

Exhibit “A”

TOWNSHIP OF WEST ORANGE
66 MAIN STREET, WEST ORANGE, NJ 07052

REQUEST FOR QUALIFICATIONS FOR PROPOSALS
FOR

PROFESSIONAL SERVICES
*
INSURANCE BROKER SERVICES

TO BE RECEIVED ON



September 8, 2021 AT 10:00 A.M.

Township of West Orange Request for Qualifications for proposals Notice is hereby given that the Township of West Orange will receive Proposals on Wednesday September 8, 2021 at 10:00 A.M. in Township of West Orange , 66 Main Street, West Orange, NJ for the following professional services:

- INSURANCE BROKER SERVICES

Proposals are being solicited through a Fair and Open process in accordance with N.J.S.A. 19:44A-20.5 et seq, and the Municipal Code of the Township of West Orange Requests for Qualifications (RFQ) may be obtained at the Township of West Orange 66 Main Street, West Orange, NJ 07052, between the hours of 8:30 A.M. and 4:30 P.M. Monday through Friday or www.westorange.org the Township of West Orange 's website. Proposal submissions may be mailed upon request by calling the Purchasing Agent's office (973-325-4056). All questions regarding the RFQ must be made in writing and directed to the Acting Purchasing Agent. Questions may be faxed to (973) 736-8380 or by emailing preynolds@westorange.org. Submissions must be made in the form required by the specifications and one (1) original and one (1) electronic format (flash drive) copy must be delivered to reach the Acting Purchasing Agent prior to the time for the receipt of Proposal(s). All information requested in the Request for Proposals must be provided or the submission may be disqualified. Submissions must be sealed and plainly marked on the outside of the sealed envelope to the services for which the Proposal is submitted. **Any Addendum/addenda will be issued on the Township web-site at www.westorange.org. Therefore, all interested respondents should check the web-site from now through bid opening. It is the sole responsibility of the respondent to be knowledgeable of all addenda related to this procurement. Township of West Orange reserves the right to reject any and all submissions, to waive any informality in the RFQ process, and to accept any submissions which, in their judgment, are most advantageous, price and other factors considered, and will best serve the interest of the Township of West Orange. Please submit sealed request for qualifications by mail or hand delivery no later than 10:00 AM on Tuesday September 8, 2021. Envelopes should be clearly marked with title, name and address of party submitting, addressed to the Township of West Orange, Paula Reynolds, Acting Purchasing Agent at the address mentioned above. Submitters are required to comply with the requirements of N.J.S.A. 10:5-31 et seq., N.J.A.C. 17:27, and the "Pay to Play" ordinance of the Township of West Orange. Additional Pay to Play Requirements Contractors are advised of the responsibility to file an annual disclosure statement on political contributions with the New Jersey Election Enforcement Commission, pursuant to N.J.S.A. 19:44-20.13 (P.L. 2005, c, 271, s.3), if the contractor receives contracts in excess of \$50,000 in the aggregate from public entities during the calendar year. It is the contractor's responsibility to determine if filing is necessary. Additional information on this requirement is available from ELEC at 888-313-3532 or at www.elec.state.nj.us . Submissions by Corporations, Partnerships and sole proprietors must include a completed Disclosure of Ownership (N.J.S.A. 52:25-24.2), a valid NJ Business Registration Certificate P.L. 2004, c57, and must comply with the Equal Employment Opportunity requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27.

Paula Reynolds
Acting Purchasing Agent
Township of West Orange
County of Essex

- **INSURANCE BROKER SERVICES**

Including, but not limited to:

Customer Service Personnel Support - Provide at a minimum one dedicated account manager, and one backup account manager, who will be available Monday through Friday during normal business hours. The account manager will be responsible for all inquiries and issues, including claim appeals and benefit discrepancies. Account managers and support staff must have direct contacts with the insurance carriers, to “cut through the red tape” and have issues resolved in a timely manner. Additionally, document (i) all employee inquiries and issues that are brought to the brokers attention; and (ii) all responses to and the results of all inquiries and issues. All documentation shall be kept in an employee file in a secure HIPAA compliant system for future reference.

Client Service Support - Account management team to provide the high level of support to the Township’s administrative officials and employees by assisting with the administration of union negotiation/communications regarding any and all health insurance benefits, all aspects of benefits program administration, billing support or onsite employee inquiries and/or meetings, online access to all New Jersey Insurance carriers to complete all additions, terminations, status and other changes when necessary. All documentation to be stored in a secure data management system.

Employer Education / Notification - Provide notifications of all pertinent employee benefit legislative changes, including changes to the New Jersey State Health Benefits Program, COBRA, and ERISA, if applicable and assist the Township with Chapter 375 (Dependent to Age 31) and RDS (Medicare Part D) administration and legislative changes. Further, provide the administration and employees with notification of any insurance carrier policy, procedure changes and any relevant legislative or employee benefit related seminars.

Insurance Trends - Monitor and report to our clients all federal and state legislative changes and potential changes that may affect public employers.

Annual Benefit Renewals - Administer an effective business plan for annual benefit renewals to provide renewal proposals 60 to 90 days in advance of the renewal date, analyze claims experience, plan structure, rate increases, and all other pertinent information to effectively market the program to the appropriate competing carriers in order to provide the best network, plan administration, and premium rate. Provide alternate options, including proposals from the self-insured marketplace and carriers that provide alternate benefit plan designs, all reviewed with the administration, and any parties that the administration deems necessary, in a timely manner. Obtain and analyze information from carriers regarding group loss history, determine group trend, evaluate potential remedial measures and factoring together national and marketplace trend with the Township’s loss history to project potential renewal increases.

Innovative and Cost Effective Plan Designs - Develop innovative and cost effective plan designs that are realistic options for public employers that decreases the financial impact to both the employees and the client, allowing both realize savings.

Physician / Provider Network Analysis - In the event that a change in carrier is warranted, obtain network GEO Access and Disruption Reports for all providers used by the Township's members during the most recent 12 month time period.

Negotiation of Rates - Negotiate the best possible rates, cash flow incentives, and plan alternatives at both the initial enrollment and annual renewal periods.

New Plan Transitions - During the implementation of a new plan, whether medical, prescription or dental, work with the client to educate the workforce so that employees can make the best decision for themselves and their dependents.

Employee Education / Notification. coordinate with the administration to provide employee education materials that pertain to benefit, legislative, or carrier changes. Any pertinent notifications will be communicated concisely and effectively. Also supply all pertinent materials for new employee orientations, kits to distribute, conduct enrollment meetings for new employees, providing all appropriate documents including, but not limited to, plan documents and summary plan benefit descriptions. Any time there is a change of benefit, obtain and review the amendment to get added to the plan documents before they are disbursed. The summary plan descriptions will be distributed at the time of enrollment and per request thereafter.

Access to Online Employee Benefits Website/HR Tools – Provide online Human Resource and Benefits Library for Employees benefit. Each employee and dependent is to be granted access to a comprehensive online benefits portal. Members must have access to plan summaries and documents, enrollment forms, health and wellness resources, and other documents requested by the client.

Onsite Wellness Program – Provide a customized program to meet the needs of the employer, crafted to achieve the highest levels of employee engagement, identifying health risk factors and improving status and outcomes with creative onsite delivery by a seasoned professional team.

Health Fairs and Open Enrollment Meetings - Administer health fairs for the Township upon request, offering blood pressure readings, massage therapy, healthy food and lifestyle updates, and other health and wellness techniques.

COBRA Administration. Provide all COBRA administration and be available to assist with all member inquiries and to timely resolve any problems.

Proposals will be reviewed and award of the contract will be based upon the following criteria:

- Experience and reputation of the firm in providing Insurance Broker Services. (20) POINTS
- Qualifications of the individuals who will perform the required services, and their respective participation. (10) POINTS
- Experience of the individuals as it relates to the particular expertise required to perform the contract. (10) POINTS
- Ability of the firm to perform the services on a timely basis, including staffing and asset allocation, and familiarity with the subject matter. (10) POINTS
- Experience with or specific knowledge of entities the same population as the Township of West Orange as it pertains to this proposal. (15) POINTS
- References from other municipal clients (10) POINTS
- Ability to provide and administer a Township – Wide wellness program (10) POINTS
- Cost proposal to provide all services needed (15) POINTS

Qualification Statement

Request for Proposals for Insurance Broker Services The Township of West Orange is requesting Proposals for Insurance Broker Services for the calendar year January 1, 2021 ending December 31, 2021, in accordance with New Jersey Department of Banking Insurance statutory requirements. The Township of West Orange currently self insured Medical / Prescriptions/ dental/ vision benefits for approximately 300 active employees and retirees. Proposals submission must include all of the following:

1. Name of individual approved by the Department of Banking and Insurance.
2. Name, address, phone and fax number of firm (if multiple office sites, list all, and indicate corporate office).
3. Biography or history of the firm.
4. List of principals and/or partners of the firm must have 10 years experience in the field of New Jersey Insurance.
5. List of personnel that would be assigned to West Orange, including a summary of their educations, licenses, qualifications, expertise and experience as it relates to the services the Township requires.
6. List of References from at least three municipalities for which firm has provided similar services, including name, address, phone and contact information.
7. Provide prior experience, if any, the firm may have in providing services to the Township of West Orange, and in what capacity.
8. List of municipalities currently under contract with the firm
9. Copy of current Certificate of Insurance for Professional Liability Coverage.
10. Cost proposal for all services needed – See Below

Fees will be derived from the insurance carriers who directly compensate named brokers of record and/or Risk Manager designations based on % of Premium, a Per Member Per Month (PMPM) charge or as defined by the respondent.

Benecard Prescription

% of Premium
_____ %

or

PMPM

or

Other

Delta Dental

% of Premium

_____ %

or

PMPM

or

Other

Self-Insured Medical

% of Premium
_____ %

or

PMPM

or

Other

Medicare Advantage

% of Premium
_____ %

or

PMPM

or

Other

Municipal Joint Insurance Fund

% of Premium

or

PMPM

or

Other

_____ % _____ _____

Self-Insured Medical Onsite Wellness Program (If Any Charge)

% of Premium or PMPM or Other
_____ % _____ _____

All COBRA Administration (If Any Charge)

% of Premium or PMPM or Other
_____ % _____ _____

(REVISED 4/10)

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.

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

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

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

REQUIRED EVIDENCE
AFFIRMATIVE ACTION REGULATIONS N.J.S.A. 10:5-31, et seq. (N.J.A.C. 17:27)

If awarded a contract, the Bidder will be required to comply with the requirements of N.J.S.A. 10:531, et seq., and N.J.A.C. 17:27 within five (5) days after receipt of the notification of intent to award the contract, the Bidder shall present one of the following:

1. Appropriate evidence that the Contractor is operating under an existing federally approved or sanctioned affirmative action program; or
2. A Certificate of Employee Information Report Approval issued in accordance with N.J.A.C. 17:27-4; or
3. An initial Employee Information Report consisting of forms provided by the Affirmative Action Office and completed by Contractor in accordance with N.J.A.C. 17:27-4.

The Bidder must submit no later than three (3) days after the signing of the Contract an Initial Project Manning Table consisting of forms provided by the Affirmative Action Office and completed by Contractor in accordance with N.J.A.C. 17:27-7.

Bidders are referred to the Bidder's Information Section of the Bid Packet for a further description of the above requirements.

NO BIDDER MAY BE ISSUED A CONTRACT UNLESS THEY COMPLY WITH THE AFFIRMATIVE ACTION REGULATIONS OF N.J.S.A. 10:5-31, et seq.

The following questions must be answered by all Bidders:

1. Do you have a federally-approved or sanctioned Affirmative Action Program?

Yes _____ (If yes, submit a copy of such approval.) No _____.

2. Do you have a State Certificate of Employee Information Report approval?

Yes _____ (If yes, submit a copy of such approval.) No _____.

The undersigned Bidder certifies that he is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31, et seq., and agrees to furnish the required documentation pursuant to the law.

COMPANY: _____ NAME: _____

SIGNATURE: _____ TITLE: _____

NOTE: A **bid must be rejected as non-responsive if a Bidder fails to comply with requirements of N.J.S.A. 10:5-31, et seq.**, within the time frame stipulated.

AFFIDAVIT OF NON-COLLUSION

The undersigned bidder of full age, being duly sworn according to law depose and hereby specifically certifies that:

- A. To the best of the bidder's knowledge and belief, the annexed bid proposal for this project has not been prepared in collusion with any other bidder of like item or services and the prices, discounts, terms and conditions thereof have not been directly or indirectly communicated by or on behalf of the bidder to any person other than *the* recipient of the bid and will not be communicated *to any* person prior to the official opening of the bid.
- B. The bidder fully understands that no premiums, rebates, or gratuities are permitted either with, prior to, or after signing of contract. Any violation will result in cancellation and removal from the bid list.
- C. The bidder further certifies that the undersigned has the necessary authority, to sign this stipulation stating that the bidder has not entered into any agreement, or otherwise taken any action in restraint of free competitive bidding in connection with this bid.

