

**PUBLIC NOTICE**

**REQUEST FOR PROPOSAL  
UNDER A FAIR AND OPEN PROCESS  
RFP # 14-011**

Pop Moylan Urban Redevelopment Company, LLC invites proposals for the provisions of the following type of insurance coverage for a one year policy for period beginning 6/1/13.

**COMPREHENSIVE BUSINESS OWNERS INSURANCE  
NANCY J. ELKINS SENIORS HOUSING**

**Proposals shall be received at the Housing Authority of Gloucester County  
Administrative Offices, 100 Pop Moylan Blvd., Deptford, New Jersey no later than:**

**2:00 PM WEDNESDAY  
MAY 21, 2014**

**at which time proposals will be publicly opened and tabulated.**

The Housing Authority of Gloucester County is soliciting proposals through a fair and open process in accordance with N.J.S.A. 19:44A-20.4 et seq. The Housing Authority of Gloucester County reserves the right to waive informalities in proposals and/or reject all proposals.

Negotiations may be conducted with offerors who submit proposals that have a reasonable chance of being selected for award.

The Proposal selected shall comply with all applicable federal, state and local statutes, rules and regulations. Proposal chosen will be required to comply with P.L. 1975 c.127 (affirmative action requirements), N.J.S.A. 52:32-44 (Business Registration), N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq. (Contract compliance and Equal Employment Opportunities)

**For proposal information and proposal format, contact:**

**SAMUEL V HUDMAN  
EXECUTIVE DIRECTOR**

**HOUSING AUTHORITY OF GLOUCESTER COUNTY  
100 POP MOYLAN BOULEVARD  
DEPTFORD, NEW JERSEY 08096**

**ATTN: SHERRY DITIZIO, ADMINISTRATIVE ASSISTANT**

The Housing Authority of Gloucester County is a fair housing provider. We do not make any preference, limitation or discrimination because of race, color, religion, sex, handicap, familial status, or national origin. The Housing Authority of the Gloucester County is an equal opportunity employer and complies with all federal and state laws, regulations and executive orders regarding employment.



**HOUSING AUTHORITY OF GLOUCESTER COUNTY**

**RFP 14-011**

**GENERAL INFORMATION & MISCELLANEOUS**

**NAME OF ORGANIZATION AND ADDRESS**

POP MOYLAN URBAN REDEVELOPMENT COMPANY, LLC and  
HOUSING AUTHORITY OF GLOUCESTER COUNTY  
100 POP MOYLAN BLVD.  
DEPTFORD, NEW JERSEY 08096

**TELEPHONE**

(856) 845-4959

**CONTACT PERSON**

SAMUEL V. HUDMAN  
Executive Director

**SERVICES REQUESTED**

The Housing Authority of Gloucester County is requesting proposals for Comprehensive Business Owner's insurance for Nancy J. Elkis Seniors Housing (Deptford Park II). Proposals will be evaluated in accordance with the criteria outlined.

**INTRODUCTION**

**DESCRIPTION OF NANCY J. ELKIS SENIORS HOUSING (AKA Deptford Park II)** Nancy J. Elkis Seniors Housing is an 80-unit project of one bedroom apartments designed for the elderly (62 and older) located at 100 Pop Moylan Blvd., Deptford, NJ. The project is owned by Pop Moylan Urban Redevelopment Company, LLC, and managed by the Housing Authority of Gloucester County. It is a six-story brick and frame building, with sprinklers throughout and a hard-wired security alarm system in each apartment.

**DESCRIPTION OF HAGC** – the Housing Authority of Gloucester County is organized in accordance with New Jersey law and the requirements of the U.S. Department of Housing and Urban Development. Governed by an unpaid, seven member Board of Commissioners. One commissioner is appointed by the New Jersey Commissioner for the Department of Community Affairs, the Director of the Board of Chosen Freeholders appoints one commissioner, five commissioners are appointed by the Board of Chosen Freeholders. HAGC operates in Clayton Borough, Deptford Township, East Greenwich Township, Glassboro Township, Greenwich Township, Harrison Township, Logan Township, Mantua Township, Monroe Township, Nation Park, Paulsboro, Swedesboro, Washington Township, West Deptford Township, Westville, Williamstown/Monroe, Woodbury City, and Woodbury Heights.



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**SPECIFICATIONS FOR COMPREHENSIVE OWNERS INSURANCE**

This insurance for Pop Moylan Urban Redevelopment Company, LLC (Nancy J. Elkins Seniors Housing) shall be issued in a standard comprehensive form that meets/exceeds the laws of the State of New Jersey.

**The named insured:**

Pop Moylan Urban Redevelopment Company, LLC  
and Housing Authority of Gloucester County  
as their interests may appear.

