#### STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

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

TAXPAYER NAME:

TRADE NAME:

ALARM AND COMMUNICATION TECHNOLOGIES, IN

ADDRESS:

25 ROSS STREET WHARTON NJ 07885-0596 EFFECTIVE DATE:

01/08/01

SEQUENCE NUMBER:

0087901

ISSUANCE DATE:

08/29/12

Director New Jersey Division of Revenue

FORM-BRC

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address

Certification 37530

#### CERTIFICATE OF EMPLOYEE INFORMATION REPORT

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-SEP-2019 to 15-SEP-2026

ALARM & COMMUNICATION TECHNOLOGIES, INC. 25 ROSS STREET

WHARTON

NJ 07885

ELIZABETH MAHER MUOIO

State Treasurer

#### **EXHIBIT A**

# MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127) N.J.A.C. 17:27 GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

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

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all punel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

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May 24, 2018 @ 1:00 p.m.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all predures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at <a href="www.state.nj.us/treasury/contract\_compliance">www.state.nj.us/treasury/contract\_compliance</a>)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

S' atu	re
Name _	William Wilcher
Title	Vice President

### 1

#### To be completed and signed below.

RE-BID Integrated Software Based Intelligent

Life Systems

#### Return with bid.

## **Educational Services Commission of New Jersey Business Office**

1660 Stelton Road – Second Floor Piscataway, New Jersey 08854

# Chapter 271 Political Contribution Disclosure Form (Contracts that Exceed \$17,500.00) Ref. N.J.S.A. 52:34-25

The undersigned,	being authorized and know	ledgeable of the circumstant	ces, does hereby certify that ss Entity) has made the following		
reportable political contributions to any elected official, political candidate or any political committee as defined in N.J.S.A. 19:44-20.26 during the twelve (12) months preceding this award of contract:					
	Re	eportable Contributions			
<u>Date of</u> <u>Contribution</u>	Amount of Contribution	Name of Recipient Elected Official/ Committee/Candidate	<u>Name of</u> <u>Contributor</u>		
)					
			4		
	ity may attach additional pa	•			
No Reportabl	e Contributions (Please ch	neck (✓) if applicable.)			
I certify that	laum and Comm	Lenk ation (Bus	iness Entity) made no reportable ommittee as defined in N.J.S.A. 19:44-		
Certification					
I certify, that the information provided above is in full compliance with Public law 2005 – Chapter 271.					
Name of Authoriz	zed Agent Wilhar	m kilcher			
Signature	Un	m kulcher  Title V  nunication Tea	ie fresident		
Business Entity	Planmand Com	nunication Tra	Ambores In C		
ESCNJ 17/18-59			May 24 2018 @ 1:00 n m		

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#### To be completed and signed below.

#### Return with bid.

#### STATEMENT OF OWNERSHIP DISCLOSURE

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

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

Name of Organization: Clam and	Communication technologies Inc		
Organization Address: 0 Box 59 (	25 Ross Sheet		
City, State, ZIP: Wharton, n	07885		
Part I Check the box that represents the type	e of business organization:		
Sole Proprietorship (skip Parts II and III	, execute certification in Part IV)		
Non-Profit Corporation (skip Parts II an	d III, execute certification in Part IV)		
For-Profit Corporation (any type)	Limited Liability Company (LLC)		
Partnership Limited Partnership	Limited Liability Partnership (LLP)		
Other (be specific):			
Part II Check the appropriate box			
more of its stock, of any class, or of a interest therein, or of all members in the stock of the	d addresses of all stockholders in the corporation who own 10 percent or ll individual partners in the partnership who own a 10 percent or greater the limited liability company who own a 10 percent or greater interest LETE THE LIST BELOW IN THIS SECTION)		
in the partnership owns a 10 percent of	n owns 10 percent or more of its stock, of any class, or no individual partner or greater interest therein, or no member in the limited liability company therein, as the case may be. (SKIP TO PART IV)		
(Please attach additional sheets if more space is needed):			
Name of Individual or Business Entity	Home Address (for Individuals) or Business Address		
Aranh Minutillo	1.0.Box 594, Wharton, ng 07885		
William Elcher	P.O.Box 596, Wharton, ng 07885		

#### <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 peneficial 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		

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

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Home Address (for Individuals) or Business Addres		

#### Part IV Certification

, 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; hat the *ESCNJ* is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with the *ESCNJ* to notify the *ESCNJ* 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 f I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the *ESCNJ* to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	William When	Title:	Vice hesidons.
Signature:	Mr	Date:	5/18/18

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

ESCNJ 17/18-59

May 24, 2018 @ 1:00 p.m.

