

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:

LEARNINGMATE SOLUTIONS, INC.

Trade Name:

Address:

880 THIRD AVE

NEW YORK, NY 10022-4730

Certificate Number:

1616139

Effective Date:

February 03, 2011

Date of Issuance:

January 17, 2019

For Office Use Only:

20190117103112156

Certification 60741

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-MAR-2022 to 15-MAR-2025

LEARNINGMATE SOLUTIONS, INC. 100 CANAL BLVD., SUITE 123 PRINCETON NJ 08540

ELIZABETH MAHER MUOIO State Treasurer (Revised: January, 2016)

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

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

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

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

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

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the

principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

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

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

- Letter of Federal Affirmative Action Plan Approval
- Certificate of Employee Information Report
- Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at: http://www.state.nj.us/treasury/contract compliance/.

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

Signature Many Martin

Company <u>LearningMate Solutions, Inc.</u>
Name <u>Mark Masterson</u>

Title Vice President, Government Affairs

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, b	eing authorized and knowled	geable of the circumstances, do	es hereby certify that titly) has made the following report	abla
•	ns to any elected official, polit 2) months preceding this aw	tical candidate or any political co	ommittee as defined in N.J.S.A. 19:44-2	
		Reportable Contributions		
<u>Date of</u> <u>Contribution</u>	Amount of Contribution	Name of Recipient Elected Official/ Committee/Candidate	Name of Contributor	
-				
The Business Entity	/ may attach additional pages	s if needed.		
No Reportable	Contributions (Please check	(√) if applicable.)		
	ngMate Solutions, Inc. (Busin olitical committee as defined in		contributions to any elected official, pol	itical
Certification				
I certify, that the infe	ormation provided above is in	full compliance with Public law	2005 – Chapter 271.	
Name of Authorized	Agent Mark Masterson			
Signature	h & Morr	Title <u>Vice Preside</u>	ent, Government Solutions	
Business Entity Lea	arningMate Solutions Inc.	-		

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: <u>LearningMate Solut</u> Organization Address: <u>880 Third Ave, Floor 1</u> City, State, ZIP: <u>New York, NY 10022</u> <u>Part I - Check the box that represents the solution of the s</u>	8
Sole Proprietorship (skip Parts II and III	, execute certification in Part IV)
Non-Profit Corporation (skip Parts II and	d III, execute certification in Part IV)
For-Profit Corporation (any type)	imited Liability Company (LLC)
Partnership Limited Partnership L	imited Liability Partnership (LLP)
Other (be specific):	
Part II Check the appropriate box	
more of its stock, of any class, or of all in interest therein, or of all members in the	dresses of all stockholders in the corporation who own 10 percent or adividual partners in the partnership who own a 10 percent or greater limited liability company who own a 10 percent or greater interest E THE LIST BELOW IN THIS SECTION)
No one stockholder in the corporation or	wns 10 percent or more of its stock, of any class, or no individual
	cent or greater interest therein, or no member in the limited liability rest therein, as the case may be. (SKIP TO PART IV)
(Please attach additional sheets if more spa	ace is needed):
Name of Individual or Business Entity	Home Address (for Individuals) or Business Address

<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 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 listed. Attach additional sheets if more space is needed.

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

Part IV Certification

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to

the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification

on behalf of the bidder/proposer; that the *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 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 *ESCNJ* to declare any contract(s) resulting from this certification void and unenforceable.

Full	Name	Mark Masterson	Title	Vice	President,	Govt.
(Print):		Wark Wasterson	:	Solutions	3	
Signature:		Mad Mass	Date :	1/25/19		

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.

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 seg.), 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 the 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 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.

Signatura

Company <u>LearningMate Solutions Inc.</u>
Name Mark Masterson

Title Vice President, Government Solutions

My Commission expires 92 20 20.

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 http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf. 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.