**Address:**

100 Pop Moylan Blvd.  
Deptford, New Jersey 08096

**Telephone No.:**

(856) 845-4959

**President:**

Samuel V. Hudman

**Form of Business:**

Redevelopment Company, LLC

**Named Insured Business:**

Assisted Housing

**Policy Period:**

6/01/14 to 6/01/15, 12:01 AM standard time at the HAGC Address



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**PROPOSAL FOR COMPREHENSIVE BUSINESS OWNERS POLICY**

I (we) propose to provide Comprehensive Business Owners Insurance for a one (1) year term with liability limits of \$2,000,000, and comprehensive perils, \$11,700,000 and other coverage for Pop Moylan Urban Redevelopment Company, along with other coverage as described in the attached specifications which are hereby made a part of this proposal:

**One Year Total Net Premium Per Specifications attached:**

\$ \_\_\_\_\_

**(Spell out proposal amount)** \_\_\_\_\_

**The Policy is to be written:**

- \_\_\_\_\_ 1. With comprehensive coverage describing the location by name and address and the premiums for each of the specified elements of coverage.
- \_\_\_\_\_ 2. With a mistake in description clause, "It is hereby understood and agreed that the coverage afforded by this policy shall not be invalidated or affected by a mistake in description of the location or otherwise mentioned in this policy."
- \_\_\_\_\_ 3. Provide sixty (60) days written notice prior to cancellation by the company.
- \_\_\_\_\_ 4. Subject to pro-rata cancellation.
- \_\_\_\_\_ 5. With an attachment to the proposal containing proposer's certification of insurance illustrating the amount of the proposer's Errors and Omissions coverage" our Umbrella Liability does/does not (cross out statement that is not applicable) cover in excess of the primary limit of the Errors & Omissions Policy."
- \_\_\_\_\_ 6. With all proposed endorsements limiting coverage (such as a nuclear energy liability exclusions endorsement) provided with the proposal and clearly identified.
- \_\_\_\_\_ 7. With a proposal attachment certifying that the insurance company is rated Best's "A-", "A" or "A+" with a photocopy of the current Best's rating attached to the proposal.
- \_\_\_\_\_ 8. With a proposal attachment providing the names of two insurance agency representatives with their respective business and home telephone numbers in order that they may be contacted in the event of any emergency.
- \_\_\_\_\_ 9. The named insured shall read "Pop Moylan Urban Redevelopment Company, LLC and Housing Authority of Gloucester County, as their interests may appear."



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**The policy is to be issued with the following endorsements attached (please check that each endorsement is included as an element of the policy):**

- A Mistake in Location Clause reading as follows: "It is hereby understood and agreed that the coverage provided by this policy shall not be invalidated or affected by any inadvertent errors, omissions, or improper description of premises, or other items mentioned in this policy."
- Cancellation may not be effected by the company without sixty (60) days prior written notice to the insured.
- It is agreed that the company shall not contend, in the event of any claim, that the named insured is not liable in tort by virtue of the fact that it is a governmental instrumentality or public body."
- An Employees As Insured Endorsement providing coverage for employees.
- A Personal Injury Endorsement providing coverage against injury or damage to the character or reputation of a person.
- Broad Form Comprehensive General Liability Endorsement (I.S.O.) form or its equivalent).
- Companies shall have a rating by A.M. Best Company of A-, A, or A+ .Provide photocopy of A.M. Best current rating with the proposal.
- Notice of Occurrence. "It is understood and agreed that knowledge of an occurrence or an accident by the agent, servants or employees of the insured shall not in itself constitute knowledge to the insured unless an executive officer or a partner of the named insured shall have actually received such notice from its agent, servant or employee."
- Each agency shall submit, along with the quotation, the names of two agency representatives and their respective home phone numbers, in order that they may be contacted in the event of an emergency.
- Proposals shall be on proposer's letterhead, shall be manually signed and shall be specific as to the elements of these specifications, the complete name and address of the Insurance Company proposed, as well as total specific annual premium for the insurance policy.
- Proposer is required to examine the specifications and risks to be covered. Failure to do so is at exclusive risk of bidder.
- Proposer shall certify on letterhead that proposer is familiar with HAGC loss experience and that the loss experienced was considered in formulating the proposal. Proposer shall adjust the premium should the experience factor be revised.
- In the event that the carrier with whom the proposer intends to place the insurance offers a dividend, the proposer will:
  - Describe in detail the operation of the dividend plan of the carrier with whom the proposer intends to place the insurance, including how the particular carrier calculates and determines eligibility for a dividend;
  - Detail the prior year's dividend performance of the proposed carrier;
  - Describe the likelihood of the HAGC qualifying for any particular level of dividend plan, given the performance history.
  - Show the percentage of each deduction or addition listed in the schedule that it uses to present the total proposed premium (that is, for example, what is the percentage of the premium discount? The second injury fund surcharge?).
- Affirmative Action**  
The Proposers must certify that it does not discriminate in the hiring or promotion of any minorities, as designated by the Equal Employment Opportunity Commission of the United States of America, or the Department of Civil Rights of the State of New Jersey; and that it does not discriminate against any person or persons on the basis of race, creed, age, color, sex, national origin, ancestry, marital status and affectional or sexual orientation or handicap.