All references to the bidder are understood to include the undersigned and all principals, partners and officers of the bidder.

(Signature) _____

Subscribed and sworn to

Before me this day _____ of 20 _____

AFFIANT _____

NOTARY PUBLIC OF

MY COMMISSION EXPIRES: 20 _____

INSURANCE REQUIREMENTS AND ACKNOWLEDGEMENT FORM

Certificate(s) of Insurance shall be filed with the Municipal Clerk's Office upon award of contract by the Mayor and Township Council.

The minimum amount of insurance to be carried by the Professional Service Entity shall be as follows:

PROFESSIONAL LIABILITY INSURANCE

Limits shall be a minimum of \$1,000,000.00 for each claim and \$1,000,000.00 aggregate each policy period.

Acknowledgement of Insurance Requirement:

(Signature)

(Date)

(Printed Name and Title)

This form must be completed, signed and returned with RFQ.

STOCKHOLDER DISCLOSURE CERTIFICATION

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned. _____

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned. _____

PLEASE CHECK TYPE OF BUSINESS ORGANIZATION:

Partnership _____ Limited Partnership _____ Limited Liability Corp _____
Corporation _____ Sole Proprietorship _____ Limited Liability Partnership _____
Subchapter S Corp _____

PLEASE CHECK APPROPRIATE BOXES AND SIGN BELOW

Name: _____

Home Address: _____

Stockholders

Name: _____

Home Address: _____

Name _____

Home Address: _____

Owner or Representative Signature

Print Name & Title

NOTARY PUBLIC

Sworn before me this _____ day of _____, 20____.

NON-CONFLICT OF INTEREST CERTIFICATION

REQUEST FOR QUALIFICATIONS FOR PROPOSALS

FOR

(Title of RFQ)

The undersigned certifies to the Township of West Orange, County of Essex, State of New Jersey that in performing services to the Township he/she is aware of no circumstance that would constitute a conflict of interest, financial or otherwise, between him/her (or his/her firm) and the interests of the Township.

The undersigned certifies that he/she has made a search of his/her firm's client base and has executed this certification subsequent to such search.

The undersigned acknowledges this a continuing certification, and shall remain in effect for the term of the services contained in the solicited request for qualifications. I certify that the foregoing statements made by me are true and accurate to my personal knowledge; I am making this certification in good faith. I am aware that if any of the foregoing statements made by me are false, the Board is free to terminate any professional service agreement entered into with the undersigned and/or his or her firm.

Certifying Official:

PRINT NAME: _____

SIGNED BY: _____

TITLE: _____

Political Contribution Disclosure Statement Pursuant to Chapter 2, Section 68 of the Revised General Ordinances of the Township of West Orange

Pursuant to Section 2-68.1 of the Revised General Ordinances of the Township of West Orange, please set forth below all political contributions in cash or in kind of two hundred (\$200.00) dollars or more made within five (5) years of the date of acceptance of a proposal for a negotiated contract with the Township of West Orange, or within five (5) years of the notice of award for a bid contract with the Township of West Orange, either directly or indirectly, by the individuals or any of the principals of the business entity completing this form or by the business entity itself, to any elected official of the Township of West Orange currently in office or any political organization affiliated with an elected official of the Township currently in office.

The current elected officials of the Township include the following: Mayor Robert D. Parisi; Councilwoman Susan McCartney; Councilwoman Cindy Matute Brown; Council Woman Tammy Williams; Councilman Bill Rutherford; and Councilwoman Michelle Casalino.

Name of Contributor	Amount	Recipient of Contribution Date	Contribution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have NOT made any contributions within the scope of Section 2-68.1, as set forth above, please indicate here _____.

I hereby certify under penalty of perjury that the information provided herein is true and accurate to the best of my knowledge, information and belief.

Signature _____
Print Name: _____
Company: _____

ACKNOWLEDGEMENT OF CORRECTIONS, ADDITIONS AND DELETIONS FORM

I, _____ of the firm
_____ hereby acknowledge that any
corrections, additions and/or, deletions have been initialed and
dated in this Submission Package.

(Signature)

(Date)

TOWNSHIP OF WEST ORANGE
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Proposer: _____

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 the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the New Jersey Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this 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, declaring the party in default and seeking debarment or suspension of the person or entity.

I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed above for which I am authorized to submit a proposal: Must check appropriate boxes

- ☐ Is not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran, and
- ☐ Is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days, or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the New Jersey Turnpike Authority under penalty of perjury. 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.

Part 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the proposer, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

Name: _____ Relationship to Proposer: _____	
Description of Activities: _____	
Duration of Engagement: _____ Anticipated Cessation Date: _____	
Proposer 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 above referenced person or entity. I acknowledge that the Township of West Orange, State 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 any contracts with the Township to notify the Township 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 agreement(s) with the Township of West Orange, State of New Jersey and that the Township at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): _____ Signature: _____
Title: _____ Date: _____

TOWNSHIP OF WEST ORANGE

CHECKLIST

PROFESSIONAL SERVICE TITLE: _____

SUBMISSION DATE:

The following items are required to be **included** with the sealed submission:

INITIAL

Qualification Statement _____

Non-Collusion Affidavit _____

Disclosure of Ownership Form _____

Insurance Requirement Acknowledgement Form _____

Mandatory Equal Employment Opportunity Notice Acknowledgement _____

Copy of your Business Registration Certificate as issued by the State of New Jersey, Department of Treasury, Division of Revenue _____

Acknowledgement of Corrections, Additions or Deletions Form _____

Non- Conflict of Interest Declaration _____

Political Disclosure Certification _____

Iranian Disclosure Statement _____

Exhibit “B”



**FAIRVIEW
INSURANCE AGENCY
ASSOCIATES**



September 8, 2021

Attn: Paula Reynolds, Acting Purchasing Agent
Township of West Orange
66 Main Street
West Orange, NJ 07052

**Re: Request for Qualifications for Proposals for Professional Services: Insurance
Broker Services**

Dear Ms. Reynolds:

Thank you for the opportunity to bid on the above referenced **RFQ**. One (1) original and one (1) electronic copy of this proposal on a flash drive are enclosed for your review and consideration.

Our firm's Qualification Statement is located under the tab marked "Proposal." Additional submission requirements can be found under the subsequent tabs as follows:

- Required Documents
 - Checklist
 - Non-Collusion Affidavit
 - Disclosure of Ownership Form
 - Insurance Requirement Acknowledgement Form
 - Mandatory Equal Employment Opportunity Notice Acknowledgement
 - Certificate of Employee Information Report
 - New Jersey Business Registration Certificate
 - Acknowledgement of Corrections, Additions or Deletions Form
 - Non-Conflict of Interest Declaration
 - Political Disclosure Certification
 - Iranian Disclosure Statement
 - W-9 Form
- Licenses and Resumes
- References
- Service Information

If you have any questions regarding this proposal, please do not hesitate to contact me. I can be reached at 973-857-0870, extension 1132.

Sincerely,

Michael Graham
Chief Operating Officer



25 Fairview Avenue • Verona, New Jersey 07044
Tel: 973.857.0870 • Toll Free: 800.372.2558 • Fax: 973.857.9131
1930 E. Marlton Pike, Suite C-16 • Cherry Hill, New Jersey 08003
Tel: 856.424.8515 • Toll Free: 800.452.5376 • Fax: 856.424.7933

www.fairviewinsurance.com



Township of West Orange
Request for Qualifications for Professional Services
Insurance Broker Services

QUALIFICATION STATEMENT

1. Name of individual approved by the Department of Banking and Insurance.

Ryan Graham; Mike Atkinson; Tina Marta. Please see the “Licenses and Resumes” section of this proposal for credentials.

2. Name, address, phone and fax number of firm (if multiple office sites, list all, and indicate corporate office).

Foundation Risk Partners, Corp. dba Fairview Insurance Agency Associates

Main Office	Branch Office	Corporate Office
25 Fairview Avenue	1930 East Marlton Pike	1540 Cornerstone Blvd.
Verona, NJ 07044	Suite C16	Suite 230
	Cherry Hill, NJ 08003	Daytona Beach, FL 32117
(p) 973-857-0870	(p) 856-424-8515	(p) 386-999-0001
(f) 973-856-9645	(f) 856-424-7933	

www.fairviewinsurance.com

Contact: Ryan Graham

rgraham@fairviewinsurance.com

3. Biography or history of the firm.

Foundation Risk Partners, Corp. dba Fairview Insurance Agency Associates (“Fairview Insurance”) is a full-service independent insurance agency based in Verona and Cherry Hill, New Jersey. Working on behalf of individuals, companies and public entities, we provide customized insurance plans, employee benefits, risk management and insurance consulting services. Our longevity and depth of experience has fostered a solid reputation for friendly, personal service that forms the core of our success.

Founded and operated by John F. Graham, Fairview Insurance is a third-generation insurance business that has grown to a national brokerage firm since its establishment in 1970. We take pride in providing the services of a national-caliber company with the personality of a family-operated “Main Street” business. Even today, many Graham family members continue to work at Fairview Insurance. This approach has driven our climb as one of the Mid-Atlantic region’s premier insurance agencies, with annual premiums totaling more than \$250 million.

Township of West Orange
Request for Qualifications for Professional Services
Insurance Broker Services

In June 2020, Fairview Insurance joined Foundation Risk Partners a national brokerage and consultancy representing the full spectrum of insurance through its growing family of agencies.

Fairview Insurance's specializes in health benefits and we take pride in our extensive knowledge of the healthcare marketplace. Our experience dates back more than thirty-five years, when Fairview transitioned the City of Hoboken from the New Jersey State Health Benefits Program ("NJ SHBP") to the private marketplace in the 1980s. Since then, we have aided dozens of public entities and private businesses with their employee benefits needs, and have saved our clients millions of dollars in insurance premium, while keeping the integrity of their benefits plans intact. Our focus on employee education has significantly contributed to our success, and our firm ensures that employees are part of the decision-making process and are not placed in an adversarial position.

A few of our firm's notable achievements are listed below:

- Saved the City of Passaic Board of Education nearly \$400,000 within two months of being named the Broker of Record. By initiating a competitive bidding process, we negotiated with the current dental carrier and disability carriers, significantly reducing renewal costs. We saved over \$1 million in premium throughout our time as the District's broker.
- Saved the City of Passaic Board of Education \$70,000 by performing an eligibility audit on their prescription drug program. We successfully eliminated duplicate coverage and effectively assisted the Board with a subsequent arbitration hearing that was decided in the Board's favor.
- Saved the Bloomfield Board of Education nearly \$100,000 within three weeks of being named the Broker of Record. We achieved this savings by reviewing the current plans, costs, and usage and then re-negotiated with the incumbent carriers to reduce the already in-force renewal actions. There was no employee disruption and the entity was able to realize immediate savings.

While producing substantial savings is a key attribute of our firm, we also pride ourselves on our exceptional client care and support. Our goal is to make all transitions and transactions as seamless as possible to our clients and their employees. We strive to ease the administrative burden to our clients by taking on much of it ourselves. As such, we instruct all clients and their membership to make us the first point of contact, while many of our competitors are only available for assistance once the carrier has been contacted and are left with a dissatisfying result. With our extensive knowledge and experience, our clients receive personal service from professionals with national capabilities.

Township of West Orange
Request for Qualifications for Professional Services
Insurance Broker Services

Services provided by our firm are listed below; more details can be located in the “Service Information” section of this proposal. Please take note that as the marketplace continually changes, our firm adapts and adds provided services as warranted by the changes.

- Experience Analysis
- Competitive Bid Obtainment
- Marketplace and Regulation Review
- Strategic Cost Containment
- Claims Mediation
- Toll Free Number
- Employee and Employer Education Seminars
- Negotiations
- Benefit Reference Guides
- Review of Benefit Booklets
- Review of Insurance Contracts
- Employee Notifications
- On-Line HR / Benefits Website

4. List of principals and/or partners of the firm must have 10 years experience in the field of New Jersey Insurance.

Foundation Risk Partners, Corp. dba Fairview Insurance Agency Associates:

Foundation Risk Partners, Corp., a Delaware corporation (“FRP”) is a wholly owned (100%) subsidiary of FRP Parent Corp., a Delaware corporation (“Parent”). FRP is governed, in accordance with the Bylaws, by a Board of Directors consisting of one or more directors (elected by Parent). Parent, as the sole shareholder, has no approval rights over the day to day operation of FRP dba Fairview Insurance. The address is 1540 Cornerstone Blvd., Suite 230, Daytona Beach, FL 32117.

Fairview Insurance Agency Associates has been servicing New Jersey clients’ insurance needs since 1970. The principals of Fairview Insurance Agency Associates are:

- John F. X. Graham, Chief Executive Officer
- Lawrence K. Graham, Vice President
- Glenn R. Jacobs, Vice President
- Michael Graham, Chief Operating Officer

Township of West Orange
Request for Qualifications for Professional Services
Insurance Broker Services

5. List of personnel that would be assigned to West Orange, including a summary of their educations, licenses, qualifications, expertise and experience as it relates to the services the Township requires.

