, L.L.C. as a Provisionally Certified Women Business Enterprise (WBE) that has met the criteria established by N.J.A.C. 17:46.

This certification will remain in effect for one year.

In order for the certification to remain in effect after the provisional one year period, the business must submit a recertification application. The recertification application must be submitted not more than 60 days prior to the anniversary of the provisional certification approval.

If the business fails to submit the recertification application, the certification will lapse and the business will be removed from the system (SAVI) that lists certified minority and women-owned businesses. If the business seeks to be certified again, it will have to reapply by submitting a new application.



Issued: 1/25/2024

Certification Number: A0421-29

Peter Jowishi

Peter Lowicki Deputy Director

**Expiration: 1/25/2025** 

The expiration date is contingent on the proper and ontime filing of all Annual Verifications for nonprovisional certificates. Please see above for more detail.



# State of New Jersey

PHIL MURPHY
Governor

TAHESHA WAY, ESQ.

Lt. Governor

DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE & ENTERPRISE SERVICES
P.O. BOX 026

TRENTON, NJ 08625-026 PHONE: 609-292-2146 FAX: 609-984-6679

ELIZABETH MAHER MUOIO

State Treasurer

# 5-YEAR RECERTIFICATION **APPROVED**

under the Small Business Set-Aside Act

This certificate acknowledges KRM, L.L.C. as a Category 1 & 4 Approved Small Business Enterprise (SBE) that has met the criteria established by N.J.A.C. 17:13.

In order for this certification to remain in effect throughout the 5 year certification period, the business must submit annual verification statements attesting that there has been no change in ownership, control, or any other factor of the business affecting eligibility for certification as a small business. The verification statements must be submitted not more than 60 days prior to the anniversary of the certification approval.

If the business fails to submit the annual verification statement by the anniversary date, or a renewal by its expiration date, the certification will lapse and the business will be removed from the system (SAVI) that lists small business entities. If the business seeks to be certified again, it will have to reapply by submitting a new application.

OF THE STATE OF TH

Issued: 11/10/2023

Certification Number: A0421-28

Peter Jowishi

Peter Lowicki Deputy Director

\*Expiration: 11/10/2028

\*As noted above, in order to maintain its certification status, the business must submit verification statements for each of the five years Certificate Number 653443



# State of New Jersey

# Department of Labor and Workforce Development Division of Wage and Hour Compliance

#### Public Works Contractor Registration Act

Pursuant to N.J.S.A. 34:11-56.48, et seq. of the Public Works Contractor Registration Act, this certificate of registration is issued for purposes of bidding on any contract for public work or for engaging in the performance of any public work to:

STRAIGHT EDGE STRIPING, LLC

Responsible Representative(s): Andrew Altobelli, President

Robert Asaro-Angelo, Commissioner

Department of Labor and Workforce Development

NON TRANSFERABLE

This certificate may not be transferred or assigned and may be revoked for cause by the Commissioner of Labor and Workforce Development.

Registration Date:

Expiration Date:

09/28/2024

09/27/2026



# STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: STRAIGHT EDGE STRIPING LIMITED LIABILITY COMPANY

Trade Name:

Address: 201 WILTON AVE

MIDDLESEX, NJ 08846

Certificate Number: 1241139

Effective Date: June 05, 2006

Date of Issuance: April 04, 2024

For Office Use Only:

20240404132131826



PHIL MURPHY
Governor

DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE & ENTERPRISE SERVICES
P.O. BOX 026

SHEILA OLIVER
Lt. Governor

TRENTON, NJ 08625-034 PHONE: 609-292-2146 FAX: 609-984-6679

ELIZABETH MAHER MUOIO State Treasurer

#### **APPROVED**

under the Small Business Set-Aside Act

This certificate acknowledges STRAIGHT EDGE STRIPING LIMITED LIABILITY COMPANY as a Category Approved Small Business Enterprise (SBE) that has met the criteria established by N.J.A.C. 17:13 and/or 17:14.

This certification will remain in effect for three years. Annually the business must submit, not more than 60 days prior to the anniversary of the certification approval, an annual verification statement in which it shall attest that there is no change in the ownership, control, or any other factor of the business affecting eligibility for certification as a minority or women-owned business.

If the business fails to submit the annual verification statement by the anniversary date, the certification will lapse and the business will be removed from the system (SAVI) that lists certified minority and women-owned businesses. If the business seeks to be certified again, it will have to reapply provisionally.



Issued: 5/20/2022

Certification Number: A0248-26

Peter Jowishi

Peter Lowicki Deputy Director

**Expiration: 5/20/2025** 

The expiration date is contingent on the proper and ontime filing of all Annual Verifications for nonprovisional certificates. Please see above for more detail.



# State of New Jersey

DEPARTMENT OF TRANSPORTATION P.O. Box 600 Trenton, New Jersey 08625-0600

DIANE GUTIERREZ-SCACCETTI

Commissioner

PHILIP D. MURPHY
Governor

TANESHA L. WAY
Lt. Governor

January 11, 2024

Mr. Andrew Altobelli DBE Liaison Officer Straight Edge Striping 201 Wilson Avenue Middlesex, NJ 08846

Dear Mr. Altobelli:

This office has completed its review of your firm's annual Equal Employment Opportunity/Affirmative Action (EEO/AA) Program, including EEO Policy Statement and Sexual Harassment Policy. This review has deemed these documents to be acceptable; and, therefore, this will serve as your letter of approval.

Please note that this approval will be in effect for a period of one year beginning January 20, 2024, and will apply to all New Jersey Department of Transportation contracts for which your firm serves as a subcontractor during this one-year period. If any changes arise which affect your EEO/AA program and plans, please immediately notify this office in writing.

Thank you for your cooperation in the NJDOT's efforts to ensure equal opportunity and non-discrimination in our contracting opportunities and activities.

Sincerely,

Vicki Tilghman-Ansley

Vicki Tilghman-Ansley

Director

Division of Civil Rights and Affirmative Action

VT-A/smm

c: file

"IMPROVING LIVES BY IMPROVING TRANSPORTATION"

New Jersey Is An Equal Opportunity Employer • Printed on Recycled and Recyclable Paper



Trenton, New Jersey 08625-0600

PHILIP D. MURPHY Governor

SHEILA Y. OLIVER

Lt. Governor

DIANE GUTIERREZ-SCACCETTI Commissioner

Identification Number: 20-3662885

NOTICE OF CLASSIFICATION STRAIGHT EDGE STRIPING, LLC

June 25 2024 STRAIGHT EDGE STRIPING, LLC 201 WILTON AVENUE MIDDLESEX, NJ 08846

Dear Sir/Madam,

In accordance with Title 27:7-35 et seq., and Regulation of the New Jersey Department of Transportation, you are hereby notified that your firm has been CLASSIFIED by the New Jersey Department of Transportation. Please see ATTACHMENT A for your firm's assigned financial capability, work classification(s), and project rating(s).

