11/14/03

Taxpayer Identification# 300-196-660/000

Dear Business Representative

Congratulations! You are now registered with the New Jersey Division of Revenue

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number and you will be able to access information about your account by referencing it.

Additionally, please note that State law (Public Law 2001, c.134) requires all contractors and subcontractors with State agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609) 292-1730.

wish you continued success in your business endeavors.

Sincerely

John E. Tuly, CPA

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE
OR STATE AGENCY AND CASINO SERVICE CONTRACTORS

DEPARTMENT OF TREASURY, DIVISION OF REVENUE PO BOX 252 TRENTON NU 09646-0250

TAXPAYER NAME

SIGNAL ELECTRIC CORPORATION

TAXPAYER IDENTIFICATION#

300-196-660/000

ADDRESS:

27 CANTERBURY RD E. BRUNSWICK NJ 08816

EFFECTIVE DATE

08/04/02

FORM-BRC/08-01

TRADE NAME

SECHIENICE NUMBER.

0926769

ISSUANCE DATE

11/14/03

g Director

able. It must be conspicuously displayed at above address

Certification 40555

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-2021 to 15-AUG-2028

SIGNAL ELECTRIC CORPORATION 3005 HADLEY ROAD, UNIT #1

S. PLAINFIELD

NJ 07080

ELIZABETH MAHER MUOIO

State Treasurer

(REVISED 4/10)

RETURN WITH BID

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 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.

NJ State Approved Cooperative Pricing System #65MCESCCPS

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of 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 <u>Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.</u>

Signature	HT.	
Name	Oleg Perel	
Title	President	

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

Signal	Electric Corpora	tion (Business Entity) has made the following reportable mittee as defined in N.J.S.A. 19:44-
	elve (12) months preceding th		imittee as defined in N.J.S.A. 19:44-
	F	Reportable 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>
NONE			
The Business Entity	/ may attach additional pages	if needed.	
/ 1	Contributions (Please check		
		Paration (Business Entical committee as defined in N.J	tity) made no reportable contributions to .S.A. 19:44-20.26.
Certification			
I certify, that the infe	ormation provided above is in	full compliance with Public law 2	005 – Chapter 271.
Name of Authorized	Agent Oleg Pe	rel	
Signature		Title Presid	lent
Business Entity		ric Corporatio	

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: Signal E	lectric Corporation
Organization Address: 3005 Hadl	ey Road, Unit #1
City, State, ZIP: South Plainfiel	d: NJ 67080
Part I Check the box that represents the type	of husiness augmirations
Tart I Check the box that represents the type	or business organization:
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	Limited Liability Partnership (LLP)
Other (be specific):	
Part II Check the appropriate box	
more of its stock, of any class, or of al interest therein, or of all members in the	addresses of all stockholders in the corporation who own 10 percent or il individual partners in the partnership who own a 10 percent or greater he limited liability company who own a 10 percent or greater interest ETE THE LIST BELOW IN THIS SECTION)
in the partnership owns a 10 percent o	owns 10 percent or more of its stock, of any class, or no individual partner r greater interest therein, or no member in the limited liability company herein, as the case may be. (SKIP TO PART IV)
(Please attach additional sheets if more space i	is needed):
Name of Individual or Business Entity	Home Address (for Individuals) or Business Address
Oleg Perel	9 Artillery Park Road
	Bedminster, NJ 07921

<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 (Print):	Oleg Perel	Title:	Pro	esid	len+
Signature:	The	Date:	2	12	2019

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.

Form W-9

(Rev. November 2017) 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.