The following members of the Employee Benefits Division will be designated to service the Township; all relevant credentials are located in the “Licenses and Resumes” section:

Ryan Graham, Benefits Consultant. Ryan will be responsible for managing and monitoring the overall progress of the Township’s insurance programs. He is available to meet with the governing body, business administrator, and any and all other staff members that the administration deems necessary on an as-needed basis. Additionally, he is available for negotiations, presentations, arbitrations, and benefit program discussions and recommendations.

Mike Atkinson, Account Executive. Mike oversees operations for the Employee Benefits Division, as well as Public Sector/Key Accounts. He is responsible for the RFP process upon renewal (including underwriting and market analysis), implementation of new plans and/or procedures, and overall management and review of the account on a routine basis. Mike is available to meet at the administration’s convenience and as needed.

Tina Marta, Dedicated Account Manager. Tina performs multiple functions for both the administration of the Township, as well as their membership, including but not limited to: bill reconciliations, assisting with plan administration issues, answering employee benefits related inquiries, and providing claims mediation. All employees and dependents can reach Tina at our office Monday through Friday from 8:30am-4:30pm to discuss any benefits or claims issues. Additionally, she is responsible for maintaining the employee benefit website and assisting with employee education notification.

Doris Daye-Smith, Jackie Ortiz, Dedicated Account Managers. Doris and Jackie will provide any necessary support as needed in relationship to account management activities, including bill reconciliations, plan administration issues, benefits inquiries, and claims mediation.

Gillian Holmes, Administrative Assistant/Eligibility Coordinator. Gillian is responsible for maintaining eligibility.

6. List of References from at least three municipalities for which firm has provided similar services, including name, address, phone and contact information.

The following is a selection of our municipal clients, with contact information for reference. Please see the “References” section of this proposal for more details.

Township of West Orange
Request for Qualifications for Professional Services
Insurance Broker Services

Client	Covered Lives	Term	Lines of Coverage	Contact	Contact #
City of Hoboken 94 Washington St., Hoboken, NJ	900+	1982-2001, 2013- Present	Medical; Prescription; Dental; Vision	Jason Freeman, Director of Operations	201-420-2000 x1006
County of Passaic 401 Grand Street, Paterson, NJ	4000+	2018-Present	Medical; Prescription, Dental	Anthony De Nova, County Administrator	973-881-4405
County of Warren County Route 519 S., Belvidere, NJ	1400+	2018-Present	Medical; Prescription	Danielle M. Davis, Personnel Department	908-475-7950

7. Provide prior experience, if any, the firm may have in providing services to the Township of West Orange, and in what capacity.

Fairview Insurance Agency moved the Township out of the NJ SHBP and into a private Horizon BCBS of NJ program in 2010 for over \$500,000 in savings. We were then able to obtain additional savings on the dental and prescription by packaging all lines with Horizon BCBS of NJ.

Since then we have been effective at keeping the renewal increases to a minimum by securing competitive bids and effectively negotiating with carriers. Our 2018 prescription program renewed with 0% increase.

In 2014, we successfully negotiated a savings of over \$1 million in premium by moving out of the current fully insured program and into a self-insured program. In addition to the savings, employees are now provided with enhanced services, such as an EAP, Health Advocate, and Wellness Coaching.

In 2020, Fairview Insurance negotiated membership into Metropolitan Health Insurance Fund at a reduction of medical and prescription premiums by moving over-65 retirees from self-insured programs to MHIF's Medicare Advantage Program, which resulted in \$1.5 million annual savings.

In addition, Fairview Insurance currently provides Property, Liability, and Workers Compensation insurance for the Township.

8. List of municipalities currently under contract with the firm.

Please see the "References" section of this proposal for a current client list, as well as records of success in servicing municipalities across the state of New Jersey, and letters of recommendation from similar clients.

Township of West Orange
Request for Qualifications for Professional Services
Insurance Broker Services

9. Copy of current Certificate of Insurance for Professional Liability Coverage.

Please see the “Required Documents” section of this proposal for all relevant Insurance Coverage information.

10. Cost proposal for all services needed.

Fees will be derived from the insurance carriers who directly compensate named brokers of record and/or Risk Manager designations based on % of Premium, a Per Member Per Month (PMPM) charge or as defined by the respondent.

Benecard Prescription

% of Premium	or PMPM	or Other
NOT TO EXCEED 2.73% Commission	_____	_____

Delta Dental

% of Premium	or PMPM	or Other
3% Graded Commission Schedule – Standard	_____	_____

Self-Insured Medical

% of Premium	or PMPM	or Other
NOT TO EXCEED 1.5% of max plan costs	_____	_____

Medicare Advantage

% of Premium	or PMPM	or Other
6%	_____	_____

Municipal Joint Insurance Fund

% of Premium	or PMPM	or Other
7% Risk Management Fee per guidelines of Garden State Municipal JIF	_____	_____

Township of West Orange
Request for Qualifications for Professional Services
Insurance Broker Services

Self-Insured Medical Onsite Wellness Program (If Any Charge)

% of Premium

or PMPM

or Other

_____ %

**Non-commissionable product/no
additional fee received**

All COBRA Administration (If Any Charge)

% of Premium

or PMPM

or Other

_____ %

**Non-commissionable product/no
additional fee received**

TOWNSHIP OF WEST ORANGE

CHECKLIST

PROFESSIONAL SERVICE TITLE: Insurance Broker Services

SUBMISSION DATE:

The following items are required to be **included** with the sealed submission:

	<u>INITIAL</u>
Qualification Statement	
Non-Collusion Affidavit	
Disclosure of Ownership Form	
Insurance Requirement Acknowledgement Form	
Mandatory Equal Employment Opportunity Notice Acknowledgement	
Copy of your Business Registration Certificate as issued by the State of New Jersey, Department of Treasury, Division of Revenue	
Acknowledgement of Corrections, Additions or Deletions Form	
Non- Conflict of Interest Declaration	
Political Disclosure Certification	
Iranian Disclosure Statement	

AFFIDAVIT OF NON-COLLUSION

The undersigned bidder of full age, being duly sworn according to law depose and hereby specifically certifies that:

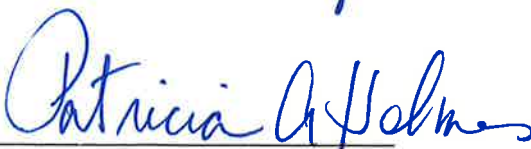
- A. To the best of the bidder's knowledge and belief, the annexed bid proposal for this project has not been prepared in collusion with any other bidder of like item or services and the prices, discounts, terms and conditions thereof have not been directly or indirectly communicated by or on behalf of the bidder to any person other than *the* recipient of the bid and will not be communicated to *any* person prior to the official opening of the bid.
- B. The bidder fully understands that no premiums, rebates, or gratuities are permitted either with, prior to, or after signing of contract. Any violation will result in cancellation and removal from the bid list.
- C. The bidder further certifies that the undersigned has the necessary authority, to sign this stipulation stating that the bidder has not entered into any agreement, or otherwise taken any action in restraint of free competitive bidding in connection with this bid.

All references to the bidder are understood to include the undersigned and all principals, partners and officers of the bidder.

(Signature) 
Michael Graham, COO

Subscribed and sworn to

Before me this day 18 Sept 21 of 2021

AFFIANT 

NOTARY PUBLIC OF

PATRICIA A. HOLMES
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 12/1/2022

MY COMMISSION EXPIRES: 20 _____

STOCKHOLDER DISCLOSURE CERTIFICATION

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned. X

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned. _____

PLEASE CHECK TYPE OF BUSINESS ORGANIZATION:

Partnership _____ Limited Partnership _____ Limited Liability Corp _____
Corporation X _____ Sole Proprietorship _____ Limited Liability Partnership _____
Subchapter S Corp _____

PLEASE CHECK APPROPRIATE BOXES AND SIGN BELOW

See attached organizational chart, there are no individuals that have a 10% or greater ownership.

Name: _____
Home Address: _____
Warburg Pincus is a private equity firm with various funds that collectively hold 10% or more of FRP Investors LP.
450 Lexington Avenue, Suite 32
New York, NY 10017

Stockholders

Name: _____

Home Address: _____

Name _____

Home Address: _____


Owner or Representative Signature

Michael Graham, COO

Print Name & Title

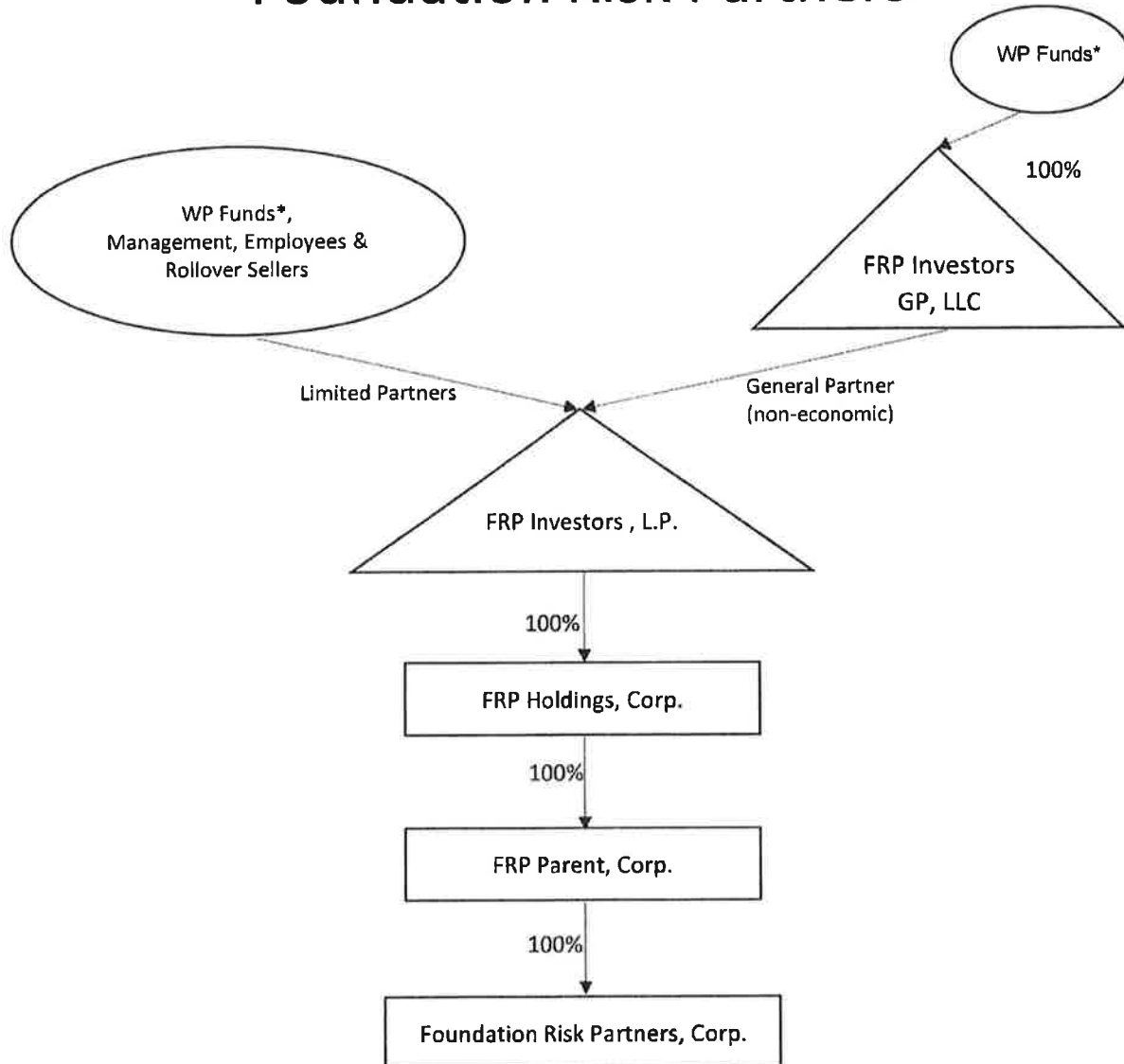
NOTARY PUBLIC

Sworn before me this 1 day of Sept 2021 20_____.



PATRICIA A. HOLMES
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 12/1/2022

Foundation Risk Partners



***WP Funds is comprised of multiple Warburg Pincus funds including the following:**

Warburg Pincus Private Equity XII, L.P. **
Warburg Pincus Private Equity XII-B, L.P.
Warburg Pincus Private Equity XII-D, L.P.
Warburg Pincus Private Equity XII-E, L.P.
WP XII Partners, L.P.
Warburg Pincus XII Partners, L.P.
Warburg Pincus Financial Sector, L.P. **
Warburg Pincus Financial Sector-D, L.P.
Warburg Pincus Financial Sector Partners, L.P.