Your firm's financial capability is based on (net working capital or (Net Worth x 15) + (net book value of construction equipment, less the value of any outstanding loans x 15) + (unsecured lines of credit in accordance with the Questionaire x 7) as determined by the Department from the information your firm submitted for the Close of Business on 12/31/2023 Please see ATTACHMENT B for explanation.

Your firm's financial capability is defined as the dollar threshold on the maximum of a project rating, which is assigned by the Department pursuant to N.J.A.C. 16:44-3.6 upon examination of the contractor's Questionaire and financial statement submitted in accordance with this chapter. Project Rating is defined as the maximum dollar amount that a Contractor shall be allowed to bid in a particular work type on and individual project.

This CLASSIFICATION will be effective on

7/3/2024 and will expire on

6/30/2025

This denotes your maximum financial capability and project rating(s) are limited to no greater than \$10,000,000 since your firm has chosen to submit a CPA review of your financial statements

Bid will only be accepted from a contractor classified with the Department pursuant to N.J.A.C. 16:44-3. Bids will only be accepted from a contractor who has been classified in at least one of the work classifications required in the project advertisement. Bids will be accepted from a contractor in an amount that does not exceed its project rating. When there is a question as to whether a bid is within the contractor's classification or, where it reasonably appears that a contractor may not have the classification that will allow it to bid on a project for which bids are being sought, the bid will be opened provisionally. If the bid is for a different work classification or in a dollar amount greater than the contractor's maximum project rating, the bid will be rejected.

# NOTICE OF CLASSIFICATION STRAIGHT EDGE STRIPING, LLC

In order to be continuously eligible to bid on projects to be undertaken by this Department, your firm's next Contractor's Financial and Equipment Statement should be submitted one month before the expiration date, but must be received at least 15 days prior to the date set for receipt of bids for which the classification will be used.

Requirements of New Jersey Administrative Code 16:44-12.1 and 12.2 must be complied with by all corporations classified with the New Jersey Department of Transportation.

Sincerely.

Mario Serenelli

Man Seremelli

Manager

**Bureau of Construction Services** 

# NOTICE OF CLASSIFICATION STRAIGHT EDGE STRIPING, LLC

#### **ATTACHMENT A**

## Financial Capability Range

| Mork Cl | \$5,000,001 to \$10,000,000 | ,                 |
|---------|-----------------------------|-------------------|
| WOIK CI | assification(s)             | Project Rating(s) |
| 18      | LONG LIFE PAVEMENT MARKINGS | \$2,000,000       |
| 17      | STANDARD PAVEMENT MARKINGS  | \$2,000,000       |

# NOTICE OF CLASSIFICATION STRAIGHT EDGE STRIPING, LLC

#### **ATTACHMENT B**

\*Lesser Of: \$12,580,345

Net Working Capital \$12,580,345

Stockholder's Equity (Net Worth) \$17,656,978

**Book Value of Equipment** 

Amount Claimed \$4,594,686

Reason Deducted:

CURRENT AND LONG-TERM PORTIONS OF LOAN BALANCES

NOT SEPARATED ON SCHEDULE

Total Deductions \$4,594,686

Net Book Value of Equipment Allowed \$0

Lines of Credit

Amount Claimed \$3,400,000

Reason Deducted:

Total Amount Allowed \$3,400,000



January 2, 2024

Re: Straight Edge Striping LLC. Coverage: Workers Compensation Experience Modification Factors

To Whom it May Concern:

Please find below the experience rating modification factors for Straight Edge Striping LLC. dba for the terms requested.

1/1/2024 - 1/1/2025 - .570 1/1/2023 - 1/1/2024 - .615 1/1/2022 - 1/1/2023 - .685

If you have any questions regarding the above information, please do not hesitate to contact me.

Thank you.

Sincerely,

Luis Carrasquillo (Provident Protection Plus.com

# (Rev. March 2024) Internal Revenue Service

## **Request for Taxpayer Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

| Bef   | ore you begin. For guidance related to the purpose of Form W-9, see Purpo  | se of Form bolow  |                                      |  | _      |                      |                  |               |
|---|--|---|--------------------------------------|--|--------|----------------------|------------------|---------------|
|   | 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregar<br>entity's name on line 2.)   | ded entity, enter the o   | wner's name on lin                   | e 1, and enter                             | the b  | ısiness/             | disreç           | <br>garde     |
|   | Straight Edge Striping   |   |                                      |  |        |                      |                  |               |
|   | Business name/disregarded entity name, if different from above.  |   |                                      |  |        |                      |                  |               |
| ෆ්  |  |   |                                      |  |        |                      |                  |               |
| on bage                                     | only one of the following seven boxes.  Individual/sole proprietor  C corporation  S corporation   | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |                                      |  |        |                      |                  |               |
| r type.<br><i>ction</i> s                   | LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Note: Check the "LLC" box above and, in the entry space, enter the appropriate classification of the LLC, unless it is a disregarded entity. A disregarded entity box for the tax classification of its owner.  | Exempt payee code (if any)  |                                      |  |        |                      |                  |               |
| Print or type.<br>c Instructions            | box for the tax classification of its owner.  Other (see instructions)   | y should instead check  | the appropriate                      | Exemption f<br>Compliance<br>code (if any) | Act (F | oreign A<br>ATCA) /  | eport            | nt Ta:<br>ing |
| Print or type.<br>See Specific Instructions | 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and and you are providing this form to a partnership, trust, or estate in which you this box if you have any foreign partners, owners, or beneficiaries. See Instruction  |   | classification,<br>terest, check     | (Applies to                                | acco   | unts ma<br>Inited St | intain<br>ates.) | ed            |
| Se  | 5 Address (number, street, and apt. or suite no.). See instructions.   | F   | Requester's name                     | and address (d                             | ption  | al)                  |                  |               |
|   | 201 Wilton Avenue 6 City, state, and ZIP code  |   |                                      | ,  | •      |                      |                  |               |
|   | Middlesex, NJ 08846  |   |                                      |  |        |                      |                  |               |
|   | 7 List account number(s) here (optional)   |   |                                      |  |        |                      |                  |               |
|   |  |   |                                      |  |        |                      |                  |               |
| Par   | Taxpayer Identification Number (TIN)   |   |                                      |  |        |                      | -                | -             |
| Enter                                       | your TIN in the appropriate box. The TIN provided must match the name of   | en on line 1 to avoir   | Social sec                           | curity number                              |        |                      | -                |               |
|   | P WIS INVIDENCE OF FIGUROUSIS. THIS IS DEPENDED VALUE COOKS CONTRIBUTIONS AND A PROPERTY OF THE PROPERTY OF TH | 0011111   | а                                    | TIT  | 7      |                      | T                | Т             |
| entitie                                     | nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, s, it is your employer identification number (EIN). If you do not have a number ter   | later. For other  |                                      | -  | -      |                      |                  |               |
| TIN, la                                     | ter.   | er, see mow to get a  | or                                   |  |        | <u> </u>             |                  | 1             |
| Note:                                       | If the account is in more than one name, see the instructions for line 1. See  | alea Mhat Nama  | Employer                             | identification                             | numt   | er                   |                  |               |
| Numbe                                       | er To Give the Requester for guidelines on whose number to enter.  | also what ivallie an  | 20-                                  | 3 6 6                                      | 2      | 8 8                  | 5                |               |
| Part  |  |   |                                      |  |        | il.                  | Ľ                | _             |
| Under                                       | penalties of perjury, I certify that:  |   |                                      |  |        |                      |                  | _             |
| 1. The                                      | number shown on this form is my correct taxpayer identification number (or   | I am waiting for a n  | umber to be iss                      | ued to mali s                              | nd     |                      |                  |               |
| Serv  | not subject to backup withholding because (a) I am exempt from backup wice (IRS) that I am subject to backup withholding as a result of a failure to reader subject to backup withholding; and   |   |                                      |  |        | al Reve<br>d me ti   | enue<br>hat I a  | am            |
| 3. I am                                     | a U.S. citizen or other U.S. person (defined below); and   |   |                                      |  |        |                      |                  |               |
| 4. The                                      | FATCA code(s) entered on this form (if any) indicating that I am exempt from   | FATCA reporting is  | s correct.                           |  |        |                      |                  |               |
| becaus<br>acquisit<br>other th              | ration instructions. You must cross out item 2 above if you have been notified a you have failed to report all interest and dividends on your tax return. For real ion or abandonment of secured property, cancellation of debt, contributions to an interest and dividends, you are not required to sign the certification, but you   | by the IRS that you estate transactions,  | are currently sub<br>item 2 does not | apply. For m                               | ortga  | ge inter             | est pa           | aid,<br>Is    |
| Sign<br>Here                                | Signature of U.S. person   | Date  |                                      | - 2624                                     |        | rait II,             | iater.           | _             |
| Gen   | eral Instructions  | ew line 3h has hare   | added to this (                      | A //                                       | _      |                      |                  | _             |
|   | reference are to the Little Page 1   | ew line 3b has been<br>ired to complete thi<br>gn partners, owners                                | S line to indicate                   | that it has d                              | iroct  | or indir             | not              | V_ <b>Q</b>   |