RE-BID Integrated Software Based Intelligent

(Rev., December 2014) Department of the Treasury Internal Revenue Service

#### Request for Taxpayer Identification Number and Certification

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

	1 Name (as shown on your income tax return). Name is required on this line	do not leave this line blank.	The	
61	2 Business name/disregarded entity name, if different from above	-chiagres.	111.	
ge 2	,			
Print or type See Specific Instructions on page 2.	3 Check appropriate box for federal tax classification; check only one of the			4 Exemptions (codes apply only to certain entitles, not individuals; see
pe ons c	single-member LLC	ation . Partnership	☐ Trust/estate	instructions on page 3):  Exempt payee code (if any)
let t	Limited liability company. Enter the tax classification (C=C corporation,			Exemption from FATCA reporting
Print or type Instructions	Note. For a single-member LLC that is disregarded, do not check LLC; the tax classification of the single-member owner.	check the appròpriate box in	the line above for	code (if any)
Pri	Other (see instructions)	16		(Applies to accounts maintained outside the U.S.)
EH.	5 Address (numbar, street, and apt. or suite no.)	TO.	Requester's name a	nd address (optional)
gbe	25 KOSS St. 4.0. DOX	546	, ,	* * * *
99	6 City, state, and ZIP code	00-	¥	
	Whaton. Hew Jersey O'ld	185		ς.
1	7 List account number(s) here (optional)	*		
David	The Principal of the State of t			
Part				- fl
backup	our TIN in the appropriate box. The TIN provided must match the na withholding. For individuals, this is generally your social security nu	ne given on line 1 to avoi	id Social sect	urity number
resident	alien, sole proprietor, or disregarded entity, see the Part I instruction	ns on page 3. For other		
entities, TIN on p	it is your employer identification number (EIN). If you do not have a	number, see How to get	a Lll	J
	the account is in more than one name, see the instructions for line 1	and the chart on page 4		dentification number
guldelin	es on whose number to enter.	and the ondir on page 4		
			12121-	36863211.
Part I	Certification			
	enalties of perjury, I certify that:		ê	, a
1. The n	umber shown on this form is my correct taxpayer identification num	ber (or I am waiting for a	number to be issu	ied to me); and
Service	not subject to backup withholding because: (a) I am exempt from ba be (IRS) that I am subject to backup withholding as a result of a failu nger subject to backup withholding; and	ckup withholding, or (b) I re to report all interest or	have not been no dividends, or (c) to	tified by the Internal Revenue he IRS has notified me that I am
3. Jama	u.S. citizen or other U.S. person (defined below); and	-		
I. The FA	ATCA code(s) entered on this form (if any) indicating that I am exemp	t from FATCA reporting I	ls correct.	+
ecause nterest p jenerally	tion instructions. You must cross out item 2 above if you have bee you have failed to report all interest and dividends on your tax returned, acquisition or abandonment of secured property, cancellation or payments other than interest and dividends, you are not required to no on page 3.	<ol> <li>For real estate transact f debt, contributions to a</li> </ol>	tions, item 2 does en individual retirer	not apply. For mortgage
lign Iere	Signature of U.S. person	Date	- 1	13/18
dener	al Instructions			(student loan interest), 1098-T

Section references are to the Internal Revenue Code unless otherwise noted. Future developments, Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

#### 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 (ITIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (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 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 allen), 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? on 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
- 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? on page 2 for further information.'

# Educational Services Commission of New Jersey DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN PART 1: CERTIFICATION

BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

#### FAILURE TO CHECK EITHER BOX WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <a href="http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf">http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf</a>. Bidders **must** review this list prior to completing the below certification. **Failure to complete the certification will render a bidder's proposal non-responsive**. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

subsidiaries, or affiliates is <u>listed</u> on the N.J. Depar in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I furt entity listed above and am authorized to make this certification  OI  I am unable to certify as above because I or the bion the Department's Chapter 25 list. I will provide	idding entity and/or one or more of its parents, subsidiaries, or affiliates is listed de a detailed, accurate and precise description of the activities in Part 2 below and ide such will result in the proposal being rendered as non-responsive and appropriate
Part 2	
affiliates, engaging in the investment activities in Iran outlined	of the activities of the bidding person/entity, or one of its parents, subsidiaries or above by completing the boxes below. QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION.
Name:	Relationship to
Description of Activities:	Bidder/Vendor:
Duration of Engagement:	Anticipated Cessation Date
Bidder/Vendor	
Contact Name:	Contact Phone Number:
best of my knowledge are true and complete. I attest that I am entity. I acknowledge that the Educational Services Commission acknowledge that I am under a continuing obligation from the Services Commission of New Jersey to notify the Educational information contained herein. I acknowledge that I am aware the certification, and if I do so, I recognize that I am subject to crir agreements(s) with the Educational Services Commission of N may declare any contract(s) resulting from this certification vo	
Full Name (Print): William When	Signature:
Full Name (Print): William Kilcher Title: Vice fresident	Date:
Bidder/Vendor: Clarmand Commi	inication Technologies Inc.