PLEASE CHECK EITHER BOX:

certify, pursuant to Public Law 2012, c. 25, that neither the person/entity listed above nor any of the entity's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification OR I am unable to certify as above because I or the bidding entity and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties. fines and/or sanctions will be assessed as provided by law. PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below. PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, USE ADDITIONAL PAGES Relationship to Bidder/Vendor: Description of Activities: Duration of Engagement: Anticipated Cessation Date Bidder/Vendor Contact Name: Contact Phone Number: Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the below-referenced person or entity. I acknowledge that the Educational Services Commission of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of contracts with the Educational Services Commission of New Jersey to notify the Educational Services Commission of New Jersey in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreements(s) with the Educational Services Commission of New Jersey and that the Educational Services Commission of New Jersey at its option may declare any contract(s) resulting from this certification void and unenforceable. Full Name (Print): Mark Masterson Signature: Title: Vice President, Government Solutions Date: 1/25/19 Bidder/Vendor: LearningMate Solutions, Inc.

(Rev. October 2018) Department of the Treasury 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.

	1 Name (as shown on your income toy return) Name is required as this time t					
	1 Name (as shown on your income tax return). Name is required on this line; d	o not leave this line blank.				
. [2 Business name/disregarded entity name, if different from above					
on page 3.	3 Check appropriate box for federal tax classification of the person whose nan following seven boxes. C Corporation Single-member LLC	-	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
ons.	single-member LLC	,	Exempt payee code (if any)			
ctic	Limited liability company. Enter the tax classification (C=C corporation, Sa	=S corporation, P=Partnership) ▶				
Print or type. See Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classificatio LLC if the LLC is classified as a single-member LLC that is disregarded fr another LLC that is not disregarded from the owner for U.S. federal tax pr is disregarded from the owner should check the appropriate box for the tax.	om the owner unless the owner of the LLC is	Exemption from FATCA reporting code (If any)			
960	Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)			
	5 Address (number, street, and apt. or suite no.) See instructions. 6 City, state, and ZIP code	Requester's name a	and address (optional)			
	New York, NY 100	722				
	7 List account number(s) here (optional)					
Part						
backup	our TIN in the appropriate box. The TIN provided must match the name withholding. For individuals, this is generally your social security num	ne given on line 1 to avoid Social sec	curity number			
residen	t alien, sole proprietor, or disregarded entity, see the instructions for F , it is your employer identification number (EIN). If you do not have a n	Part I, later. For other sumber, see How to get a				
Note:	the account is in more than one name, see the instructions for line 1.	Also see What Name and Employer	identification number			
Numbe	r To Give the Requester for guidelines on whose number to enter.	42	1771383			
Part						
	penalties of perjury, I certify that:					
2. i am Servi	number shown on this form is my correct taxpayer identification numb not subject to backup withholding because: (a) I am exempt from bac ice (IRS) that I am subject to backup withholding as a result of a failure nger subject to backup withholding; and	kup withholding or (h) I have not been n	otified by the Internal December			
3. l am	a U.S. citizen or other U.S. person (defined below); and					
4. The F	FATCA code(s) entered on this form (if any) indicating that I am exemp	t from FATCA reporting is correct.	•			
Certific you hav acquisit other the	ation instructions. You must cross out item 2 above if you have been no e failed to report all interest and dividends on your tax return. For real est ion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, bu	tified by the IRS that you are currently subj ate transactions, item 2 does not apply. Fo	r mortgage interest paid,			
Sign Here	Signature of U.S. person ► Man A Mostor	Date ▶ //	25/2019			
	eral Instructions	Form 1099-DIV (dividends, including funds)	those from stocks or mutual			
noted.	references are to the Internal Revenue Code unless otherwise	 Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) 				
related t	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted by were published, go to www.irs.gov/FormW9 .	Form 1099-B (stock or mutual fund satransactions by brokers)				
Purp	ose of Form	Form 1099-S (proceeds from real estate transactions)				
	idual or entity (Form W-9 requester) who is required to file an	Form 1099-K (merchant card and thin Form 1098 (home mortgage interest)				
informat identific	tion return with the IRS must obtain your correct taxpayer ation number (TIN) which may be your social security number	 Form 1098 (home mortgage interest), 1098-T (tuition) Form 1099-C (canceled debt) 	1098-E (student loan interest),			
(SSN), ir	ndividual taxpayer identification number (ITIN), adoption r identification number (ATIN), or employer identification number	Form 1099-A (acquisition or abandonment of secured property)				
(EIN), to amount	report on an information return the amount paid to you, or other reportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.				
	include, but are not limited to, the following. 1099-INT (interest earned or paid)	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.