#### G

Se

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormWS.

#### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/08/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. if SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). NAME: Sean Greening Provident Protection Plus Incorporated PHONE (973) 579-6776

AC. No. Extl: (973) 579-6776

FA ADDRESS: sean greening@ProvidentProtectionPlus.com (AC, No): (973) 579-0111 96 US Highway 206 PO Box 4 INSURER(S) AFFORDING COVERAGE NAIC# Augusta NJ 07822 The Phoenix Ins Co INSURER A : 25623 INSURED The Travelers Ind Co of Amer INSURER B: 25666 Straight Edge Striping LLC The Travelers Prop Cas Ins Co INSURER C: 25674 201 Wilton Avenue Chubb Insurance Company of NJ MSURER D: 41386 MSURER E : Middlesex NJ 08846 MSURER F: **COVERAGES** CERTIFICATE NUMBER: 2024-2025 Master #1 **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR MSR LTR POLICY EFF POLICY EU
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY HUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 1,000,000 CLAIMS-MADE X OCCUR PREMISES (Es occurrence) 300,000 Contractual Liability 10,000 MED EXP (Any one person) \$ A DT-CO-8M440541-PHX-24 01/01/2024 01/01/2025 1,000,000 PERSONAL & ADV INJURY \$ \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** POLICY PRO-2,000,000 PRODUCTS - COMPIOP AGG s OTHER: AUTOMOBILE LIARK ITY COMBINED SINGLE LIMIT \$ 1,000,000 ANYAUTO BODILY INJURY (Per person) OWNED AUTOS ONLY HIRED AUTOS ONLY \$ В SCHEDULED 810-8M439972-24-26-G 01/01/2024 01/01/2025 BODILY INJURY (Per socident) AUTOS NON-OWNED AUTOS ONLY \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB X OCCUR \$ 5,000,000 EACH OCCURRENCE C EXCERS LIAB CUP-8M441746-23-26 01/01/2024 \$ 5,000,000 01/01/2025 CLAIMS-MADE AGGREGATE DED RETENTION \$ 10,000 WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Ċ 1,000,000 UB-8M441863-24-26-G E.L. EACH ACCIDENT 01/01/2024 01/01/2025 s 1,000,000 Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS belo 1,000,000 E.L. DISEASE - POLICY LIMIT Each Occurrence \$5,000,000 2nd Laver Excess 93649601 01/01/2024 01/01/2025 Aggregate \$5,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached it more space is required) Evidence of Insurance CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Streight Edge Striping LLC 201 Wilton Avenue AUTHORIZED REPRESENTATIVE Son Day

Middlesex

NJ 08846

# STATE OF NEW JERSEY **BUSINESS REGISTRATION CERTIFICATE**

DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 252 TRENTON, N J 08646-0252

TAXPAYER NAME:

ZC UTILITY SERVICES LLC

ADDRESS:

63 EDGEWOOD ROAD RINGWOOD NJ 07456 EFFECTIVE DATE:

04/14/15

TRADE NAME:

CARNER BROS.

SEQUENCE NUMBER:

1945774

ISSUANCE DATE:

05/11/15

Director

FORMULE STORY OF THE STORY OF T New Jersey Division of Revenue



05/11/2025 05/12/2023

Registration Date: Expiration Date:

# State of New Jersey

# Department of Labor and Workforce Development Division of Wage and Hour Compliance

# Public Works Contractor Registration Act

Pursuant to N.J.S.A. 34:11-56.48, et seq. of the Public Works Contractor Registration Act, this certificate of registration is issued for purposes of bidding on any contract for public work or for engaging in the performance of any public work to:

Carner Bros

Responsible Representative(s):

Kevin Corb, Vice-President

Todd Zartman, President

Responsible Representative(s):

Department of Labor and Workforce Development Robert Asaro-Angelo, Commissioner

NON TRANSFERABLE

and may be revoked for cause by the Commissioner This certificate may not be transferred or assigned of Labor and Workforce Development.

# Form of Bid Bond

| KNOW ALL MEN BY THESE PRESENTS, that we   | e, D.S. Meyer Enterprises, LLC, 2 North Street,  |
|---|--|
| Suite 2A, Waldwick NJ 07463 , Hereinafter called the  | Principal, as Principal, and the United States   |
| Fire Insurance Company of 305 Madison Avenue, Mo  | omistown, NJ 07960 a corporation duly organized  |
| under the laws of the State of Delaware   | , hereinafter called the Surety, as Surety are held and  |
| firmly bound untoMorris County Municipal Utilities A  |  |
| sum ofTen Percent Not to Exceed Twenty Thousand   | Dollars, (\$\frac{\$20,000}{}\$) for the payment of  |
| which sum, well and truly to be made, the said Princi   | pal and the said Surety, bind ourselves, our heirs,  |
| executors, administrators, successors and assigns, join   | ntly and severally, firmly by these presents.  |
| WHEREAS, The Principal has submitted a bid for _F   | Pleasant Hill Rd, Install Water Main   |
| File No SCE-R8125.Y24 MCMUA Contract WO 2024  | 4-WO1  |
| ·   |  |
| NOW, THEREFORE, if the Obligee shall accept the Contract with the Obligee in accordance with the terr specified in the Bid Documents with good and suffic Contract and the prompt payment of labor and materiobligation shall be null and void, otherwise to remain | ient surety for the faithful performance of such ial furnished in the prosecution thereof, then this |
| SIGNED AND SEALED this 27th day of Jan  | uary , 20 25 . In the presence of:   |
| Hanamy, (Witness)   | D.S. Meyer Enterprises, LLC (SEAL) (Principal) (Title)   |
|   | United States Fire Insurance Company (SEAL)  (Surety)  |
| (Witness)   | Thomas M. Niland, Attorney in Fact   |
|   |  |