****Warburg Pincus Financial Sector, L.P. and Warburg Pincus Private Equity XII, L.P. owns 44.5885% and 32.2005% respectively of FRP Investors, L.P., however no entity or person owns more than 10% of FRP Investors, L.P. in the aggregate.**

INSURANCE REQUIREMENTS AND ACKNOWLEDGEMENT FORM

Certificate(s) of Insurance shall be filed with the Municipal Clerk's Office upon award of contract by the Mayor and Township Council.

The minimum amount of insurance to be carried by the Professional Service Entity shall be as follows:

PROFESSIONAL LIABILITY INSURANCE

Limits shall be a minimum of \$1,000,000.00 for each claim and \$1,000,000.00 aggregate each policy period.

Acknowledgement of Insurance Requirement:

Foundation Risk Partners, Corp. dba Fairview Insurance Agency Associates



(Signature)

8-31-2021

(Date)

Michael Graham, COO

(Printed Name and Title)

This form must be completed, signed and returned with RFQ.



FOUNRIS-04

RJOHNSTON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/17/2021

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 License # L100460

Acentria Insurance - Destin
4634 Gulfstar Drive
Destin, FL 32541

CONTACT NAME:

PHONE

(A/C, No, Ext): (850) 650-1950

FAX

(A/C, No): (850) 892-0320

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Ohio Security Insurance Company

24082

INSURER B : Travelers Property Casualty Company of America

25674

INSURER C : AXIS Insurance Company

37273

INSURER D : Lloyd's Underwriters CAB - Canada

INSURER E :

INSURER F :

INSURED

Foundation Risk Partners, Corp.
1540 Cornerstone Blvd, Suite 200
Daytona Beach, FL 32117

COVERAGES

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE ☒ OCCUR		BKS58307885	2/8/2021	2/1/2022	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
						MED EXP (Any one person) \$ 15,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
A	AUTOMOBILE LIABILITY					
	☒ ANY AUTO OWNED AUTOS ONLY		BAA58307885	2/8/2021	2/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	☐ HIRED AUTOS ONLY	☐ SCHEDULED AUTOS				BODILY INJURY (Per person) \$
		☐ NON-OWNED AUTOS ONLY				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
B	☒ UMBRELLA LIAB	☒ OCCUR				
	EXCESS LIAB	CLAIMS-MADE	ZUP81M9329721NF	2/8/2021	2/1/2022	EACH OCCURRENCE \$ 15,000,000
	DED ☒ RETENTION \$ 10,000					AGGREGATE \$
						Aggregate \$ 15,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☒ Y ☒ N	XWS58307885	2/1/2021	2/1/2022	☒ PER STATUTE ☐ OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Crime (includes Burg		P00100024721002	2/1/2021	2/1/2022	Employee Theft 3,000,000
D	Cyber Liability		DCCY00385-21	2/1/2021	2/1/2022	Each Claim/Aggregate 5,000,000

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

Named Insureds:

FRP Investors, L.P.

FRP Holdings, Corp.

FRP Parent, Corp.

Foundation Risk Partners, Corp.

Synetro-CSG Holdings, LLC

Corporate Synergies Holdings, LLC

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

Foundation Risk Partners, Corp. dba Fairview Insurance
Agency Associates
1540 Corner Stone Blvd., Suite 230
Daytona Beach, FL 32117

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



AGENCY CUSTOMER ID: FOUNRIS-04

RJOHNSTON

LOC #: 1

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Acentria Insurance - Destin		License # L100460	NAMED INSURED Foundation Risk Partners, Corp. 1540 Cornerstone Blvd, Suite 200 Daytona Beach, FL 32117
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Corporate Synergies Group, LLC
Millenium Asset Management, Inc.
Lloyd S. Berkett Insurance Agency, Inc.
American Habitational Properties, LLC
BlueSky Multifamily Management, LLC
Eagle Mountain Properties, LLC
Fortress Multifamily Group, LLC
Harbor Management Group, LLC
Homeland Management, LLC
Sander, Jacobs, Cassayre & Griffin, Inc.

Certificate holder is an additional Insured as respects General Liability & Auto Liability, as required by written contract, written -- agreement or permit. Umbrella Liability is follow form. Commercial General Liability coverage includes coverage for contractual liability and independent contractors, subject to policy terms and conditions



FOUNRIS-04

RJOHNSTON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/4/2021

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 License # L100460 Acentria Insurance - Destin 4634 Gulfstarr Drive Destin, FL 32541		CONTACT NAME: PHONE (A/C, No, Ext): (850) 650-1950 FAX (A/C, No): (850) 892-0320 E-MAIL: ADDRESS:		
INSURED Foundation Risk Partners, Corp. c/o Acentria Insurance 4634 Gulfstarr Drive Destin, FL 32541		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: Nautilus Insurance Company		17370
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERAGES		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 WVD	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC OTHER:					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident)	\$	
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$					BODILY INJURY (Per person)	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y ☒ N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			BODILY INJURY (Per accident)	\$	
A	Errors & Omissions L			INS90346100220	2/1/2020	2/1/2022	Per Claim/Aggregate	10,000,000

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

Named Insureds:

FRP Investors, L.P.
FRP Holdings, Corp.
FRP Parent, Corp.
Foundation Risk Partners, Corp.
Synetro-CSG Holdings, LLC
Corporate Synergies Holdings, LLC
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

Foundation Risk Partners dba Fairview Insurance Agency
Associates
25 Fairview Avenue
Verona, NJ 07044

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



AGENCY CUSTOMER ID: FOUNRIS-04

RJOHNSTON

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 1 of 1

AGENCY Acentria Insurance - Destin		License # L100460	NAMED INSURED Foundation Risk Partners, Corp. c/o Acentria Insurance 4634 Gulfstarr Drive Destin, FL 32541
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

Corporate Synergies Group, LLC
Millenium Asset Management, Inc.
Lloyd S. Berkett Insurance Agency, Inc.
American Habitational Properties, LLC
BlueSky Multifamily Management, LLC
Eagle Mountain Properties, LLC
Fortress Multifamily Group, LLC
Harbor Management Group, LLC
Homeland Management, LLC
Sander, Jacobs, Cassayre & Griffin, Inc.

Errors & Omissions Liability Deductible: \$50,000 each Claim
Crime/Fidelity Deductible \$50,000 each Occurrence

Insurance Agency

(REVISED 4/10)

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.

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

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

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

REQUIRED EVIDENCE
AFFIRMATIVE ACTION REGULATIONS N.J.S.A. 10:5-31, et seq. (N.J.A.C. 17:27)

If awarded a contract, the Bidder will be required to comply with the requirements of N.J.S.A. 10:531, et seq., and N.J.A.C. 17:27 within five (5) days after receipt of the notification of intent to award the contract, the Bidder shall present one of the following:

1. Appropriate evidence that the Contractor is operating under an existing federally approved or sanctioned affirmative action program; or
2. A Certificate of Employee Information Report Approval issued in accordance with N.J.A.C. 17:27-4; or
3. An initial Employee Information Report consisting of forms provided by the Affirmative Action Office and completed by Contractor in accordance with N.J.A.C. 17:27-4.

The Bidder must submit no later than three (3) days after the signing of the Contract an Initial Project Manning Table consisting of forms provided by the Affirmative Action Office and completed by Contractor in accordance with N.J.A.C. 17:27-7.

Bidders are referred to the Bidder's Information Section of the Bid Packet for a further description of the above requirements.

NO BIDDER MAY BE ISSUED A CONTRACT UNLESS THEY COMPLY WITH THE AFFIRMATIVE ACTION REGULATIONS OF N.J.S.A. 10:5-31, et seq.

The following questions must be answered by all Bidders:

1. Do you have a federally-approved or sanctioned Affirmative Action Program?

Yes _____ (If yes, submit a copy of such approval.) No x.

2. Do you have a State Certificate of Employee Information Report approval?

Yes x _____ (If yes, submit a copy of such approval.) No _____.

The undersigned Bidder certifies that he is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31, et seq., and agrees to furnish the required documentation pursuant to the law.

Foundation Risk Partners, Corp. dba

COMPANY: Fairview Insurance Agency Associates NAME: **Michael Graham**

SIGNATURE:  TITLE: COO

NOTE: A bid must be rejected as non-responsive if a Bidder fails to comply with requirements of N.J.S.A. 10:5-31, et seq., within the time frame stipulated.

CERTIFICATE OF EMPLOYEE INFORMATION REPORT
INITIAL

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-JUN-2020 to 15-JUN-2023

FOUNDATION RISK PARTNERS CORP
1540 CORNERSTONE BLVD STE 23Q
DAYTONA BEACH FL 32117



A handwritten signature in cursive script, reading "Elizabeth Maher Muoio".

ELIZABETH MAHER MUOIO
State Treasurer



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	FOUNDATION RISK PARTNERS, CORP.
Trade Name:	FAIRVIEW INSURANCE AGENCY ASSOCIATES
Address:	2 AQUARIUM DR, STE 200 CAMDEN, NJ 08103
Certificate Number:	2116491
Effective Date:	March 03, 2017
Date of Issuance:	August 25, 2020

For Office Use Only:
20200825162203010

ACKNOWLEDGEMENT OF CORRECTIONS, ADDITIONS AND DELETIONS FORM

I, Michael Graham of the firm

Foundation Risk Partners, Corp. dba Fairview
Insurance Agency Associates hereby acknowledge that any
corrections, additions and/or, deletions have been initialed and
dated in this Submission Package.



(Signature) **Michael Graham, COO**

8-31-2021

(Date)

NON-CONFLICT OF INTEREST CERTIFICATION

REQUEST FOR QUALIFICATIONS FOR PROPOSALS

FOR **Foundation Risk Partners, Corp. dba Fairview Insurance Agency Associates**

Insurance Broker Service

(Title of RFQ)

The undersigned certifies to the Township of West Orange, County of Essex, State of New Jersey that in performing services to the Township he/she is aware of no circumstance that would constitute a conflict of interest, financial or otherwise, between him/her (or his/her firm) and the interests of the Township.

The undersigned certifies that he/she has made a search of his/her firm's client base and has executed this certification subsequent to such search.

The undersigned acknowledges this a continuing certification, and shall remain in effect for the term of the services contained in the solicited request for qualifications. I certify that the foregoing statements made by me are true and accurate to my personal knowledge; I am making this certification in good faith. I am aware that if any of the foregoing statements made by me are false, the Board is free to terminate any professional service agreement entered into with the undersigned and/or his or her firm.

Certifying Official:

PRINT NAME: Michael Graham

SIGNED BY:  _____

TITLE: COO

TOWNSHIP OF WEST ORANGE
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Proposer: Foundation Risk Partners, Corp. dba Fairview Insurance Agency Associates

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 the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the New Jersey Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this 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, declaring the party in default and seeking debarment or suspension of the person or entity.

I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed above for which I am authorized to submit a proposal: Must check appropriate boxes

- ☒ Is not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran, and
- ☒ Is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days, or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the New Jersey Turnpike Authority under penalty of perjury. 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.

Part 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the proposer, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

Name: _____	Relationship to Proposer: _____
Description of Activities: _____	NOT APPLICABLE
Duration of Engagement: _____	Anticipated Cessation Date: _____
Proposer 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 above referenced person or entity. I acknowledge that the Township of West Orange, State 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 any contracts with the Township to notify the Township 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 agreement(s) with the Township of West Orange, State of New Jersey and that the Township at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Michael Graham
Title: COO

Signature: _____
Date: 8-31-2021

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 tax return). Name is required on this line; do not leave this line blank.

Foundation Risk Partners, Corp.

2 Business name/disregarded entity name, if different from above

d/b/a Fairview Insurance Agency Associates

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

☐ 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.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

1540 Cornerstone Blvd., Suite 230

6 City, state, and ZIP code

Daytona Beach, FL 32117

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - _____

or

Employer identification number

8 1 - 5 1 9 1 7 5 9

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Chad H. Lybick

Date ► 06/01/2020

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

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

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

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

State of New Jersey

License No: 1694519

NPN: 18547972

Department of Banking and Insurance
FOUNDATION RISK PARTNERS, CORP.

1540 CORNERSTONE BLVD, SUITE 230
DAYTONA BEACH FL 32117

IS DULY LICENSED WITH THE FOLLOWING LICENSE TYPE(S) AND AUTHORITIES
This insurance license is valid and shall remain in effect unless revoked or suspended provided that the fee set forth in N.J.A.C. 11:17-2.12 is paid and renewal requirements set forth in N.J.A.C. 11:17-2.5, including continuing education requirements for resident individuals, are met by the license expiration date. A renewal notice will be mailed to the licensee mailing address approximately 30 days prior to the license expiration date.

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	EXPIRATION DATE
Insurance Producer	Accident & Health or Sickness; Casualty; Life; Property; Reinsurance; Surplus Lines	06/01/2021	05/31/2023



The department maintains an informative website at www.dobi.nj.gov. Please visit this web page for valuable information and forms necessary to maintain compliance with licensing requirements.