	 Name (as shown on your income tax return). Name is required on this lin Signal Electric Corp. 	e; do not leave this line blank.											
	2 Business name/disregarded entity name, if different from above												
	s beenless hand distributed office, hand, hallotte hom above												
s on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate								4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
o b	single-member LLC						Exempt payee code (if any)						
Print or type. Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.							Exemption from FATCA reporting code (if any)					
96	Other (see instructions) ▶							(Applies to accounts maintained outside the U.S.)					
S	5 Address (number, street, and apt. or suite no.) See instructions.		Reques	ter's	s name	and a	ddre	ess (o	ptions	al)			
See	3005 Hadley Road, Unit # 1 6 City, state, and ZIP code												
	South Plainfield, New Jersey 07080												
	7 List account number(s) here (optional)							******		_		-	
Par	- cybaye: identification (4011061 [1114)						-						
Enter	Your TIN in the appropriate boy. The TIN provided must make the	name given on line 1 to avoi	d	Soc	ial sec	urity r	num	ber	-	-			
reside	at alien, sole proprietor, or disregarded entity, social security r	number (SSN). However, for	a	T	T	7		1	Γ	7	1		
entities TIN, la		a number, see How to get a	a	1		-			-				
	if the account is in more than one name, see the instructions for line			r									
Numbe	er To Give the Requester for guidelines on whose number to enter.	1. Also see What Name an	nd L	Emp	oloyeri	identification number							
				3	0 -	. 0	1	9	8	6	6	0	
Part													
Under	penalties of perjury. I certify that:												
Serv no lo	number shown on this form is my correct taxpayer identification nu not subject to backup withholding because: (a)! am exempt from b ice (IRS) that! am subject to backup withholding as a result of a failinger subject to backup withholding; and	mber (or I am waiting for a r backup withholding, or (b) I lure to report all interest or	number have no dividend	to l	be issuen no or (c) t	ed to	by S ha	e); ar the li	nd ntern otified	al Re I me	ever tha	ue t I 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 exer	mpt from FATCA reporting i	s correc	ct.									
you hav	ation instructions. You must cross out item 2 above if you have been e failed to report all interest and dividends on your tax return. For real of ion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification.	notified by the IRS that you a estate transactions, item 2 do	are curre	ently app	iy. For	morto	age	inte	rest r	aid.			
Here	Signature of U.S. person ▶	Dat	a Þ	-	02	17-	7	2	01	8			
Gen	eral Instructions		-		<u> </u>	14	-			10		-	
Section noted.	references are to the internal Revenue Code unless otherwise	Form 1099-DIV (dividends)											
-uture elated	Future developments. For the latest information about developments elated to Form W-9 and its instructions, such as legislation protect. • Form 1099-B (stock or mutual fund sales and cortain others)						ess						
ii toi tite	y were published, go to www.irs.gov/FormW9.	 Form 1099-S (proceed 	i) ds from	rea	al estat	e trar	sac	tion	s)				
		 Form 1099-K (mercha 	nt card	and	d third	party	net	wor	k tran	sact	ions	s)	
dentific	idual or entity (Form W-9 requester) who is required to file an ion return with the IRS must obtain your correct taxpayer and in number (TIN) which may be your social security number in the last of the security number in the last of t	 Form 1098 (home moint 1098-T (tuition) Form 1099-C (canceled) 			rest). 1	098-	E (St	ude	nt loa	in int	eres	st),	
2019/11	dividual taxpaver identification number (ITIN) edaction	• Form 1099-A (acquisiti	ion or a	can	donmi	ent of	sec	urer	nron	article			
mount	ridentification number (ATIN), or employer identification number 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 alien), to provide your co	you are	al	J.S. pe	erson	(inc	ludir	ng a r	eside	enţ		
Form 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.						pht							