#### CONSENT OF SURETY

United States Fire Insurance Company a corporation of DE authorized to transact business in the state of NJ hereby consent and agrees that if the accompanying proposal of D.S. Meyer Enterprises, LLC, to Morris County Municipal Utilities Authority be accepted and contract awarded to it, the United States Fire Insurance Company will become bound, as surety, and will execute Performance & Payment Bond in the amount and form called for by the Obligee conditioned for the proper and faithful fulfillment of said contract.

Dated this 27th Day of January 2025

United States Fire Insurance Company

BY: <u>Thanks M Mularel</u>

Thomas M. Niland Attorney in Fact

# Surety Acknowledgement

| STATE OF New York   |
|---|
| COUNTY OF Suffolk ) SS:   |
| On this 27th day of January in the year 20 25 before me personally came Thomas M Niland to me known, who being by me duly sworn, did depose   |
| and say, that he resides inLido Beach, NY   |
| that he is the Attorney in Fact of United States Fire Insurance Company,  |
| the Corporation described in and which executed the foregoing instrument; that he knows the seal of said Corporation; that the seal affixed to said instrument is such Corporate seal; that it was so affixed   |
| by order of the Board of Directors of said Corporation and that he signed his name thereto in like order.   |
| (Seal)  Kelly Cummings votary Public, State of New York Reg. No. 01CU0016432 Qualified in Suffolk County CONTRACTOR ACKNOWLEDGMENT  Kelly Cummings Votary Public, State of New York Reg. No. 01CU0016432 Qualified in Suffolk County Commission Expires 11/15/2027  |
|   |
| STATE OF NEW JEVILY ) SS: COUNTY OF BEVYER )  |
| On this day of until of in the year 20_25, before me personally   |
| came Douglas Meyer to me known, who being by me duly  |
| sworn, did depose and say, that he resides in ; that he is the  |
| Of D.S. Meyer Enterprises, LLC , the  |
| Corporation described in and which executed the foregoing instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Corporation and that he signed his name thereto in like order. |
| (Seal)  |
| Karly M Savas   |

Karly M Savas NOTARY PUBLIC STATE OF NEW JERSEY MY COMMISSION EXPIRES June 26, 2027

#### POWER OF ATTORNEY UNITED STATES FIRE INSURANCE COMPANY PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY

33989

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

#### Thomas M. Niland, Gaye Conklin

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties not exceeding: Seven Million, Five Hundred Thousand Dollars (\$7,500,000).

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

- (a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;
- (b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 28th day of September, 2021.

UNITED STATES FIRE INSURANCE COMPANY



State of New Jersey}
County of Morris }

Matthew E. Lubin, President

On this 28th day of September, 2021, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.

MELISSA H. D'ALESSIO NOTARY PUBLIC OF NEW JERSEY Commission # 50125833 kly Commission Expires 4772025

Melissa H. D'Alissia
Melissa H. D'Alessia (Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