Department Contact Information

web site: www.dobi.nj.gov
phone: (609) 292-4337
fax: (609) 984-5263

The request for any change of license information must be sent to the Department within 30 days of the change.
Make any checks and/or money orders payable to: **STATE OF NEW JERSEY, GENERAL TREASURY**
Mailing Address: Department of Banking and Insurance
20 West State Street
P.O. Box 327
Trenton, NJ. 08625-0327

FOUNDATION RISK PARTNERS, CORP.
1540 CORNERSTONE BLVD
SUITE 230
DAYTONA BEACH FL 32117

State of New Jersey

License No: 9835926

NPN: 2197192

Department of Banking and Insurance

RYAN D GRAHAM

FAIRVIEW INSURANCE AGENCY ASSOC INC
25 FAIRVIEW AVE
VERONA NJ 07044-1341

IS DULY LICENSED WITH THE FOLLOWING LICENSE TYPE(S) AND AUTHORITIES
This insurance license is valid and shall remain in effect unless revoked or suspended provided that the fee set forth in N.J.A.C. 11:17-2.12 is paid and renewal requirements set forth in N.J.A.C. 11:17-2.5, including continuing education requirements for resident individuals, are met by the license expiration date. A renewal notice will be mailed to the licensee mailing address approximately 30 days prior to the license expiration date.

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	EXPIRATION DATE
Insurance Producer	Accident & Health or Sickness; Casualty; Life; Personal Lines; Property	09/01/2020	08/31/2022



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Mailing Address: Department of Banking and Insurance
20 West State Street
P.O. Box 327
Trenton, NJ. 08625-0327

RYAN D GRAHAM
FAIRVIEW INSURANCE AGENCY ASSOC INC
25 FAIRVIEW AVE
VERONA NJ 07044-1341

RYAN D. GRAHAM

PROFESSIONAL QUALIFICATIONS

Fairview Insurance Agency Associates – Verona, NJ

Director of Business Development, Employee Benefits; October 1998 – Present

- Oversee the Benefits Department and all Public Sector accounts
- Evaluate and advise clients on Employee Benefit Programs including Health, Prescription, Dental, Life, Disability, and Long Term Care insurance
- Act as a liaison between Council/Board Members and Collective Bargaining Units regarding plan structures and cost containment strategies
- Negotiate savings with carriers
- Evaluate program costs and make recommendations for plan or procedure changes, if necessary

MWW Group – Secaucus, NJ

Account Coordinator, Public Affairs and Investor Relations; August 1997 – September 1998

- Coordinated client press kits
- Wrote AP press releases pertaining to client affairs
- Acted as liaison between the client and portfolio manager/financial analyst

COMMUNITY INVOLVEMENT

- Township of Verona Board of Adjustments
- Essex County Workforce Investment Board (WIB) member
- Member of Governor Chris Christie's Healthcare Transition Committee
- Jaycees NJ State Director and Executive Board Member
- KerryCore NY Original initial committee member; coordinator of various fundraising events
- White House Intern for Washington DC Public Liaisons office, as intermediary between staff members and media press
- The Leaguers, Inc. of Newark, NJ
 - + Recipient of Valuable Contributions Award, 2011
 - + Executive Committee Member of Annual Golf Fundraiser
 - + Donor of computers to associated Newark schools

CONTACT

25 Fairview Avenue
Verona, NJ 07044
www.fairviewinsurance.com

P 973-857-0870 x 116

F 973-857-9645

E rgraham@fairviewinsurance.com



EDUCATION

Bachelor of Arts, Marketing – 1997,
Albright College, Reading PA
Class President

LICENSES

New Jersey

- Life
- Health
- Property & Casualty

New York

- Life
- Health

CLTC Designation

PROFESSIONAL MEMBERSHIPS

Member of NAHU

State of New Jersey

License No: 8701038

NPN: 5711836

Department of Banking and Insurance

MICHAEL J ATKINSON

FAIRVIEW INSURANCE AGENCYASSOCIATES
25 FAIRVIEW AVE
VERONA NJ 07044-1341

IS DULY LICENSED WITH THE FOLLOWING LICENSE TYPE(S) AND AUTHORITIES
This insurance license is valid and shall remain in effect unless revoked or suspended provided that the fee set forth in N.J.A.C. 11:17-2.12 is paid and renewal requirements set forth in N.J.A.C. 11:17-2.5, including continuing education requirements for resident individuals, are met by the license expiration date. A renewal notice will be mailed to the licensee mailing address approximately 30 days prior to the license expiration date.

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	EXPIRATION DATE
Insurance Producer	Accident & Health or Sickness; Life	05/01/2021	04/30/2023



The department maintains an informative website at www.dobi.nj.gov. Please visit this web page for valuable information and forms necessary to maintain compliance with licensing requirements.

Department Contact Information

web site: www.dobi.nj.gov
phone: (609) 292-4337
fax: (609) 984-5263

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Make any checks and/or money orders payable to: **STATE OF NEW JERSEY, GENERAL TREASURY**
Mailing Address: Department of Banking and Insurance
20 West State Street
P.O. Box 327
Trenton, NJ. 08625-0327

MICHAEL J ATKINSON
6 HILL ST
CALDWELL NJ 07006-3910

MICHAEL ATKINSON

PROFESSIONAL QUALIFICATIONS

Fairview Insurance Agency Associates – Verona, NJ

Employee Benefits Account Executive; 2016 - Present

- Collect claim data and perform analysis including development of loss ratios, demographic studies, and plan design evaluation
- Make recommendations regarding plan design and cost containment measures, and provide data analysis of such
- Coordinate RFPs with carriers, including negotiation of plan and rates
- Present data to clients including governing bodies, union officials, business administrators, and committees
- Act as liaison between the entity, the carrier, and the employees

Insurance Design Administrators – Oakland, NJ

Sales and Marketing; 1995 – 2015

- Business Development including review of all plan expenses, performance measurements, and submissions for underwriting
- Broker recruitment
- Responsible for 27 accounts – Medical, HRA, and FSA – administered by IDA
- Fully Insured Business as well as Self-Funded Business

Director of Operations; 1993 – 1995

- Broker recruitment
- Responsible for 27 accounts – Medical, HRA, and FSA – administered by IDA

PROFESSIONAL MEMBERSHIPS

- National Association of Health Underwriters
- Completed course to become designated Health Insurance Associate (HIA)

CONTACT

25 Fairview Avenue
Verona, NJ 07044
www.fairviewinsurance.com

P 973-857-0870 x135

F 973-857-7935

E matkinson@fairviewinsurance.com



EDUCATION

1985, Bachelor of Science in Business
Administration and Marketing –
Farleigh Dickenson University

LICENSES

New Jersey

- Life
- Health

New York

- Life
- Health

State of New Jersey

License No: 218350

NPN: 7433024

Department of Banking and Insurance

TINA MARTA

FAIRVIEW INSURANCE AGENCY
25 FAIRVIEW AVE
VERONA NJ 07044-1341

IS DULY LICENSED WITH THE FOLLOWING LICENSE TYPE(S) AND AUTHORITIES
This insurance license is valid and shall remain in effect unless revoked or suspended provided that the fee set forth in N.J.A.C. 11:17-2.12 is paid and renewal requirements set forth in N.J.A.C. 11:17-2.5, including continuing education requirements for resident individuals, are met by the license expiration date. A renewal notice will be mailed to the licensee mailing address approximately 30 days prior to the license expiration date.

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	EXPIRATION DATE
Insurance Producer	Accident & Health or Sickness; Life	08/01/2020	07/31/2022



The department maintains an informative website at www.dobi.nj.gov. Please visit this web page for valuable information and forms necessary to maintain compliance with licensing requirements.

Department Contact Information

web site: www.dobi.nj.gov
phone: (609) 292-4337
fax: (609) 984-5263

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Make any checks and/or money orders payable to: **STATE OF NEW JERSEY, GENERAL TREASURY**
Mailing Address: Department of Banking and Insurance
20 West State Street
P.O. Box 327
Trenton, NJ. 08625-0327

TINA MARTA
65 STONYRIDGE DR
LINCOLN PARK NJ 07035-2246

TINA MARTA

PROFESSIONAL QUALIFICATIONS

Fairview Insurance Agency Associates – Verona, NJ

Account Manager/Client Liaison; August 2016 – Present

- Provide ongoing support to clients
- Perform carrier invoice reconciliations
- Assist client administration in various tasks and requests
- Evaluate plan benefits and contracts for accuracy
- Assist with group implementation and enrollment
- Coordinate between carriers and clients
- Generate proposals and renewals for small groups via online system

Arthur J. Gallagher – Whippany, NJ

Consultant; June 2012 – August 2016

- Conduct market research and prepare strategies for promotion according to market statuses
- Prepare renewal presentation to present to clients
- Responsible for working on the sale and implementation of new business
- Prepare RFPs and marketing all lines of coverage
- Work directly with carriers on renewal projections and communicate estimates to clients
- Identify new business opportunities through referrals and cross-selling
- Conduct administration and employee enrollment meetings
- Work with Gallagher's administration team and carrier to ensure proper follow up and resolution of specific claim and service issues

Client Coordinator; April 2000 – June 2012

- Support the producer for newly sold accounts
- Work with clients in the small-to-mid market
- Prepare/Market renewals to maintain existing client base
- Work with brokers to attain new groups
- Responsible for a Student Accident book of business worth \$1.2M in revenue which consisted of working directly with school contact, marketing coverage, presenting options and selling product
- Communicate with carriers on administrative and related issues

CONTACT

25 Fairview Avenue
Verona, NJ 07044
www.fairviewinsurance.com
800-372-2558

P 973-857-0870 x130

F 973-857-9645

E tmarta@fairviewinsurance.com



EDUCATION

Bachelor of Science – Criminal
Justice
Caldwell College, Caldwell, NJ

LICENSES

New Jersey

- Health
- Life

New York

- Health
- Life

State of New Jersey

License No: 77302

NPN: 5701123

Department of Banking and Insurance

DORIS DAYE-SMITH

226 PARK ST
MONTCLAIR NJ 07042-3907

IS DULY LICENSED WITH THE FOLLOWING LICENSE TYPE(S) AND AUTHORITIES
This insurance license is valid and shall remain in effect unless revoked or suspended provided that the fee set forth in N.J.A.C. 11:17-2.12 is paid and renewal requirements set forth in N.J.A.C. 11:17-2.5, including continuing education requirements for resident individuals, are met by the license expiration date. A renewal notice will be mailed to the licensee mailing address approximately 30 days prior to the license expiration date.

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	EXPIRATION DATE
Insurance Producer	Accident & Health or Sickness; Life	02/01/2020	01/31/2022



The department maintains an informative website at www.dobi.nj.gov. Please visit this web page for valuable information and forms necessary to maintain compliance with licensing requirements.

Department Contact Information

web site: www.dobi.nj.gov
phone: (609) 292-4337
fax: (609) 984-5263

The request for any change of license information must be sent to the Department within 30 days of the change.
Make any checks and/or money orders payable to: **STATE OF NEW JERSEY, GENERAL TREASURY**
Mailing Address: Department of Banking and Insurance
20 West State Street
P.O. Box 327
Trenton, NJ. 08625-0327

DORIS DAYE-SMITH
226 PARK ST
MONTCLAIR NJ 07042-3907

DORIS DAYE-SMITH

PROFESSIONAL QUALIFICATIONS

Fairview Insurance Agency Associates – Verona, NJ

Account Manager/Client Liaison; October 2012 – Present

- Provide ongoing support to clients
- Perform carrier invoice reconciliations
- Assist client administration in various tasks and requests
- Evaluate plan benefits and contracts for accuracy
- Assist with group implementation and enrollment
- Coordinate between carriers and clients
- Generate proposals and renewals for small groups via online system

Dental Health Associates – Phillipsburg, PA

Assistant Manager; January 2009 – March 2011

- Managed a multi-specialty dental practice of 55 employees and providers, with average monthly flow typically exceeding 200 patients
- Served as office facilitator for all personnel while acting as liaison between practice and corporate office
- Supervised all treatment support systems and patient flow

Horizon Blue Cross/Blue Shield of New Jersey – Newark, NJ

Senior Account Specialist; June 1994 – August 2004

- Promoted through ranks of customer service positions for Dental division
- Achieved position of Senior Account Specialist handling current and prospective key account marketing, sales, and support
- Trained and managed all activities of three customer service personnel

CONTACT

25 Fairview Avenue
Verona, NJ 07044
www.fairviewinsurance.com
800-372-2558

P 973-857-0870 x133

F 973-857-9645

E ddaye-smith@fairviewinsurance.com



EDUCATION

Rutgers University
New Brunswick, NJ

LICENSES

New Jersey

- Life
- Health

State of New Jersey

License No: 231206

NPN: 7328096

Department of Banking and Insurance

RAMONA J ORTIZ

FAIRVIEW INSURANCE AGENCY
25 FAIRVIEW AVE
VERONA NJ 07044

IS DULY LICENSED WITH THE FOLLOWING LICENSE TYPE(S) AND AUTHORITIES
This insurance license is valid and shall remain in effect unless revoked or suspended provided that the fee set forth in N.J.A.C. 11:17-2.12 is paid and renewal requirements set forth in N.J.A.C. 11:17-2.5, including continuing education requirements for resident individuals, are met by the license expiration date. A renewal notice will be mailed to the licensee mailing address approximately 30 days prior to the license expiration date.