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:	
subsidiaries, or attiliates is listed on the N.J. Departmen	ne person/entity listed above nor any of the entity's parents, to fithe Treasury's list of entities determined to be engaged in prohibited activities in Iran the person listed above, or I am an officer or representative of the entity listed above and amisign and complete the Certification
on the Department's Chapter 23 list. I will provide a det	ntity and/or one or more of its parents, subsidiaries, or affiliates is listed ailed, accurate and precise description of the activities in Part 2 below and sign and in the proposal being rendered as non-responsive and appropriate penalties, fines and/or
Part 2	
and investment activities in right outlified above by completing the boxes by	ities of the hidding person/entity or one of its parents subsidiaries or offiliates and arias is
Name:	Relationship to
Description of Activities:	Bidder/Vendor:
Duration of Engagement:	Anticipated Cessation Date
Bidder/Vendor	
Contact Name:	
Certification: I, being duly sworn upon my oath, hereby represent a knowledge are true and complete. I attest that I am authorized to execute the Educational Services Commission of New Jersey is relying on the information date of this certification through the completion of contracts with the Education of New Jersey in writing of any changes to the answers of information and increase of the sertification, and if I do make a false statement or misrepresentation in this certification, and if I do	and state that the foregoing information and any attachments thereto to the best of my his certification on behalf of the below-referenced person or entity. I acknowledge that the ion contained herein and thereby acknowledge that I am under a continuing obligation from ucational Services Commission of New Jersey to notify the Educational Services ormation contained herein. I acknowledge that I am aware that it is a criminal offense to so, I recognize that I am subject to criminal prosecution under the law and that it will also
Full Name (Print): Oleg Pere Signatur	
	C.
Title: <u>President</u>	21-21-210
Title: <u>President</u>	

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 Ó1 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 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 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 of the Agreement or otherwise at law.

Signature
Name Oleg Perel
Title President
Company Name: Signal Electric Corporation
Date: 2/12/2019



CERTIFICATE OF LIABILITY INSURANCE

3/13/2019

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).

001/504.050	OFFICIOATE NUMBER 440400040	DEVICION NUM	4DED				
		INSURER F:					
South Plainfield NJ 07080		INSURER E :					
Unit 1		INSURER D:					
Signal Electric Corp. 3005 Hadley Road		INSURER C: Ohio Casualty Ins Co.	24074				
INSURED	SIGNA-3	INSURER B: Guard Insurance Group	31470				
		INSURER A: Everest Indemnity Ins Co.	10851				
		INSURER(S) AFFORDING COVERAGE	NAIC#				
Florham Park NJ 07932		E-MAIL ADDRESS: VictoriaD@DaleGroup.com					
Dale Group PO Box 6		PHONE (A/C, No, Ext): 973-377-7000	FAX (A/C, No): 973-377-4614				
PRODUCER		CONTACT NAME: Victoria DeGrazio					
		CONTACT					

COVERAGES CERTIFICATE NUMBER: 1101383242 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		ADDL SUBR		POLICY EFF	POLICY EXP		
LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
Α	X COMMERCIAL GENERAL LIABILITY		BNDR2018	10/19/2018	10/19/2019	EACH OCCURRENCE DAMAGE TO RENTED	\$ 1,000,000
	CLAIMS-MADE X OCCUR					PREMISES (Ea occurrence)	\$ 50,000
	X Contractual Liab					MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$2,000,000
	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
С	AUTOMOBILE LIABILITY		BAO1958800492	8/31/2018	8/31/2019	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	X UMBRELLA LIAB X OCCUR		BNDR2018	10/19/2018	10/19/2019	EACH OCCURRENCE	\$4,000,000
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$4,000,000
	DED X RETENTION \$ 10,000						\$
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		SIWC981332	8/31/2018	8/31/2019	PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Bid #ESCNJ 18/19-52 Wireless Duress Monitoring Systems and Services

CERTIFICATE HOLDER	CANCELLATION

Educational Services Commission of New Jersey 1660 Stelton Road 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

AUTHORIZED REPR

ACCEPTANCE OF BID And CONTRACT AWARD Wireless Duress Monitoring Services

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 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 twelve or twenty-four months unless terminated, canceled or extended. By mutual written agreement, the contract may be extended as permitted by law.