UNITED STATES FIRE INSURANCE COMPANY



Michael C. Fay, Senior Vice President

# UNITED STATES FIRE INSURANCE COMPANY 1209 ORANGE STREET, WILMINGTON, DELAWARE 1980!

#### STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS

#### AT DECEMBER 31, 2022

| ASSETS  |  |
|---|--|
| Bonds (Amortized Value)   | 1,905,252,232  |
| Preferred Stocks (Market Value)   | . 114,529,067  |
| Common Stocks (Market Value)  | . 1,762,084,603  |
| Mortgage Loans (Market Value)   | 796,032,009  |
| Cash, Cash Equivalents, and Short Term Investments  |  |
| Derivatives   |  |
| Other Invested Assets   | 337,125,033  |
| Investment Income Due and Accrued   | 19,572,352   |
| Premiums and Considerations.  | 340,327,513  |
| Amounts Recoverable from Reinsurers   |  |
| Funds Held by or Deposited with Reinsured Companies.  |  |
| Net Deferred Tax Asset  |  |
| Electronic Data Processing Equipment  | ., 1,507,891   |
| Receivables from Parent, Subsidiaries and Affiliates  |  |
| Other Assets.   |  |
| TOTAL ASSETS.   | \$ 6,490,928,636   |
|   | 2 212 036 852  |
| LIABILITIES, SURPLUS & OTHER FUNDS  Losses (Reported Losses Net of Reinsurance Ceded and Incurred   |  |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses).   | 2,212,036,852  |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses)  | 68,359,436   |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses).  Reinsurance Payable on Paid Losses and Loss Adjustment Expenses.  Loss Adjustment Expenses   | 68,359,436<br>374,380,070  |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses).  Reinsurance Payable on Paid Losses and Loss Adjustment Expenses.  Loss Adjustment Expenses.  Commissions Payable. Contingent Commissions and Other Similar Charges.  | 68,359,436<br>374,380,070<br>10,899,929  |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses).  Reinsurance Payable on Paid Losses and Loss Adjustment Expenses.  Loss Adjustment Expenses.  Commissions Payable, Contingent Commissions and Other Similar Charges.  Other Expenses (Excluding Taxes, Licenses and Fees).  | 68,359,436<br>374,380,070<br>10,899,929<br>95,863,911  |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses) Reinsurance Payable on Paid Losses and Loss Adjustment Expenses Loss Adjustment Expenses Commissions Payable, Contingent Commissions and Other Similar Charges Other Expenses (Excluding Taxes, Licenses and Fees) Taxes, Licenses and Fees (Excluding Federal Income Taxes)   | 68,359,436<br>374,380,070<br>10,899,929<br>95,863,911<br>30,559,093  |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses).  Reinsurance Payable on Paid Losses and Loss Adjustment Expenses.  Loss Adjustment Expenses  Commissions Payable, Contingent Commissions and Other Similar Charges  Other Expenses (Excluding Taxes, Licenses and Fees).  Taxes, Licenses and Fees (Excluding Federal Income Taxes).  Current Federal and Forcign Income Taxes.   | 68,359,436<br>374,380,070<br>10,899,929<br>95,863,911<br>30,559,093<br>197,142,687   |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses) Reinsurance Payable on Paid Losses and Loss Adjustment Expenses Loss Adjustment Expenses Commissions Payable, Contingent Commissions and Other Similar Charges Other Expenses (Excluding Taxes, Licenses and Fees) Taxes, Licenses and Fees (Excluding Federal Income Taxes) Current Federal and Foreign Income Taxes. Unearned Premiums   | 68,359,436<br>374,380,070<br>10,899,929<br>95,863,911<br>30,559,093<br>197,142,687<br>999,534,655  |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses) Reinsurance Payable on Paid Losses and Loss Adjustment Expenses Loss Adjustment Expenses Commissions Payable, Contingent Commissions and Other Similar Charges. Other Expenses (Excluding Taxes, Licenses and Fees) Taxes, Licenses and Fees (Excluding Federal Income Taxes) Current Federal and Foreign Income Taxes. Unearmed Premiums Advance Premium  | 68,359,436<br>374,380,070<br>10,899,929<br>95,863,911<br>30,559,093<br>197,142,687<br>999,534,655<br>12,896,716  |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses) Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses. Commissions Payable, Contingent Commissions and Other Similar Charges. Other Expenses (Excluding Taxes, Licenses and Fees) Taxes, Licenses and Fees (Excluding Federal Income Taxes) Current Federal and Foreign Income Taxes. Unearmed Premiums. Advance Premium. Ceded Reinsurance Premiums Payable   | 68,359,436<br>374,380,070<br>10,899,929<br>95,863,911<br>30,559,093<br>197,142,687<br>999,534,655<br>12,896,716<br>99,545,135  |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses).  Reinsurance Payable on Paid Losses and Loss Adjustment Expenses.  Loss Adjustment Expenses.  Commissions Payable, Contingent Commissions and Other Similar Charges.  Other Expenses (Excluding Taxes, Licenses and Fees).  Taxes, Licenses and Fees (Excluding Federal Income Taxes).  Current Federal and Foreign Income Taxes.  Uncarned Premiums.  Advance Premium.  Ceded Reinsurance Premiums Payable.  Funds Held by Company under Reinsurance Treaties.   | 68,359,436<br>374,380,070<br>10,899,929<br>95,863,911<br>30,559,093<br>197,142,687<br>999,534,655<br>12,896,716<br>99,545,135<br>42,360,469  |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses) Reinsurance Payable on Paid Losses and Loss Adjustment Expenses Loss Adjustment Expenses Commissions Payable, Contingent Commissions and Other Similar Charges. Other Expenses (Excluding Taxes, Licenses and Fees) Taxes, Licenses and Fees (Excluding Federal Income Taxes) Current Federal and Foreign Income Taxes. Unearmed Premiums. Advance Premium Ceded Reinsurance Premiums Payable Funds Held by Company under Reinsurance Treaties Amounts Withheld by Company for Account of Others   | 68,359,436<br>374,380,070<br>10,899,929<br>95,863,911<br>30,559,093<br>197,142,687<br>999,534,655<br>12,896,716<br>99,545,135<br>42,360,469<br>133,940,889   |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses) Reinsurance Payable on Paid Losses and Loss Adjustment Expenses. Loss Adjustment Expenses. Commissions Payable, Contingent Commissions and Other Similar Charges. Other Expenses (Excluding Taxes, Licenses and Fees). Taxes, Licenses and Fees (Excluding Federal Income Taxes). Current Federal and Forcign Income Taxes. Unearned Premiums. Advance Premium. Ceded Reinsurance Premiums Payable. Funds Held by Company under Reinsurance Treaties. Amounts Withheld by Company for Account of Others. Provision for Reinsurance.  | 68,359,436<br>374,380,070<br>10,899,929<br>95,863,911<br>30,559,093<br>197,142,687<br>999,534,655<br>12,896,716<br>99,545,135<br>42,360,469<br>133,940,889<br>2,638,135  |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses) Reinsurance Payable on Paid Losses and Loss Adjustment Expenses Loss Adjustment Expenses Commissions Payable, Contingent Commissions and Other Similar Charges Other Expenses (Excluding Taxes, Licenses and Fees) Taxes, Licenses and Fees (Excluding Federal Income Taxes) Current Federal and Forcign Income Taxes Unearned Premiums Advance Premium Ceded Reinsurance Premiums Payable Punds Held by Company under Reinsurance Treaties Amounts Withheld by Company for Account of Others. Provision for Reinsurance Payable to Parent, Subsidiaries and Affiliates  | 68,359,436 374,380,070 10,899,929 95,863,911 30,559,093 197,142,687 999,534,655 12,896,716 99,545,135 42,360,469 133,940,889 2,638,135 91,545,650  |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses).  Reinsurance Payable on Paid Losses and Loss Adjustment Expenses.  Loss Adjustment Expenses.  Commissions Payable, Contingent Commissions and Other Similar Charges.  Other Expenses (Excluding Taxes, Licenses and Fees).  Taxes, Licenses and Fees (Excluding Federal Income Taxes).  Current Federal and Forcign Income Taxes.  Unearned Premiums.  Advance Premium.  Ceded Reinsurance Premiums Payable.  Funds Held by Company under Reinsurance Treaties.  Amounts Withheld by Company for Account of Others.  Provision for Reinsurance.  Payable to Parent, Subsidiaries and Affiliates.  Other Liabilities.  | 68,359,436<br>374,380,070<br>10,899,929<br>95,863,911<br>30,559,093<br>197,142,687<br>999,534,655<br>12,896,716<br>99,545,135<br>42,360,469<br>133,940,889<br>2,638,135<br>91,545,650<br>73,407,186  |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses) Reinsurance Payable on Paid Losses and Loss Adjustment Expenses Loss Adjustment Expenses Commissions Payable, Contingent Commissions and Other Similar Charges Other Expenses (Excluding Taxes, Licenses and Fees) Taxes, Licenses and Fees (Excluding Federal Income Taxes) Current Federal and Forcign Income Taxes Unearned Premiums Advance Premium Ceded Reinsurance Premiums Payable Punds Held by Company under Reinsurance Treaties Amounts Withheld by Company for Account of Others. Provision for Reinsurance Payable to Parent, Subsidiaries and Affiliates  | 68,359,436<br>374,380,070<br>10,899,929<br>95,863,911<br>30,559,093<br>197,142,687<br>999,534,655<br>12,896,716<br>99,545,135<br>42,360,469<br>133,940,889<br>2,638,135<br>91,545,650<br>73,407,186  |
| Losses (Reported Losses).  Reinsurance Payable on Paid Losses and Loss Adjustment Expenses.  Loss Adjustment Expenses.  Commissions Payable, Contingent Commissions and Other Similar Charges.  Other Expenses (Excluding Taxes, Licenses and Fees).  Taxes, Licenses and Fees (Excluding Federal Income Taxes).  Current Federal and Foreign Income Taxes.  Unearmed Premiums.  Advance Premium.  Ceded Reinsurance Premiums Payable.  Funds Held by Company under Reinsurance Treaties.  Amounts Withheld by Company for Account of Others.  Provision for Reinsurance.  Payable to Parent, Subsidiaries and Affiliates.  Other Liabilities.  TOTAL LIABILITIES.  | 68,359,436<br>374,380,070<br>10,899,929<br>95,863,911<br>30,559,093<br>197,142,687<br>99,534,655<br>12,896,716<br>99,545,135<br>42,360,469<br>133,940,889<br>2,638,135<br>91,545,650<br>73,407,186<br>3 4,445,110,813  |
| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses).  Reinsurance Payable on Paid Losses and Loss Adjustment Expenses.  Loss Adjustment Expenses.  Commissions Payable, Contingent Commissions and Other Similar Charges.  Other Expenses (Excluding Taxes, Licenses and Fees).  Taxes, Licenses and Fees (Excluding Federal Income Taxes).  Current Federal and Forcign Income Taxes.  Unearned Premiums.  Advance Premium.  Ceded Reinsurance Premiums Payable.  Funds Held by Company under Reinsurance Treaties.  Amounts Withheld by Company for Account of Others.  Provision for Reinsurance.  Payable to Parent, Subsidiaries and Affiliates.  Other Liabilities.  TOTAL LIABILITIES.  Common Capital Stock.  Gross Paid In and Contributed Surplus.                               | 68,359,436<br>374,380,070<br>10,899,929<br>95,863,911<br>30,559,093<br>197,142,687<br>99,534,655<br>12,896,716<br>99,545,135<br>42,360,469<br>133,940,889<br>2,638,135<br>91,545,650<br>73,407,186<br>4,445,110,813  |
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| Losses (Reported Losses Net of Reinsurance Ceded and Incurred But Not Reported Losses).  Reinsurance Payable on Paid Losses and Loss Adjustment Expenses.  Loss Adjustment Expenses.  Commissions Payable, Contingent Commissions and Other Similar Charges.  Other Expenses (Excluding Taxes, Licenses and Fees).  Taxes, Licenses and Fees (Excluding Federal Income Taxes).  Current Federal and Foreign Income Taxes.  Unearmed Premiums.  Advance Premium.  Ceded Reinsurance Premiums Payable.  Funds Held by Company under Reinsurance Treaties.  Amounts Withheld by Company for Account of Others.  Provision for Reinsurance.  Payable to Parent, Subsidiaries and Affiliates.  Other Liabilities.  TOTAL LIABILITIES.  | 68,359,436<br>374,380,070<br>10,899,929<br>95,863,911<br>30,559,093<br>197,142,687<br>999,534,655<br>12,896,716<br>99,545,135<br>42,360,469<br>133,940,889<br>2,638,135<br>91,545,650<br>73,407,186<br>4,445,110,813<br>18,780,000<br>1,502,074,940<br>524,962,883 |