LICENSE TYPE	LINES OF AUTHORITY	EFFECTIVE DATE	EXPIRATION DATE
Insurance Producer	Accident & Health or Sickness; Life	04/01/2020	03/31/2022



The department maintains an informative website at www.dobi.nj.gov. Please visit this web page for valuable information and forms necessary to maintain compliance with licensing requirements.

Department Contact Information

web site: www.dobi.nj.gov
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fax: (609) 984-5263

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20 West State Street
P.O. Box 327
Trenton, NJ. 08625-0327

RAMONA J ORTIZ
18 MANHATTAN CT
NUTLEY NJ 07110-2221

JACKIE ORTIZ

PROFESSIONAL QUALIFICATIONS

Fairview Insurance Agency Associates – Verona, NJ

Account Manager/Client Liaison; June 2009 – May 2016; February 2019-Present

- Provide ongoing support to clients
- Perform carrier invoice reconciliations
- Assist client administration in various tasks and requests
- Evaluate plan benefits and contracts for accuracy
- Assist with group implementation and enrollment
- Coordinate between carriers and clients
- Generate proposals and renewals for small groups via online system

Quadel Consulting Services – Newark, NJ

Administrative Assistant; 2009

- Provided administrative support and secretarial support
- Prepared correspondence, reports, and other documents at the direction of the Managing Directors
- Maintained confidential files and reports
- Submitted information for monthly reports to managers as needed

Gallagher Benefit Services – Manhattan, NY

Account Executive; 2008

- Provided support to middle market and broker inquiries by contacting appropriate operations areas to facilitate quality customer service and issue resolution
- Represented business clients in negotiations with insurance carriers during annual policy renewals
- Examined and presented proposals of new business and services from various insurers

CIGNA Healthcare – Jersey City, NJ

Client Strategy Specialist; 2007-2008

- Coordinated with account managers to resolve complex and non-routine inquiries
- Kept informed of account status and potential opportunities for account growth and expansion
- Reviewed portfolios to ensure that products were properly utilized for client satisfaction
- Made on-site preparations to existing and prospective clients to introduce and promote new or recommended account services

Horizon Blue Cross/Blue Shield of New Jersey – Newark, NJ

Account Consultant; 1997-2007

- Earned the following promotions during tenure:
 - Dental Claims Specialist
 - Associate Sales Promotions Coordinator
 - Senior Account Specialist, Small Groups Dental
 - Account Consultant, Life and Disability Agency
- Coordinated necessary communication and document transfers between clients, attorneys, and loan officers
- Reviewed and released policy renewals to brokers and clients

CONTACT

25 Fairview Avenue
Verona, NJ 07044
www.fairviewinsurance.com
800-372-2558

P 973-857-0870 x115

F 973-857-9645

E jortiz@fairviewinsurance.com



EDUCATION

James J. Ferris High School,
Jersey City, NJ

LICENSES

New Jersey

- Life
- Health

Fairview Insurance Agency Associates References

Municipal and Private Entity

Client	Covered Lives	Term	Lines of Coverage	Contact	Contact #
RWJ Barnabas 95 Old Short Hills Rd, West Orange NJ	30,000+	2013-Present	Life; LTD; AD&D; BTS	Milton Anderson, Chief Human Resources Officer	973-322-4403
City of Bayonne 630 Avenue C, Bayonne, NJ	800+	2017-Present	Prescription	Jerry Siwec, HR Director	201-858-6041
Township of Brick 401 Chambersbridge Rd., Brick, NJ	600+	2014-Present	Medical; Prescription	Sarah Scarpelli, Benefits Administrator	732-262-4626
Borough of Cliffside Park 525 Palisade Ave., Cliffside Park	550+	2019-Present	Dental; Vision	Sercan Zoklu Municipal Clerk	201-313-2003
City of Hoboken 94 Washington St., Hoboken, NJ	900+	1982-2001, 2013- Present	Medical; Prescription; Dental; Vision	Jason Freeman, Director of Operations	201-420-2000 x1006
Township of Irvington 1 Civic Sq., Irvington, NJ	700+	2015-Present	Medical; Prescription	Musa Malik, Business Agent	973-399-8111
Joint Meeting Essex & Union 500 South First St., Elizabeth, NJ	160+	2021-Present	Dental; Vision	Robert Barry	908-353-1313
Borough of Keyport 70 West Front St., Keyport, NJ	30+	2014-Present	Dental; Life, AD&D;	Steve Gallo, Business Administrator	732-739-5122
City of Linden 301 N. Wood Ave., Linden, NJ	600+	2020-Present	Medical; Prescription; Dental; Vision	Jessica Sheeby, Personnel Department	908-474-5760
Township of Livingston 357 South Livingston Ave., Livingston, NJ	250+	2005-Present	Dental	Russell Jones, Acting Township Manager	973-535-7973
Township of Lopatcong 232 South 3 rd St., Phillipsburg, NJ	50+	2008-Present	Dental	Beth Diltz, Business Administrator	908-859-3355
Town of Morristown 200 South Street, Morristown, NJ	200+	2014-Present	Medical; Prescription; Dental; Vision	Jillian Barrick, Business Administrator	973-292-6625
City of Newark 920 Broad Street, Newark, NJ	5,000+	2020-Present	Medical; Prescription; Dental	Aondrette O. Williams, Director	973-733-8008
North Jersey District Water Comm. 1 F.A. Orechio Dr., Wanaque, NJ	200+	2005-2012, 2015-Present	Dental; Vision	Jennifer McMaster, Business Administrator	973-835-2906
City of Orange 29 North Day St., Orange, NJ	300+	2008-Present	Medical; Prescription; Dental	Chris Hartwyk, Business Administrator	973-266-4005
City of Passaic 330 Passaic Street, Passaic, NJ	1000+	2016-Present	Prescription; Dental	Elizabeth Velazquez, Pensions & Benefits	973-365-3962
County of Passaic 401 Grand Street, Paterson, NJ	4000+	2018-Present	Medical; Prescription, Dental	Anthony De Nova, County Administrator	973-881-4405
Passaic Valley Water Commission 1525 Main Street, Clifton, NJ	250+	2017-Present	Medical; Prescription; Dental	Louis Amodio, Administrative Secretary	973-340-4310
Borough of Red Bank 90 Monmouth St., Red Bank, NJ	550+	2018-Present	Medical; Prescription; Dental; Vision	Ziad Andrew Shehady, Business Administrator	732-530-2748
County of Somerset 20 Grove St., Somerville, NJ	1400+	2021-Present	Medical; Prescription; Dental	Arge Mardakis HR Supervision	908-203-6061
Township of Union 1976 Morris Ave., Union, NJ	500+	2020-Present	Medical; Prescription	Don Travisano, Business Administrator	908-851-8500
Township of West Orange 66 Main Street, West Orange, NJ	600+	1998-Present	Medical; Prescription; Dental; Vision	Jack Sayers, Business Administrator	973-325-4050
Borough of Wood Ridge 85 Humboldt St., Wood Ridge, NJ	50+	2008-Present	Vision	Chris Eilert, Business Administrator	201-939-0202
Township of Vernon 21 Church Street, Vernon, NJ	170+	2016-Present	Vision	Donelle Bright, Chief Financial Officer	973-764-4055
County of Warren County Route 519 S., Belvidere, NJ	1400+	2018-Present	Medical; Prescription	Danielle M. Davis, Personnel Department	908-475-7950

Fairview Insurance Agency Associates
References

School Boards

Client	Covered Lives	Term	Lines of Coverage	Contact	Contact #
Bayonne Board of Education 669 Avenue A, Bayonne, NJ	900+	2017-Present	Prescription	Daniel Castles, Business Administrator	201-858-5599
Irvington Board of Education 1 University Place, Irvington, NJ	1800+	2018-Present	Medical, Prescription	Kimberly Mangum-Ross, Benefits Manager	973-399-6800 x2186
Jersey City Board of Education 364 Claremont Ave., Jersey City, NJ	3900+	2015-Present	Prescription	Steven Schwartz, Assisst. Business Administrator	201-915-6274
Mendham Borough Board of Education 12 Hilltop Road, Mendham, NJ	70+	2017-Present	Medical; Prescription;	James Rollo, Business Administrator	973-523-4804 x234
Newark Board of Education 765 Broad Street, Newark, NJ	5,200+	2019-Present	Prescription	Legretha Wingo, Benefits Administrator	973-733-6567
Passaic Board of Education 663 Main Avenue, Passaic, NJ	2200+	2018-Present	Medical; Prescription; Dental; Vision; Disability	Ryan Bowman, Business Administrator	973-470-5500
Passaic Valley High School BOE 100 East Main St., Little Falls, NJ	150+	2016-Present	Dental	Colin Monahan, Business Administrator	973-890-2500 x2510
Totowa Board of Education 10 Crews Street, Totowa, NJ	70+	2016-Present	Dental	Patricia Capitelli, Chief School Administrator	973-956-0010
Union Township Board of Education 2369 Morris Ave., Union, NJ	1200+	2020-Present	Medical; Prescription; Dental	Yolanda Koon Business Administrator	908-851-6411

Fairview Insurance Agency Associates
Records of Success

Fairview Insurance Agency Associates has extensive knowledge and experience in public sector service, with diverse clients across the state of New Jersey. A selection of our records of success is below.

City of Hoboken. (1000 covered employees)
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Fairview Insurance Agency moved the City out of the NJ SHBP and into a private Horizon program in 1982 for over a \$1 million savings. Fairview serviced the City until June 2000 and then in July 2013, Fairview Insurance became the City's Broker of Record for all employee benefits. Since then, we have implemented an on-site wellness program for the City that will ultimately lower claims and control the costs of premium. The program was officially up and running as of December 2013 and has had tremendous success and has been well received by employees.

Effective June 2016, Carepoint Health Systems left the Horizon Blue Cross/Blue Shield network; this action would have increased the City's budget by over \$5 million. Fairview Insurance effectively negotiated a direct contract between the City of Hoboken and Carepoint Health Systems, which resulted in saving the City's budget. To our knowledge, no insurance broker in the state of New Jersey has accomplished a task of this magnitude.

Township of West Orange. (600 covered employees / retirees)
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Fairview Insurance Agency moved the Township out of the NJ SHBP and into a private Horizon BCBS of NJ program in 2010 for over \$500,000 in savings. We were then able to obtain additional savings on the dental and prescription by packaging all lines with Horizon BCBS of NJ.

Since then we have been effective at keeping the renewal increases to a minimum by securing competitive bids and effectively negotiating with carriers. Our 2018 prescription program renewed with 0% increase.

In 2014, we successfully negotiated a savings of over \$1 million in premium by moving out of the current fully insured program and into a self-insured program. In addition to the savings, employees are now provided with enhanced services, such as an EAP, Health Advocate, and Wellness Coaching.

In 2020, Fairview Insurance negotiated membership into Metropolitan Health Insurance Fund at a reduction of medical and prescription premiums by moving over-65 retirees from self-insured programs to MHIF's Medicare Advantage Program, which resulted in \$1.5 million annual savings.

Fairview Insurance Agency Associates
Records of Success

Warren County (1400+ covered employees)

Upon being named Broker of Record in 2018, Fairview Insurance moved the County out of NJ SHBP into a private fully-insured medical and prescription program with zero employee disruption to the medical network, resulting in a \$600,000 annual savings.

In 2019, we secured a self-insured medical program from the County's current carrier that delivered anticipated maximum liability less than the fully-insured renewal program, with zero employee disruption, that resulted in a \$1 million annual savings. Additionally, we negotiated a Medicare Advantage contract for over-65 retirees that resulted in a \$500,000 annual savings.

In 2021, Fairview Insurance secured a self-insured prescription program from the current carrier that delivered anticipated maximum liability equal to a fully-insured renewal premium, with zero employee disruption to the prescription network, for a projected \$1million annual savings.

City of Passaic Board of Education. (2000 covered employees)

Upon being named Broker of Record July 1, 2018, our firm completed an audit of the Board of Education's prescription program resulting in a three-year projected savings of over \$10 million.

Irvington Board of Education. (1800 covered employees)

Fairview Insurance became the Broker of Record for Irvington Board of Education as of July 1, 2018, upon which we moved the Board from the State Health Benefits Plan to a fully-insured plan with Aetna (medical and prescription) to save \$1.8 million. This change was made with unanimous union approval.