Company Name Signal Electric Corporo	Date 02/12/2019
Company Address 3005 Hadley Rd, Unit #1	
Contact Person Oleg Pered	Title President
Authorized Signature (ink only)	Title President

ACCEPTANCE OF BID AND CONTRACT AWARD BELOW TO BE COMPLETED ONLY BY ESCNJ

Awarding Agen	cy: <u>Education</u>	<u>fal Services Commiss</u>	ion of Nev	<u>v Jersey</u>
Agency Execut	ive:	tulatana	ra	
	Pat	rick M. Moran, SBA/B	S	
Awarded this	2200	day of MARCH	2019	Contract Number ESCN I 18

Wireless Duress Monitoring Systems Bid PRE-QUALIFICATION AFFIDAVIT

Bid No. **ESCNJ 18/19-52**

The below affidavit must be submitted with your bid for project		
in the County of Middle Sex	of the City of _	South Plainfield
in the County of Middle Sex	and the State of	f_New Jersey
of full age, being duly sworn according to law on my o	oath depose and say	y that:
No Material Adverse Change in Qualification—N.J.S.A. 18	BA:18A-32	
the above named project and the answers to the follow no material adverse change in the qualification inform required (N.J.S.A. 18A:18A-32 et seq.) as amended, ex	ing statements are ation subsequent to	the latest statement submitted as
Notice of Classification Signal Electrical New Jersey under Chapter 105, Laws of 1962, as amen 01/05/2018 (Date)		
Type of Contract/Trade Classified: C047-Elec- C120-Ins Classification Approved Amount \$ 5,000,	trical side Plant	Cable
Classification Approved Amount \$ 5,000	000,00	
A copy of my valid and active prequalification/cla Division of Property Management and Construction is	assification certific	
Total Amount of Uncompleted Contracts		
The total amount of uncompleted work on contracts is	\$ 200,000.	00
A copy of the company's Total Amount of Uncomplete		is required to be submitted with the bid.
Signature of Authorized Representative		Date
Sworn and subscribed to before me this	_ day of Februar	in the Year 2019
Notary Public of New Yersey Signature of Notary	Print N	ame of Notary
My Commission Expires: Notember	_ 5,	2019
KYM LABRADA otary Public AState of New Jersey My Commission Expires November 05, 2019 Month	Day	Year

This affidavit does <u>not</u> take the place of the "Notice of Classification" or the "Total Amount of Uncompleted Contracts" issued by the State of New Jersey, both of which must be submitted with the bid package of each bidder.



State of New Jersey

DEPARTMENT OF THE TREASURY DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION 33 W. STATE STREET **PO BOX 034** TRENTON, NEW JERSEY 08625-0034

REPLY TO: TEL: (609) 943-3400

FAX: (609) 292-7651

TOTAL AMOUNT OF **UNCOMPLETED CONTRACTS**

(This form is to be used with the NOTICE OF	CLASSIFICATION when submitting bids to the Department of Education.)
---	--

The amount claimed includes uncompleted portions of all currently held contracts from all sources (public and private) in accordance with N.J.A.C. 17:19-2.13.

I further certify that the amount of this bid proposal, including all outstanding incomplete contracts does not exceed my prequalification dollar limit.

Affix corporate seal here

Sworn to and subscribed before me This 12th day of February 20 19

Notary Public

KYM LABRADA Notary Public, State of New Jerse My Commission Expires November 05, 2019

DPMC 701 (3/15)

Respectfully submitted,

President

3005 Hadley Road
Business Address

Unit #1

South Plainfield, NJ 07080

To be completed and signed below.

Return with bid.

Prevailing Wages Certification

Bid No. ESCNJ 18/19-52

Bid Date: February 6, 2019

It is the determination of the ESCNJ that this is a public works project that in total will exceed \$2,000.00 (two thousand dollars), therefore prevailing wages rules and regulations apply as promulgated by the New Jersey Prevailing Wage Act and in conformance with N.J.S.A. 34:11-56:25.

CERTIFICATION

- 1. I certify that our company understands that this project of the ESCNJ requires prevailing wages to be paid in full accordance with the law.
- 2. I further certify that all subcontractors named in this bid understand that this project requires the subcontractor to pay prevailing wages in full accordance with the law.