I, Carmine Scaglione, Senior Vice President and Controller of UNITED STATES FIRE INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2022, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of Delaware.

IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 23rd day of March, 2023. UNITED STATES FIRE INSURANCE COMPANY

# Surety Disclosure Statement and Certificate

| United States Fire Insurance Company, surety(ies) on the attached bond, hereby certifies(y) the following:  |    |  |  |  |  |  |
|---|----|--|--|--|--|--|
| (1) The surety meets the applicable capital and surplus requirements of R.S.17:17-6 or  |    |  |  |  |  |  |
| R.S.17:17-7 as of the surety's most current annual filing with the New Jersey Department of   |    |  |  |  |  |  |
| Insurance.  |    |  |  |  |  |  |
| (2) The capital (where applicable) and surplus, as determined in accordance with the applicable laws of this State, of the surety(ies) participating in the issuance of the attached bond is (are) in the following amount(s) as of the calendar year ended December 31, 20 (most recent calendar year for which capital and surplus amounts are available), which amounts have been certified as indicated by certified public accountants (indicating separately for each surety that surety's capital and surplus amounts, together with the name and address of the firm of certified public accounts that shall have certified those amounts):  \$1,502,074,940  December 31, 2022 |    |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·   | =  |  |  |  |  |  |
| (3) (a) With respect to each surety participating in the issuance of the attached bond  |    |  |  |  |  |  |
| that has received from the United States Secretary of the Treasury a certificate of authority   |    |  |  |  |  |  |
| pursuant to 31 U.S.C. sec. 9305, the underwriting limitation established therein and the date as  | of |  |  |  |  |  |
| which that limitation was effective is as follows (indicating for each such surety that surety's  |    |  |  |  |  |  |
| underwriting limitation and the effective date thereof):  |    |  |  |  |  |  |
| July 1, 2023 \$188,805,000  | _  |  |  |  |  |  |
|   | 1  |  |  |  |  |  |
| (b) With respect to each surety participating in the issuance of the attached bone  | 1  |  |  |  |  |  |
| that has not received such a certificate of authority from the United States Secretary of the   |    |  |  |  |  |  |
| Treasury, the underwriting limitation of that surety as established pursuant to R.S.17:18-9 as of   | ,  |  |  |  |  |  |

# Surety Disclosure Statement and Certificate

| (date on which such limitation was so established is as follows (indicating for each such surety                                     |  |  |  |  |
|--|--|--|--|--|
| that surety's underwriting limitation and the date on which that limitation was established):  |  |  |  |  |
| n/a  |  |  |  |  |
| (4) The amount of the bond to which this statement and certification is attached is<br>**Ten Percent Not to Exceed Twenty Thousand** |  |  |  |  |
| (5) If, by virtue of one or more contracts of reinsurance, the amount of the bond  |  |  |  |  |
| indicated under item (4) above exceeds the total underwriting limitation of all sureties on the                                      |  |  |  |  |
| bond as set forth in items (3) (1) or (3) (b) above, or both, then for each such contract of   |  |  |  |  |
| reinsurance:   |  |  |  |  |
| (a) The name and address of each such reinsurer under that contract and the amount of  |  |  |  |  |
| that reinsurer's participation in the contract is as follows:  |  |  |  |  |
| n/a  |  |  |  |  |
| ; and  |  |  |  |  |
| (b) Each surety that is party to any such contract of reinsurance certifies that each re-  |  |  |  |  |
| insure listed under item (5) (a) satisfies the credit for reinsurance requirement established under                                  |  |  |  |  |
| P.L.1993, c.243 (c.17:513-1 et seq.) and any applicable regulations in effect as of the date on                                      |  |  |  |  |
| which the bond to which this statement and certification is attached shall have been filed with the                                  |  |  |  |  |

appropriate public agency.

# Surety Disclosure Statement and Certificate

# (to be completed by an authorized certifying agent for each surety on the bond)

| Thomas M Niland                             | as Attorney in Fact                      | for                 |
|---|--|---------------------|
| (Name of Agent)                             | (Title of Agent)                         |                     |
| United States Fire Insurance Company a co   | orporation/soutual insurance company     | /other (indicating  |
| (Name of Surety)                            |  |                     |
| type of business organization) (circle one) | domiciled in Delaware (State of Domicile | e) DO               |
| HEREBY CERTIFY that, to the best of a       | my knowledge, the foregoing stateme      | ents made by me are |
| and ACKNOWLEDGE that if any of thos         | e statements are false, this bond is VC  | OID.                |
| Dhanso M Niland                             |  |                     |
| (Signature of Certifying Agent)             |  |                     |
| Thomas M Niland                             |  |                     |
| (Printed Name of Certifying Agent)          | œ.                                       |                     |
| Attorney in Fact                            |  |                     |
| (Title of Certifying Agent)                 |  |                     |

W-9

Form **W-9** (Rev. November 2017)

# Request for Taxpayer Identification Number and Certification

a Go to www.irs.gov/FormW9 for instructions and the latest information.