City of Bayonne and Bayonne Board of Education (1500+ covered employees)

Upon being named broker of record, Fairview Insurance moved the Board of Education out of the State Health Benefits Program. To follow, we combined the prescription coverage between the City of Bayonne and Bayonne Board of Education Inter-local Agreement self-insured with Reinsurance; this change was made with no plan disruption.

The combined program is projected to save the Board of Education almost \$640,000, and the city almost \$400,000 for a combined savings of over \$1 million in the first year. Immediate savings were realized due to a 20% increase in administrative costs.

Jersey City Public Schools (3900+ covered employees)

Upon being named broker of record, Fairview Insurance has negotiated better dispensing fees, rebates for Brand retail and mail order, Specialty Drug rebates and AWP pricing at renewal doubling the rebates received by the Board of Education for the three-year contract with no disruption to the membership or administration. The projected rebates increased by \$2.5 million per year based on utilization rates in 2016.

Through Fairview Insurance's TPA/Managed Care Network Monitoring and Consulting services, we negotiated and recommended a TPA/Managed Care solution that saved the district over \$2.4 million in a single year on the Workers Compensation Program.

In addition to streamlining the Claims Reporting process, which saved in-house employees significant time and effort, we implemented a state-of-the-art Human Resource Compliance database to automate many internal processes to accomplish more with less staff. This includes a push technology central database to store, track and monitor the safety and compliance activities of the district.

Township of Brick (600+ covered employees)

Since becoming Broker of Record in 2014, Fairview Insurance has produced stable renewals for the Township in both the medical and prescription programs. We have also implemented extremely effective outside-the-box claims reduction methods, utilizing Wellness Coaches USA.

While conducting a claims review in 2017, Fairview Insurance uncovered more than \$1 million in fraud.

Town of Morristown (200+ covered employees)

Fairview Insurance has been the Town's Broker of Record since 2014. Most recently, Fairview Insurance moved the Town from the State Health Benefits Program to a self-insured program, resulting in a savings of more than \$500,000.

County of Passaic (4000+ covered employees)

Upon being named Broker of Record as of July 1, 2018, our firm conducted a prescription program analysis with a projected 3-year savings of over \$10 million. While conducting an eligibility audit, our firm discovered more than twenty deceased members still enrolled in the County's benefits program, rectifying the issue for a savings.

In 2020, our firm negotiated self-insured medical and prescription contracts resulting in a \$9 million annual savings.

Fairview Insurance Agency Associates
Records of Success

RWJ Barnabas (30,000+ covered employees)

Fairview Insurance was named Broker of Record in 2014 to manage life, Voluntary Life, Long-Term Disability, and Buy-Up Long-Term Disability. Our firm consolidated and implemented new ancillary plans, and saved RWJ Barnabas \$5 million on their renewal, following their merger in 2014 (the largest hospital merger on record in the State of New Jersey).

Fairview Insurance has specified a dedicated team to service the client 24/7 in order to immediately expedite claims and liaison between carriers, in addition to continually auditing plans to ensure employees are covered properly.

Department of Administration
Division of Personnel

A City We Can All Believe In

Aondrette O. Williams, MHRM
Director

920 Broad Street, Room 212
Newark, NJ 07102
PH: 973-733-8008
Fax: 973-622-4906

August 14, 2020

Fairview Insurance Agency Assoc., Inc.
25 Fairview Avenue
Verona, NJ 07044

Dear Ms. Smith:

It is with enthusiasm that I write this letter of recommendation for Fairview Insurance Agency Associates, Inc.

Fairview Insurance Agency has been the broker for our health benefits since the beginning of the year and we have been completely satisfied with their performance. They done an excellent job thus far and are very responsive to our inquiries and requests.

We are pleased with the way that Fairview conducts their business and are happy to recommend the services of Fairview Insurance Agency Associates, Inc.

Sincerely,

Aondrette O. Williams

Aondrette O. Williams



COUNTY OF MERCER

OFFICE OF PERSONNEL

McDade Administration Building
640 South Broad Street
P.O. Box 8068
Trenton, NJ 08650-0068
Phone: 609-989-6676 Fax: 609-989-6535

Brian M. Hughes

County Executive

Kelvin S. Ganges

Chief of Staff

Lillian L. Nazzaro, Esq.

County Administrator

Raissa L. Walker

Personnel Director

August 25, 2020

Fairview Insurance Agency Assoc., Inc.

25 Fairview Avenue

Verona, NJ 07044

Dear Ms. Smith:

I would like to take the opportunity to offer a formal recommendation for Fairview Insurance Agency Associates, Inc.

Mercer County has been working with Fairview Insurance Agency Associates, Inc. since 2016. It is without a doubt that in the last four years, Fairview Insurance Agency Associates have proven themselves helpful, efficient, and effective in providing their services to our organization.

Mercer County's experience with Fairview Insurance has been nothing but positive so it is my pleasure to offer this letter of recommendation.

Sincerely,

A handwritten signature in black ink, appearing to read "Raissa L. Walker", is written over a large, stylized, and somewhat illegible signature that also appears to be "Raissa L. Walker".

Raissa L. Walker
Director of Personnel



**TOWNSHIP OF IRVINGTON
DEPARTMENT OF ADMINISTRATION
MUNICIPAL BUILDING - CIVIC SQUARE
IRVINGTON, NJ 07111
Tel. (973) 399-6621 Fax: (973) 399-6766**

**Anthony Vauss
Mayor**

**Musa A. Malik
Business Administrator**

September 1, 2020

Fairview Insurance Agency Assoc., Inc.
25 Fairview Avenue
Verona, NJ 07044

To Whom It May Concern:

It is with enthusiasm that I write this letter of recommendation for Fairview Insurance Agency Associates, Inc.

Fairview Insurance Agency has been the broker for our health benefits since 2015 and we have been completely satisfied with their performance. They done an excellent job thus far and are very responsive to our inquiries and requests.

We are pleased with the way that Fairview conducts their business and are happy to recommend the services of Fairview Insurance Agency Associates, Inc.

Sincerely,

Musa A. Malik
Township of Irvington
Business Administrator

Fairview Insurance Agency Associates, Inc.

Service Overview

At Fairview Insurance, we pride ourselves on our client care and support. Our goal is to make all transitions as seamless as possible to you and your employees. We also strive to ease the administrative burden to the client by taking on much of it ourselves; in fact, we instruct all clients and their membership to make us their first point of contact, not the carriers. Many of our competitors are only available for assistance once the carrier has been contacted and the result is dissatisfying. Our service, support, knowledge and experience are unparalleled in the industry.

Our agency recognizes that governmental insurance is a unique specialty. It is our job to balance the financial needs of the entity while satisfying the needs of the employees. Below is a brief description of the services provided to administrative staff as well as the employees.

EMPLOYER SUPPORT SERVICES

Client Service Support. Our dedicated account management team will provide the same level of support to the administration as its employees. We are also available for any type of union negotiation or communication for all employee benefits.

Fairview Insurance has on-line access to our carriers, allowing us to complete all additions, terminations, status changes, and other services. All documentation is stored in our secure office data management system for future reference and tracking. Additionally, we are available upon request to provide billing support or onsite employee inquiries / meetings.

Onsite Wellness. Fairview Insurance recognizes that insurance costs are rising faster than the rate of inflation. These increases create an incredible financial crisis for employers. With the recent budget constraints, entities need to find ways to lower costs or be faced with dramatic layoffs, furloughs, and other departmental cuts. It is imperative as your insurance broker that we present out-of-the-box solutions to lower these skyrocketing costs. That is why Fairview Insurance sponsors an Onsite Wellness Program through [Wellness Coaches USA](#).

The onsite wellness coaching model consistently drives significantly higher levels of improvement in employee population lifestyle behaviors and associated health risk factors than any other model in the workplace wellness marketplace – a remarkable 110 health risk factors improved for every 100 eligible employees (plus substantial reductions in the incidences and cost of workplace injuries.)

- ✓ Leader in Onsite Wellness and Health Coaching
- ✓ Proactive approach in reducing health care costs
- ✓ Exceptionally high levels of employee engagement in efforts to improve health

Fairview Insurance Agency Associates, Inc.

Service Overview

We feel this proactive service is the key in controlling costs, both as an immediate and long-term approach. Results will be a large-scale improvement in employee lifestyle behaviors as related to nutrition, eating habits, exercise, smoking, etc. That is why Fairview Insurance is proud that this wellness program, with an 80%+ employee engagement level, full achieves this workplace wellness goal more successfully than ever before possible.

Employer Education / Notification. We ensure our clients are notified of all pertinent employee benefit legislative changes, including changes in the NJ State Health Benefits Program, COBRA, and ERISA, if applicable. We also handle Chapter 375 (Dependent to Age 31) and RDS (Medicare Part D) assistance on behalf of our clients and keep administrators informed of any legislative changes. Should a carrier change their policy or procedures, we ensure our clients are aware of such changes and notify employees where applicable.

We also inform our clients of any legislative or pertinent employee benefit related seminars. We constantly attend seminars to stay current in this industry, and we receive continuous updates that we will forward to appropriate administrators.

Health Fairs and Open Enrollment Meetings. Fairview Insurance administers health fairs for our clients upon request. We will incorporate blood pressure readings, massage therapy, healthy food, healthy lifestyle updates, and many other services.

Fairview Insurance Agency Associates, Inc. Service Overview

PLANNING & NEGOTIATION CAPABILITIES
--

Insurance Trends. Fairview Insurance recognizes that servicing a public sector client poses unique challenges. We constantly stay updated on changes in federal and state legislation, as well as potential changes of legislation that may affect public entities. We receive and monitor these updates on an ongoing basis and report them to our clients.

Physician / Provider Network Analysis. In the event that a change in carrier is warranted, Fairview Insurance obtains network GEO Access and Disruption Reports for all providers used by the members during the most recent 12-month period. GEO Access reports will illustrate how many providers in a specific area participate with each carrier. A Network Disruption Report will then illustrate how many providers participate with a specific carrier compared to your current carrier. In addition to proposed premium, both reports will help to ascertain which carrier or carriers may be the best fit for the client.

Annual Benefit Renewals. Fairview Insurance works with the client to develop and administer an effective business plan for annual benefit renewals. We will work closely with the incumbent carrier to provide renewal proposals 60 - 90 days in advance of the renewal date. We will analyze all pertinent information, including the claims experience, plan structure, and rate increases. We will then effectively market the program to the appropriate competing carriers to provide you with the best network, administration, and financial feasibility. Once we evaluate all bids received, we will provide various alternate options, including proposals from other carriers using the same and alternate benefit plan designs.

We will then meet with the necessary parties to discuss our business plan for the entity's benefit renewal. All information is presented in a clear and concise format to all necessary parties in a timely manner.

Furthermore, we routinely receive information from carriers regarding the medical loss history of the group. This helps us to determine if the group is trending well, and if not, it allows us to assess what measures to take. Factoring in national trend and what the marketplace dictates, the medical loss history allows us to project any premium increase at renewal.

Fairview Insurance Agency Associates, Inc.

Service Overview

Negotiating the Best Rates. We are extremely effective at negotiating the best possible rates as well as the best possible cash flow incentives/alternatives at the time of initial enrollment and/or annual renewals.

For example, during one of our client's previous renewal periods, we initially negotiated the renewal from a 24% increase down to an 11% increase. Recognizing that they still had budgetary constraints due to pension debts and standard increases, we were then able to negotiate a 30-day deferral, which provided the client with an additional \$500,000+ positive cash flow for that year. The deferral was paid back over twelve installments during the next year.

Another client had received a 38% increase initially which we negotiated down to a 19% increase. We then negotiated the 19% increase to a 15% increase with a 4% callable. The 4% callable amount was contingent upon the entity's Medical Loss Ratio (MLR) performing higher than 85% for the next contract year.

Innovative and Cost Effective Plan Designs. Fairview Insurance develops innovative and cost effective measures that are realistic options for our public sector clients. For example, we have presented the implementation of a Health Reimbursement Arrangement (HRA) to many of our clients. Under the 1981 PERC case, City of Newark FMBA vs. City of Newark, it was determined that program administration can be grieved. We recognize that programs like HRAs would be deemed a change of administration and would require negotiation with union leadership. To avoid such grievances, we analyze utilization reports to determine how to structure these programs in a manner that is economically feasible and then convey such information to union leaders so that they can understand and support the proposed program.

Fairview Insurance Agency Associates, Inc. Service Overview

EMPLOYEE SUPPORT SERVICES

Customer Service Support. Fairview Insurance Agency was built around service. The client will have one dedicated account manager and one backup account manager from our office available to them Monday through Friday during normal business hours. The account manager will be responsible for all inquiries and issues, including claim appeals, benefit discrepancies, and other services. The account manager and the support staff have direct contacts at the carriers which enable us to “cut through the red tape” and resolve issues in a timely manner. Furthermore, any inquiry or issue that is brought to our attention is documented along with all responses and results. We keep all documentation in an employee file in our secure HIPAA compliant system for future reference.