ESCNJ 17/18-59

PLEASE CHECK EITHER BOX:

May 24, 2018 @ 1:00 p.m.

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Life Systems

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# Educational Services Commission of New Jersey DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN PART 1: CERTIFICATION

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subsidiaries, or affiliates is listed on the N.J. Departm in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further entity listed above and am authorized to make this certification of OR	ither the person/entity listed above nor any of the entity's parents, tent of the Treasury's list of entities determined to be engaged in prohibited activities of certify that I am the person listed above, or I am an officer or representative of the aits behalf. I will skip Part 2 and sign and complete the Certification
on the Department's Chapter 25 list. I will provide	a detailed, accurate and precise description of the activities in Part 2 below and such will result in the proposal being rendered as non-responsive and appropriate
Part 2	
affiliates, engaging in the investment activities in Iran outlined ab	the activities of the bidding person/entity, or one of its parents, subsidiaries or bove by completing the boxes below.  3STIONS-PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION.
Name:	Relationship to
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Duration of Engagement:	Anticipated Cessation Date
Bidder/Vendor	<u> </u>
Contact Name:	Contact Phone Number:
best of my knowledge are true and complete. I attest that I am aut entity. I acknowledge that the Educational Services Commission acknowledge that I am under a continuing obligation from the dat Services Commission of New Jersey to notify the Educational Serinformation contained herein. I acknowledge that I am aware that certification, and if I do so, I recognize that I am subject to crimin	present and state that the foregoing information and any attachments thereto to the inforized to execute this certification on behalf of the below-referenced person or of New Jersey is relying on the information contained herein and thereby the of this certification through the completion of contracts with the Educational rvices Commission of New Jersey in writing of any changes to the answers of it is a criminal offense to make a false statement or misrepresentation in this hall prosecution under the law and that it will also constitute a material breach of my by Jersey and that the Educational Services Commission of New Jersey at its option and unenforceable.
Full Name (Print): / // // // // // // // // // // // //	Signature:
Title: //ice ProsedenT	Date: 4/7/2020
Bidder/Vendor: Wound & Companion	Toin Technologie's The

ESCNJ 17/18-59
RE-BID Integrated Software Based Intelligent

PLEASE CHECK EITHER BOX:

May 24, 2018 @ 1:00 p.m.

## Educational Services Commission of New Jersey DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN PART 1: CERTIFICATION

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#### PLEASE CHECK EITHER BOX:

ELASE CHECK ETHER BOX.	
in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further listed above and am authorized to make this certification  I am unable to certify as above because I or the bon the Department's Chapter 25 list. I will provi	oidding entity and/or one or more of its parents, subsidiaries, or affiliates is listed ide a detailed, accurate and precise description of the activities in Part 2 below and ide such will result in the proposal being rendered as non-responsive and appropriate
Part 2	
affiliates, engaging in the investment activities in Iran outlined	of the activities of the bidding person/entity, or one of its parents, subsidiaries or above by completing the boxes below.  DUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH OUESTION.
Name:	Relationship to
Description of Activities:	Bidder/Vendor:
	Anticipated Cessation Date
Bidder/Vendor	
Contact Name:	Contact Phone Number:
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Full Name (Print): Willam Kilcher	Signature:
Title: Vice President	Date: 02/22/2021
Bidder/Vendor: Alarm & Communication Tec	6 177- 5- 5- 5- 5- 5- 5- 5- 5- 5- 5- 5- 5- 5-
-	

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#### APPENDIX A

#### AMERICANS WITH DISABILITIES ACT OF 1990 Equal Opportunity for Individuals with Disability

The contractor and the Educational Services Commission of New Jersey (hereafter "owner") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S121 01 et 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 there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any 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 he contractor along with full and complete particulars of the claim, if any action or administrative proceeding is brought against the owner or any of its agents, servants, and employees, the *owner shall* expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

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

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relive 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.

Signature
Name William Kilcher
Title Vice President
Company Name: alarmand Communication Technologies Inc.
Date: 5/18/18
ESCNJ 17/18-59 May 24, 2018 @ 1:00 p.m.