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

|   | Revenue Service   |  | 50 to 11 11 11 11 0.go 1                      | ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,             |  |                            |   | 00114 10 1115 11151                 |
|---|---|--|---|---|--|----------------------------|---|-------------------------------------|
| -   |   | 051  | MPURE   | nterpris  | es uc  |                            |   |                                     |
|   | OS Meyer Enterprises LLC  1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. |  |   |   |  |                            |   |                                     |
|   |   |  |   |   |  |                            |   |                                     |
|   | 2 Bu  | 2 Business name/disregarded entity name, if different from above |   |   |  |                            |   |                                     |
| Print or type.<br>See Specific Instructions on page 3.  |   |  |   |   |  |                            |   |                                     |
|   | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes.  |  |   |   |  | eck only <b>one</b> of the | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |                                     |
|   | Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate  |  |   |   |  | Trust/estate               |   |                                     |
| . SE  |   |  |   |   |  |                            | Exempt pa   | ayee code (if any)                  |
| ype   | 0   |  |   |   |  |                            |   |                                     |
| or t  | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) a                         |  |   |   |  |                            |   |                                     |
| Print or type.<br>c Instruction   | Note: Check   | the appropriate bo   | x in the line above for                       | the tax classification of                           | the single-member ow                           | ner. Do not check          | Exemption   | from FATCA reporting                |
| <u>무</u> 등  | A LLC if the LL   | C is classified as a<br>that is not disrega-                     | single-member LLC tr                          | nat is disregarded from<br>or U.S. federal tax purp | the owner unless the obsess. Otherwise, a sing | e-member LLC is            | code (if a  | ny)                                 |
| ėc.   | is disregarde   | d from the owner s   | hould check the appro                         | priate box for the tax c                            | assification of its owne                       | 4.                         |   |                                     |
| S   | Other (see i  | instructions) a  | C40 10  |   |  | -                          | (Applies to ac  | counts maintained outside the U.S.) |
| See   | 5 Address (number, street, and apt. or suite no.) See instructions.   |  |   |   | Requester's name and address (optional)        |                            |   |                                     |
|   | Waldwick my 07-463 6 City, state, and ZIP code  |  |   |   |  |                            |   |                                     |
|   |   |  |   |   |  |                            |   |                                     |
|   | 7 List account nur  | mber(s) here (option   | nal)  |   |  |                            |   |                                     |
| Taxpayer Identification Number (TIN)  |   |  |   |   |  |                            |   |                                     |
| Enter   | your TIN in the ar  | propriate box. T   | he TIN provided mu                            | ist match the name                                  | given on line 1 to av                          | oiu                        | curity num  | ber                                 |
| backu   | p withholding. For  | r individuals, this  | is generally your so<br>arded entity, see the | ocial security number instructions for Par          | r (SSN). However, to<br>t I. later. For other  | or a                       | _   | _                                   |
| entitie   | s, it is your emplo   | yer identification   | number (EIN). If yo                           | ou do not have a nur                                | nber, see How to ge                            | t a                        |   |                                     |
| -   | TIN, later.   |  |   |   |  |                            | ion number  |                                     |
| Note:   | lote: If the account is in more than one name, see the instructions for line 1. Also see what Name and                              |  |   |   |  |                            |   |                                     |
| Number To Give the Requester for guidelines on whose number to enter.    3 8  |   |  |   | 44201   |  |                            |   |                                     |
| Part II Certification   |   |  |   |   |  |                            |   |                                     |
|   | penalties of perju  |  |   |   |  |                            |   |                                     |
| 1 The   | number shown o  | on this form is my   | correct taxpayer id                           | lentification number                                | (or I am waiting for a                         | a number to be issu        | ed to me)   | ; and                               |
| 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and   |   |  |   |   |  |                            |   |                                     |
| 3. I am a U.S. citizen or other U.S. person (defined below); and  |   |  |   |   |  |                            |   |                                     |
| 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.   |   |  |   |   |  |                            |   |                                     |
| Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because   |   |  |   |   |  |                            |   |                                     |
| you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later. |   |  |   |   |  |                            |   |                                     |
| Sign  | Signature of U.S.persor   |  | as  |   |  | Date <sup>a</sup>          | 29/0  | 25                                  |

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to

www.irs.gov/FormW9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number

W-9

(ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Form W-9 (Rev. 11-2017)

Cat. No. 10231X

Form W-9 (Rev. 11-2017) Page 2

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

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

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

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
  - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

exemption from tax for scholarship income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

#### **Backup Withholding**

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester,
- 2. You do not certify your TIN when required (see the instructions for Part II for details),
  - 3. The IRS tells the requester that you furnished an incorrect TIN,
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

#### What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code, later, and the Instructions for the Requester of Form W-9 for more information.

#### **Updating Your Information**

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

#### **Penalties**

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Form W-9 (Rev. 11-2017) Page **3** 

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

#### **Specific Instructions**

#### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

- b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.
- c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.
- d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.
- e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

#### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

#### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n)   | THEN check the box for  |
|--|---|
| Corporation  | Corporation   |
| <ul> <li>Individual</li> <li>Sole proprietorship, or</li> <li>Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.</li> </ul>   | Individual/sole proprietor or single-<br>member LLC   |
| <ul> <li>LLC treated as a partnership for U.S. federal tax purposes,</li> <li>LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or</li> <li>LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.</li> </ul> | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| Partnership  | Partnership   |
| Trust/estate   | Trust/estate  |

#### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5-A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8-A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for   | THEN the payment is exempt for  |
|---|---|
| Interest and dividend payments  | All exempt payees except for 7  |
| Broker transactions   | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                  | Exempt payees 1 through 4   |
| Payments over \$600 required to be reported and direct sales over \$5,0001            | Generally, exempt payees 1 through 5 <sup>2</sup>   |
| Payments made in settlement of<br>payment card or third party network<br>transactions | Exempt payees 1 through 4   |

<sup>&</sup>lt;sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B-The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G-A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a) J—

A bank as defined in section 581

K---A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

#### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

#### Line 6

Enter your city, state, and ZIP code.

#### Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* 

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See What Name and Number To Give the Requester, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

#### Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

<sup>&</sup>lt;sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalities, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

#### What Name and Number To Give the Requester

| For this type of account:  | Give name and SSN of:   |
|--|---|
| 1. Individual  | The individual  |
| Two or more individuals (joint account) other than an account maintained by an FFI   | The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup> |
| Two or more U.S. persons     (joint account maintained by an FFI)  | Each holder of the account  |
| Custodial account of a minor     (Uniform Gift to Minors Act)  | The minor <sup>2</sup>  |
| 5. a. The usual revocable savings trust (grantor is also trustee)  | The grantor-trustee <sup>1</sup>  |
| b. So-called trust account that is not a legal or valid trust under state law  | The actual owner <sup>1</sup>   |
| Sole proprietorship or disregarded<br>entity owned by an individual  | The owner <sup>3</sup>  |
| 7. Grantor trust filing under Optional<br>Form 1099 Filing Method 1 (see<br>Regulations section 1.671-4(b)(2)(i)<br>(A))   | The grantor*  |
|  |   |
| For this type of account:  | Give name and EIN of:   |
| For this type of account:  8. Disregarded entity not owned by an individual  | Give name and EIN of: The owner   |
| 8. Disregarded entity not owned by an  |   |
| Disregarded entity not owned by an individual  | The owner   |
| Disregarded entity not owned by an individual     A valid trust, estate, or pension trust     Corporation or LLC electing corporate status on Form 8832 or   | The owner  Legal entity <sup>4</sup>  |
| 8. Disregarded entity not owned by an individual 9. A valid trust, estate, or pension trust 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553  11. Association, club, religious, charitable, educational, or other tax- | The owner  Legal entity <sup>4</sup> The corporation  |

| For this type of account:  | Give name and EIN of |
|--|----------------------|
| 14. Account with the Department of<br>Agriculture in the name of a public<br>entity (such as a state or local<br>government, school district, or<br>prison) that receives agricultural<br>program payments | The public entity    |
| <ol> <li>Grantor trust filing under the Form<br/>1041 Filing Method or the Optional<br/>Form 1099 Filing Method 2 (see<br/>Regulations section 1.671-4(b)(2)(i)(B))</li> </ol>                             | The trust            |

- <sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.
- <sup>2</sup>Circle the minor's name and furnish the minor's SSN.
- <sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), butthe IRS encourages you to use your SSN.
- <sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

**Note:** if no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

# Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to <code>phishing@irs.gov</code>. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at <code>spam@uce.gov</code> or report them at <code>www.ftc.gov/complaint</code>. You can contact the FTC at <code>www.ftc.gov/idtheft</code> or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see <code>www.ldentityTheft.gov</code> and Pub. 5027.

Visit www.irs.gov/ldentityTheft to learn more about identity theft and how to reduce your risk.

#### **Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt: or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

# Lowest Bidder Prevailing Wage Certification

| In the matter of an award of a contract for public ) State of New Jersey - Department of Labor   |
|--|
| Work for a project described as:  ) Workforce Development Division of Wage &   |
| Motor Control Center ) Hour Compliance   |
| 1. I am the owner and/or highest-ranking official or officer of a company or firm named  Meyer Enterprises (CC), which holds a currently valid public works contractor registration pursuant to the New Jersey Public Works Contractor Registration Act,  N.J.S.A. 34:11-56.48 et seq., certificate number (COSO)  2. I submitted a bid for a contract award in the above identified project and the public body has informed me that I am the lowest bidder by 10 percent or more as compared to the next lowest bid submitted.  3. The amount of my bid does include paying the prevailing wage rate to all workers who perform work on the project at rates of pay, including both base wage and fringe benefits, set forth in applicable Wage Determinations,  a. For appropriate locality |
| <ul> <li>b. For the appropriate work classification (e.g. carpenter, electrician, mason, plumber)</li> <li>c. For the appropriate job title (e.g. Apprentice, Journeyman, Forman), published by the New Jersey Department of Labor and Workforce Development (NJDOL) pursuant to the New Jersey Prevailing Wage Act (NJPWA) N.J.S.A. 34:11-56.25 et seq., and corresponding NJDOL rules, N.J.A.C. 12:60.</li> </ul>  |
| I certify under penalty of perjury that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are false, I am subject to punishment. See N.J.S.A. 2C:28-1 et seq., specifically, N.J.S.A. 2C28-3, within the New Jersey Code of Criminal Justice.  |
| Date: $\frac{1/29/35}{}$   |
| specifically, N.J.S.A. 2C28-3, within the New Jersey Code of Criminal Justice.  Date:  |
| Signature:   |
| Title: Member  |



#### DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

| BID SO   | OLICITATION#  | AND TITLE:  | Dieasant   | - Hill Road 262 24 in Pacp Retirement   |
|--|---|---|--|---|
| VEND   | OR NAME:  | DSM   | eyer Enter   | rprises LLC   |
| a contract<br>25 List<br>https://w<br>Division | ct must certify that<br>as a perso<br>www.state.nj.us/tr<br>of Purchase and | at neither the perso<br>on or entity e<br>easury/purchase/p<br>I Property finds a p | on nor entity, nor any of its pa<br>ingaged in investment<br>idf/Chapter25List.pdf. Vend<br>person or entity to be in viol | , c.4) any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew parents, subsidiaries, or affiliates, is identified on the New Jersey Department of the Treasury's Chapter activities in Iran. The Chapter 25 list is found on the Division's website an adors/Bidders must review this list prior to completing the below certification. If the Director of the platton of the law, s/he shall take action as may be appropriate and provided by law, rule or contract recovering damages, declaring the party in default and seeking debarment or suspension of the party |
| _  |   |   | CHE  | ECK THE APPROPRIATE BOX   |
|  | I certify, pursua<br>or affiliates is lis                                   | nt to N.J.S.A. 52:3:<br>sted on the New Je  | 2-57, et seq. (P.L. 2012, c.25<br>rsey Department of the Treas   | 5 and P.L. 2021, c.4), that neither the Vendor/Bidder listed above nor any of its parents, subsidiaries, asury's Chapter 25 List of entities determined to be engaged in prohibited activities in Iran.   |
|  | OR  |   |  |   |
|  | the Treasury's  | Chapter 25 List. I w  | ill provide a detailed, accura   | nd/or one or more of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of<br>irate and precise description of the activities of the Vendor/Bidder, or one of its parents,<br>nent activities in Iran by completing the information requested below.   |
|  |   | ed in Investment A<br>to Vendor/ Bidder<br>f Activities                             |  |   |
|  | Duration of E<br>Anticipated C  | ngagement<br>essation Date  |  |   |
|  | *Attach Addit   | ional Sheets If Ne  | cessary.   |   |
| knowledg<br>from the d<br>aware that           | e are true and co<br>late of this certific<br>It it is a criminal o         | emplete. I acknowle<br>cation through the of<br>offense to make a f                 | edge that the State of New Je<br>completion of any contract(s)<br>false statement or misreprese                            | CERTIFICATION  n on behalf of the Vendor, that the foregoing information and any attachments hereto, to the best of my tersey is relying on the information contained herein, and that the Vendor is under a continuing obligation with the State to notify the State in writing of any changes to the information contained herein; that I am sentation in this certification. If I do so, I may be subject to criminal prosecution under the law, and it will be State to declare any contract(s) resulting from this certification void and unenforceable.   |
|  | 0   |   |  | 1/29/25   |
| Signatu  | re  | 100 • 10000   | 10.0   | Date  |
| Do   | uglas   | Meyer   | , memis  | <u>Der</u>  |
| Print Na                                       | ame and Title   | U   |  |   |