Employee Benefits Website. Each employee and dependent is granted access to Fairview Insurance’s comprehensive online benefits portal, which is provided via Web Benefits Design. Members have access to plan summaries and documents, enrollment forms, health and wellness resources, and more. A live demo is available at http://demo.mybensite.com/fairview_rg

Access to Human Resources Tools. Our firm provides each of our clients with login information for HR Genius, an award winning online Human Resource and Benefits Library provided by HR360. Please see the attached sample HR Genius website for more information. You may also participate in a live demo of the site by visiting <http://www.mybensite.com/hrgenius>

Username: fairviewdemo

Password: hrgenius

FAIRVIEW'S TOP 5 CAPABILITIES

FOR EXECUTING TIMELINE FOR NJTA



1.

CELEBRATING 50 YEARS: 1970 - 2020

Fairview Insurance Agency Associates provides customized insurance plans, employee benefits and financial planning services for individuals, companies and public entities. Our longevity, depth of experience and reputation for friendly, personal service have contributed to the position we hold today as one of the leading insurance agencies in the mid-Atlantic, with annual premiums of more than \$250 million.

2.

NETWORK DISRUPTION ANALYSIS CAPABILITIES

Conducted by TPA's, Fairview provides the data and the TPA in turn provides us which doctors are not in network and which doctors are gained because of the switch

3.

DISCOUNT ANALYSIS CAPABILITIES

Fairview's TPAs and leased Networks will provide Discount Guarantees and Performance Guarantees, requiring the follow information to provide a true dollar analysis: Provider Tax ID Number | Provider Name | Provider Address | Provider Specialty | Number of Patients | Number of Services | Provider Charges | Provider Paid | Current PPO – AmeriHealth, PHCS, Multiplan, etc. | Current PPO Status – In or Out of Network

4.

PRESCRIPTION FORMULARY DISRUPTION ANALYSIS

The Prescription Benefit Manager (PBM) of Fairview's TPA will provide analysis and member communication when a drug is coming off the formulary or changes in class. We have successfully negotiated on average a 28% rebated. Healthcare trends are typically 8.5%; however, TPAs can decrease medical trends as related to fraud, benefit abuse, etc. Retiree Healthcare is provided through our TPA/network or a Medicare Advantage program.

5.

LEGAL/COMPLIANCE (COBRA, HIPAA, PPACA, ETC)

In addition to having legal representation on retainer, Fairview Insurance is fortunate to have in-house legal officers as part of our regional and national team at Foundation Risk Partners.

PLAN MANAGEMENT

COMPREHENSIVE CLIENT SUPPORT



Our Plan Management process is comprised of a multi-stage approach that will deliver an immediate positive impact on the employer's organization and plan participants, and will allow for data-driven refinements along the way.

Strategy

Analyzing Your Long-Term Goals

Using participant data, our experts develop a strategy to achieve long-term benefits goals and priorities. Our recommendations are shaped by our deeper understanding of you and your employees.

Plan Design

Structuring Your Employee Benefits

Through data analysis and benchmarking, we optimize your annual renewal experience, identify cost-effective solutions and leverage our position in the marketplace to negotiate optimal, cost-controlled plan designs.

Execution

Day-to-Day Benefit Management

We remove administrative burdens. Our Account Managers, Specialists and Underwriters help execute the plan to ensure administrative efficiencies, increased regulatory compliance, and mitigation of risk exposures.

Our dedicated team of professionals continually reassesses the design, functionality, cost, risks and overall value of the entire health and welfare program, year-to-year, and for the long term life of the plan.

Employee Data Capture and Analysis through BenefitsVIP® advocacy and support center, employee engagement surveys and administration systems

Ongoing Claims Experience Review using Claims Dashboard on expected liability, contractual stop-loss obligations, fixed costs and budget forecasts

Trends and Cost Driver Identification evaluated against business goals and analytics

Benchmarking on plans, utilization costs, demographics

Funding Alternatives for minimum premium, level funding, self-funding and pricing based on risk tolerance, cash flow requirements and group size

Plan Marketing/Renewal Negotiations using Claims Dashboard to provide projections for a *no-surprise* renewal; Underwriters uncover anomalies within a carrier renewal calculation to provide superior negotiating strength for the most cost-effective rates/design

Annual/Multi-Year Program Design with long-term strategies to achieve cost control/value

Plan Implementation/Ongoing Support of tasks, roles and timelines

Open Enrollment Support for contracts, amendments, summary plan descriptions, employee meetings, enrollment materials, carrier and vendor deliverables

Compliance Risk Mitigation to keep plans compliant and current of changes in laws and regulations impacting benefits

Participant/HR Advocacy through BenefitsVIP® advocacy and support center

Client and Participant Education through award-winning employee communications campaigns and materials; complimentary webinars, forums and conferences for ongoing client education; weekly thought leadership blog articles, videos and eAlert updates

Wellness and Disease Management of health and wellness programs

Vendor Management through metrics, service levels and best-in-class vendor partners

Performance Guarantees by establishing mutually agreeable standards and metrics for implementation, account management, customer services and processes

Examples of Healthcare Clients

Fox Rehabilitation

Brightpoint Health

Deborah Heart & Lung Center

Gurwin Jewish Nursing & Rehabilitation Center

St Johnland Nursing Center

University Physician Associates of New Jersey

SERV Behavioral Health System

Hospital Billing & Collection

Long Island Select Healthcare, Inc.

Henry J. Austin Health Center

University Physicians Group



The HR Library Every Business Needs to Stay Compliant

Did you know that employees win lawsuits two-thirds of the time with the average employment practices verdict exceeding \$250,000 and the cost of defense exceeding \$100,000?*

Did you know that in a recent survey of companies, 57% said they had dealt with an employee-related lawsuit in the past five years?*

How do you protect your company from the time, expense and distress associated with employee-related lawsuits?

The answer is easy... **HR360!** The one online HR resource every business needs. Our site features thousands of pages of content, forms and posters—it's like having a mini-HR department at your fingertips. HR360 includes:

- Employee Benefits — Federal and State guidelines and how-to information to help you stay compliant.
- Downloadable and Customizable sample Employee Handbook.
- Human Resource information including how to do performance reviews, interview, hire and terminate.
- Hundreds of downloadable forms, policies and checklists.
- Laws such as COBRA, ERISA, FMLA, HIPAA clearly explained.
- HR Tools such as the Job Description Builder and Salary Benchmarking tool.
- Downloadable federal and state posters.



All this content is provided in an easy-to-navigate, timesaving format that helps you stay compliant and ahead of the curve.

*source: hrthatworks.com, **source: findlaw.com

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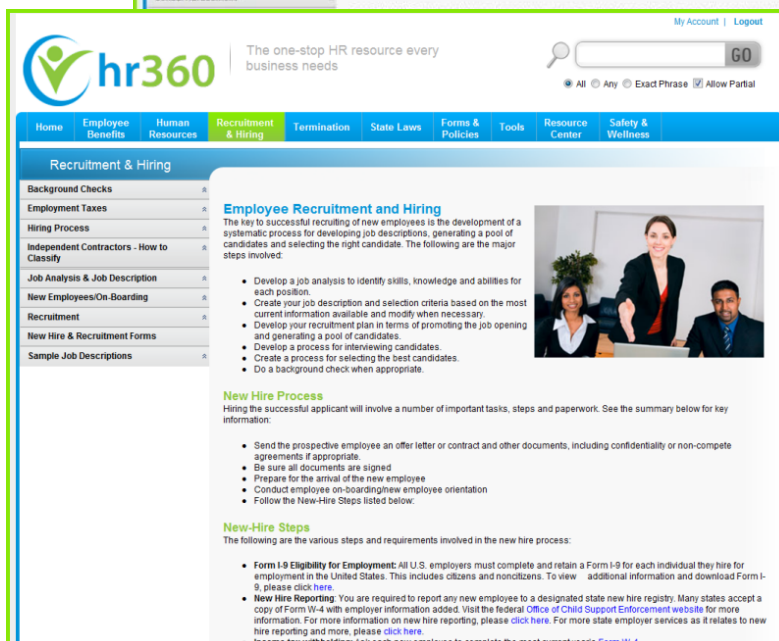
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BalanceWorks® Newsletter

November 2015 | Written by the work/life experts at eni



Healthy Holiday Habits

November marks the beginning of the joyous “holiday season”. All the festivities do have a few negative side effects including lack of sleep, added stress, and holiday weight gain. The good news is that there are some tips and tricks you can utilize from Thanksgiving all the way through New Year’s Day to keep you fit and full of energy!

Quality Shut Eye

Stick to your normal sleep schedule as much as possible. Even after attending a late night holiday party, try your best to wake up at the same time you normally do to preserve your regular sleep-wake cycle. If you are extremely tired, it’s better to grab a quick mid-day nap than to “sleep-in”.

Avoid eating 2 hours before bedtime. If you are starving before bed, avoid eating that leftover pumpkin pie or a spoonful of mashed potatoes. Instead reach for a light snack like fruit or granola.

Avoid caffeine and alcohol up to 4 hours before bedtime. Obviously, caffeine is a stimulant and will make it harder to fall asleep. Alcohol is a depressant, so although it may help you fall asleep initially, as soon as your body metabolizes the alcohol, it will disrupt your sleep and wake you up.

Your bedroom should be your sanctuary. Avoid the urge to decorate your bedroom with twinkle lights, a Menorah, or mini Christmas tree, as artificial light reduces your quality of sleep. Also, don’t clutter your bedroom with wrapping paper, ribbons, or shopping lists. Leave the stress and many to-dos of the holiday season out of the bedroom, so it remains a calm and inviting atmosphere.

Reduce Stress

The holiday season is an extremely busy time. Don’t feel obligated to attend every celebration you’re invited to. Accepting all invitations may leave you exhausted and stressed. If you are feeling overwhelmed it’s perfectly acceptable to politely decline.

Money is often a source of stress during the holidays. It helps to take a look at your budget at the start of the season and plan out exactly what you can afford in regards to gifts and hosting/contributing to holiday festivities. This will mitigate many unexpected expenses and will ensure you are not left in debt at the end of the season.

Leave time for yourself to de-stress. Pick something you enjoy that keeps you calm and centered and practice it for a few minutes every day. Try yoga, meditation, reading, taking a walk or cuddling with a pet.

For more information or support on staying healthy during the holiday season, contact the work/life experts at **BalanceWorks®** by calling:

1.800.327.2255

eni’s BalanceWorks® program is a confidential 24/7 service provided by your employer to help achieve work/life balance.





Anything that makes you happy and calms your nerves will work!

Avoid Holiday Weight Gain

Keep in mind that it takes 500 extra calories per day to gain 1 pound so use the following technique to balance out food intake and prevent weight gain. If you do overeat at one meal, simply go light at the next meal. For example, if you LOVE Thanksgiving dinner and want to indulge, just be sure to eat a light breakfast and lunch.

Holiday buffets can lead to overeating. To keep calories in check fill your plate with the foods you love and skip those that are just OK and be sure to include healthy choices like fruits and veggies on your plate.

Be sure to bring something healthy to potluck dinners or lunches. This ensures that you can indulge in your own healthy dish while taking smaller portions of less healthy options.

Don't overindulge in alcohol as it adds empty calories and lowers inhibitions often resulting in over-eating.

Remember that it's fine to eat holiday treats like cookies and pies, just eat a small portion. Eat just enough to savor the scrumptious taste!

Remember to drink lots of water so you don't mistake thirst for hunger.

Finally, you can always find smart swaps for classic holiday meals and

treats like this **Sweet Potatoes-Pecan Casserole** courtesy of the Food Network:

Ingredients

Cooking spray
3 1/2 pounds sweet potatoes (about 5 medium),
peeled and cut into 1-inch chunks
1/3 cup honey
1 large egg
1 teaspoon ground cinnamon
1/4 teaspoon ground nutmeg
1/8 teaspoon ground ginger
Kosher salt
1 tablespoon packed dark brown sugar
1/3 cup finely chopped pecans

Directions

Preheat the oven to 350 degrees F. Mist an 8-inch square baking dish with cooking spray.

Bring a few inches of water to a boil in a pot with a large steamer basket in place. Put the sweet potatoes in the basket, cover and steam until tender, 20 to 25 minutes. Transfer the potatoes to a bowl and let cool slightly. Add the honey, egg, 1/2 teaspoon cinnamon, the nutmeg, ginger and 1/2 teaspoon salt; whip with an electric mixer until smooth. Spread the sweet potato mixture in the prepared baking dish.

Mix the brown sugar, pecans and the remaining 1/2 teaspoon cinnamon in a bowl; sprinkle over the potatoes. Bake until hot and beginning to brown around the edges, 40 to 45 minutes.

Per serving: Calories 160; Fat 4 g (Saturated 1 g); Cholesterol 25 mg; Sodium 180 mg; Carbohydrate 31 g; Fiber 3 g; Protein 3 g

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