NOTIFICATION OF VIOLATIONS - New Jersey Department of Labor

Has the bidder or any person having an "interest" with the bidder, been notified by the New Jersey Department of Labor by notice issued pursuant to N.J.S.A. 34:11-56:37 that he/she has been in violation for failure to pay prevailing wages as required by the New Jersey Prevailing Wage Act within the last five (5) years?

No _____

Please include any pending administrative proceedings with the NJDOL, if any. Name of Company Signal Electric Carparation Authorized Agent Oleg Perel, President Authorized Signature	If yes, please attach a signed document explaining any/or all administrative proceedings with the NJDOL within the la ive (5) years.
Authorized Agent Oleg Perel, President	Please include any pending administrative proceedings with the NJDOL, if any.
	Authorized Agent Oleg Perel, President

631256



07/20/2018 07/19/2020

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:

Signal Electric Corp

Responsible Representative(s):

Oleg Perel, Owner

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

State of New Jersey



DEPARTMENT OF THE TREASURY DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION 33 WEST STATE STREET - P.O. BOX 034 TRENTON, NEW JERSEY 08625-0034



NOTICE OF CLASSIFICATION

In accordance with N.J.S.A. 18A:18A-27 et seq (Department of Education) and N.J.S.A. 52:35-1 (Department of the Treasury) and any rules and regulations issued pursuant hereto, you are hereby notified of your classification to do State work for the Department (s) as previously noted.

Aggregate Amount	Trade(s) & License(s)	Effective Date	Expiration Date
\$5.000.000	C047 -ELECTRICAL license #: 34EB01433600	01/05/2018	01/04/2020
	C120 -INSIDE PLANT CABLE license #: 34EB01433600	01/05/2018	

- Licenses associated with certain trades are on file with the Division of Property Management & Construction (DPMC).
- Current license information must be verified prior to bid award.
- A copy of the DPMC 701 Form (Total Amount of Uncompleted Projects) may be accessed from the DPMC website at http://www.state.nj.us/treasury/dpmc/Assets/Files/dpmc-27-03-07.pdf.

ANY ATTEMPT BY A CONTRACTOR TO ALTER OR MISREPRESENT ANY INFORMATION CONTAINED IN THIS FORM MAY RESULT IN PROSECUTION AND/OR DEBARMENT, SUSPENSION OR DISQUALIFICATION. INFORMATION ON AGGREGATE AMOUNTS CAN BE VERIFIED ON THE <a href="https://doi.org/doi.o

February 21, 2018

Oleg Perel, President Signal Electric Corporation 27 Canterbury Road East Brunswick, NJ 08816

Re: Contractor Prequalification Notice Federal Tax ID: 30-0196660

Dear Mr. Perel:

The New Jersey Schools Development Authority (NJSDA) has completed its review of your firm's Application for Pregualification including the required DPMC classification.

We are pleased to inform you that **Signal Electric Corporation** has been approved with NJSDA Prequalification status in the trade(s) and corresponding aggregate limit(s) as listed below:

Trade(s)	Aggregate Rating
ELECTRICAL	CENAULION
INSIDE PLANT CABLE	\$5 MILLION

Your firm is prequalified by the NJSDA until January 4, 2020. Please keep in mind that during this period, the NJSDA must be notified in writing within ten days of any substantial changes that occur within your organization. This would include any changes your firm makes with DPMC as well as changes in ownership, financial condition, key people, safety records, disciplines, etc. Also note that your firm's status as a "prequalified firm" is always subject to review, and we reserve the right to change or revoke this prequalification status for cause at any time.

We look forward to your firm's participation in the Schools Construction Program. Should you have any questions regarding your status, or require assistance of any kind, please contact the Prequalification Unit at 609-943-5955.

Sincerely,

Karon L. Simmonds

Director,

Risk Management and Vendor Services

cc: Prequalification File