RE-BID Integrated Software Based Intelligent Life Systems Pa

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#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER John T. Costa Agency, Inc.	CONTACT NAME:	Ralph A.Costa		
P.O. Box 2338 2025 Hamburg TPKE Suite J	PHONE (A/C, No, Ext):	973-835-8444	FAX (A/C, No):	973-835-3056
Wayne, NJ 07470	E-MAIL ADDRESS: certs@burglaralarminsurance.com			
		INSURER(S) AFFORDING COVER	AGE	NAIC#
www.burglaralarminsurance.com	INSURER A : S	Scottsdale Insurance Company		41297
INSURED Alarm & Communication Technologies Inc.	INSURER B : S	Sentinel Insurance Company		11000
P.O.Box 596	INSURER c: Hartford Casualty Ins.Co.			29424
Wharton NJ 07885	INSURER D :			
	INSURER E :			
	INSURER F:			

**CERTIFICATE NUMBER: 41959979** 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 PERIAD. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

NSR TR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	
Α	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE COCCUR	_	4103770	10/22/2017	10/22/2018	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
	✓ Contractual Liability					MED EXP (Any one person)	\$5,000
						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$3,000,000
	POLICY / PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$3,000,000
	OTHER:						\$
3	AUTOMOBILE LIABILITY		13UECJP3155	10/22/2017	10/22/2018	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	✓ ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
١.	✓ UMBRELLA LIAB ✓ OCCUR		4103792	10/22/2017	10/22/2018	EACH OCCURRENCE	\$10,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
	DED ✓ RETENTION \$10,000						\$
)	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		13WBCBP6113	1/1/2018	1/1/2019	✓ PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE T/N	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH) If yes, describe under					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DÉSCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$1,000,000
4	ERROR & OMISSIONS	& OMISSIONS 4103770		70 10/22/2017		EA CLAIM 1,000,0 AGGREGATE 3,000,0	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers Comp. 3A(States) NJ

Workers Cornip, 3A(States) 183
The following are included as Additional Insureds for General Liability whom you are required to add as Additional Insureds on this policy under a written contract, written agreement or written permit and subject to GLS-150s(7-06) blanket additional insured endorsement attached.

ESCNJ, The Consultant, and the Co-op Members, representatives, and employees. Re-Bid ESCNJ#17/18-59

General Liability includes Completed operations, Primary & non-contributory with Waiver of Subrogation.

ESCNJ Bright Beginnings Learning Cener 1660 Stelton Road , 2nd Floor Piscataway NJ 08854	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1 Iscalaway 110 00004	AUTHORIZED REPRESENTATIVE

CANCELLATION

Ralph A. Costa

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CERTIFICATE HOLDER

#### ACCEPTANCE OF BID And **CONTRACT AWARD Integrated Software Based Intelligent Life Safety Systems**

#### TO BE COMPLETED BY RESPONDENT

In compliance with the Request for Bid, the undersigned warrants that I/we have examined the Instructions to Respondents, and, being familiar with all of the conditions surrounding the proposed projects, hereby offer and agree to furnish all labor, materials, and supplies incurred in compliance with all terms, conditions. specifications and amendments in the Request for Bid and any written exceptions to the bid. Signature also certifies understanding and compliance with the certification requirements of the ESCNJ's Terms and Conditions and any special Terms and Conditions if applicable. The undersigned understands that his/her competence and responsibility and that of any proposed subcontractors, time of completion, as well as other factors of interest to the ESCNJ as stated in the evaluation section will be a consideration in making the award. Your bid for contracting services is hereby accepted. As contractor, you are now bound to sell the materials and services listed by the attached bid based upon the solicitation, including all terms, conditions, specifications, amendments as set forth in the Request for Bid. As contractor you are hereby cautioned not to commence any billable work or provide any material or service under this contract until contractor receives an executed purchase order from a Co-op Member. The parties intend this contract to constitute the final and complete agreement between the ESCNJ and contractor, and no other agreements, oral or otherwise, regarding the subject matter of this contract, shall bind any of the parties hereto. No change or modification of this contract shall be valid unless it shall be in writing and signed by both parties to this contract. If any provision of this contract is leemed invalid or illegal by any appropriate court of law, the remainder of this contract shall not be affected thereby. The term of the agreement shall commence on award and continue for either 12 or 24 months unless terminated, canceled or extended. By mutual written agreement, the contract may be extended as permitted by law.

Company Name Clarmand annun Kation	Technologies In Date 5/18/18
Company Address P.O. BOX 5960	City Wharton State NT Zip Code 07885
Contact Person William Kilcher	Title Vice Readent
Authorized Signature (ink only)	Title Vice President

#### SCNJ

ACCEPTANCE OF BID AND CONTRACT AWARD BELOW TO BE COMPLETED ONLY BY E
Awarding Agency: Educational Services Commission of New Jersey
Agency Executive:  Patrick M. Moran, SBA/BS
Awarded this day of Contract Number ESCNJ 17/18-59
ESCNJ 17/18-59  RE-BID Integrated Software Based Intelligent  Life Systems  Page 144 of 154

Life Systems Page 144 of 154

11/04/2019 11/05/2017

# 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

echnologies Inc. Alarm & Communication

Responsible Representative(s):

Frank Minutillo, President

Responsible Representative(s):

William Kilcher, Vice-President

and may be revoked for cause by the Commissioner This certificate may not be transferred or assigned

of Labor and Workforce Development.

Department of Labor and Workforce Development

Aaron R. Fichtner, Ph.D., Commissioner