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

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	914-712-4515	CONTACT Jeanette Esposito			
Eifert, French & Ketchum 330 Fifth Avenue		PHONE (A/C, No, Ext): 914-712-4515	FAX (A/C, No): 914-7	4-738-4303	
Pelham, NY 10803-1204		E-MAIL ADDRESS: JEsposito@efk.com	, , , ,		
James Duffy		INSURER(S) AFFORDING COVER	AGE	NAIC #	
		INSURER A: Travelers Cas Ins Co of Amer		19046	
INSURED LearningMate Solutions, Inc.		INSURER B: Travelers Indemnity Company		25658	
880 Third Avenue 18th Floor New York, NY 10022		INSURER C : Lloyd's of London			
		INSURER D:			
		INSURER E:			
		INSURER F:			

CERTIFICATE NUMBER: 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		(680202M0640		10/15/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,000,000 300,000
							MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	4,000,000
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	4,000,000
	OTHER:							\$	
Α	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000
	ANY AUTO OWNED SCHEDULED		6	680202M0640	10/15/2018	10/15/2019	BODILY INJURY (Per person)	\$	
	AUTOS ONLY AUTOS						BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS ONLY X NON-SWNED				=		PROPERTY DAMAGE (Per accident)	\$	
								\$	
В	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	\$	3,000,000
	EXCESS LIAB CLAIMS-MADE		(CUP530M4421	10/15/2018	10/15/2019	AGGREGATE	\$	3,000,000
	DED X RETENTION\$ 10000						Prod/CoOp	\$	3,000,000
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	ı	UB7J949706	12/25/2017	12/25/2019	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
THE RESERVE OF THE PERSON NAMED IN	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	1,000,000
С	Sexual Abuse		ı	ME0206363918	12/25/2018	12/25/2019	Ech Claim		500,000
	and Misconduct		\$	\$5,000 RETENTION APPLIES			Aggregate		500,000

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

RFP Future Ready School Services ESCNJ 18/19-44

CERT	IFICA	TE HO	DLDE	R

EDUSVCS

Educational Services Commission of New Jersey 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.

AUTHORIZED REPRESENTATIVE

CANCELLATION

AUTHORIZED SIGNATURE

ACCEPTANCE OF RFP And CONTRACT AWARD Future Ready School Services

TO BE COMPLETED BY RESPONDENT

In compliance with the Request for Proposal, 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 Proposal and any written exceptions to the RFP. 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 RFP for contracting services is hereby accepted. As contractor, you are now bound to sell the materials and services listed by the attached RFP based upon the solicitation, including all terms, conditions, specifications, amendments as set forth in the Request for Proposal. 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 deemed 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 three (3) years unless terminated, canceled or extended. By mutual written agreement, the contract may be extended as permitted by law.

terminated, canceled or extended. By mutual written agreement, the contract may be extended as Company Name <u>LearningMate Solutions, Inc.</u> Date1/25/19	permitted by law.
Company Address 880 Third Ave, Floor 18 City New York State NY	Zip Code <u>10022</u>
Contact Person Mark Masterson Title Vice President, Government Solution	ons
Authorized Signature (ink only)	t, Government Solutions
ACCEPTANCE OF RFP AND CONTRACT AWARD BELOW TO BE COMPLETED ONLY	BY ESCNJ

Awarding Agency: Educational Services Commission of New Jersey

Agency Executive: Patrick M. Moran, SBA/BS

Awarded this _____ day of _____ day of _____ Contract Number ESCNJ 18/19-44