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**Public Records**

Under this RFP constitutes a public document that will be made available to the public upon request. The Proposing Agent may request to deem certain sections of its Proposal non-disclosable, as permitted by N.J.A.C. 19:9-4.2(a)4 and the New Jersey Open Public Records Act (OPRA), N.J.S.A. 47:1A-1 et seq., which determination shall be in the sole discretion of the Authority's Attorney and designated OPRA custodian of records. Each page that the Agent believes to be non-disclosable because of the applicability of an OPRA exception or for another reason (such as Federal law) shall be specifically identified with a stamp or other notation indicating that the page is to be deemed confidential and not disclosed. The Proposing Agent shall also identify the specific OPRA exception or other law or regulation that it believes to exempt the designated information from public disclosure. OPRA exceptions are listed at N.J.S.A. 47: 1A-1.1 through N.J.S.A. 47: 1A-3.

Notwithstanding any such request or determination, the Authority cannot and does not provide any assurance that any information provided to the Authority will remain confidential. All Proposing Agents are deemed to have submitted their Proposals and all information provided to the Authority will remain confidential. All Proposing Agents are deemed to have submitted their Proposals and all information within or relating to same, the understanding that the New Jersey Government Records Council or a court of competent jurisdiction may direct that any or all such information be released to the public without restriction.

**Division of Revenue Registration**

Pursuant to the terms of N.J.S.A. 52:32-44, the successful Proposing Agent is required to provide to the Authority proof of valid business registration with the Division of Revenue in the Department of the Treasury, prior to entering into a contract with the Authority. No contract shall be entered into by the Authority unless the Agent first provides proof of valid business registration. In addition, the successful Proposing Agent is required to receive from any subcontractor and/or sub-consultant it uses for goods and services under this contract, proof of valid business registration with the Division of Revenue. No subcontract shall be entered into by any contract with the Authority unless the subcontractor and/or sub-consultant first provide proof of valid business registration. Please include a copy of the Agent's Certificate of Registration with the proposal submission.

**Affidavit of Moral Integrity**

Together with the Proposal, the Agent must submit an Affidavit of Moral Integrity on the form attached hereto for review by the Authority's Director of Law.

**Proposer shall include:**

- Affirmative Action Information Sheet
- Mandatory Equal Employment Opportunity Language
- Non-collusive Affidavit
- Certification for Contracts
- Grants, Loans and Cooperative Agreements (anti-lobbying certification)
- Affidavit of Moral Integrity
- Owner Disclosure Statement

Submitted By: \_\_\_\_\_  
Name

BY: \_\_\_\_\_  
Name and Title (Signature)

Firm Address: \_\_\_\_\_

Firm Phone No: \_\_\_\_\_

DATE: \_\_\_\_\_



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**SPECIAL COVERAGES PART ONE**

<b>COVERAGE</b>	<b>LIMIT PAID PER ACCIDENT OR LOSS</b>	<b>YOUR PREMIUM FOR THIS COVERAGE</b>
1. Comprehensive Perils (Special Form - All Risk)	Location 2 - \$11,700,000 (Include comprehensive perils)	
2. Business Personal Property (Special Form - All Risk)	\$200,000 \$1,000 Deductible	
3. Comprehensive Liability All Locations	\$2,000,000 Includes for hire/ borrowed vehicles and use of employee vehicles.	
4. Tenant Discrimination Liability	\$1,000,000	
5. Equipment Breakdown	\$11,700,000 Deductible - \$1,000 Property 12 Hours	
6. Medical Payments All Locations	\$1,000 Each Person \$10,000 Each Accident	
7. Money & Securities	Off Premises \$50,000 On Premises \$50,000 \$250 Deductible	
8. Valuable Paper, Electronic Media & Records	Paper Liability \$25,000	
9. Loss of Income	Actual Loss Sustained not exceeding 12 consecutive months (Rental Income 2014-\$)	

**SPECIAL COVERAGES PART TWO**

**NEW JERSEY HOUSING & MORTGAGE FINANCE AGENCY INSURANCE SPECIFICATIONS  
MINIMUM REQUIREMENTS**



**NEW JERSEY HOUSING & MORTGAGE FINANCE AGENCY  
INSURANCE SPECIFICATIONS  
MINIMUM REQUIREMENTS**

**GENERAL INFORMATION**

**Additional Insured**

All policies providing Property/Crime/Liability and Equipment coverage must indicate the New Jersey Housing and Mortgage Finance Agency (hereinafter "NJHMFA") as Additional Insured and Mortgagee. Property policies must also indicate NJHMFA as Lender's Loss Payable.

**Mortgage Clause (Standard Form)**

All Property Insurance Policies must indicate the Mortgagee as:

New Jersey Housing and Mortgage Finance Agency  
637 South Clinton Avenue  
PO Box 18550  
Trenton, New Jersey 08650-2085

*Note – In instances where the mortgage financing provided by NJHMFA has been paid in full, NJHMFA need only be indicated as Additional Insured on all Property/Crime/Liability and Equipment coverages when the respective property continues in the portfolio of the NJHMFA pursuant to the terms of an executed Regulatory Agreement or Deed Restriction.*

**Insurance Company**

Issuing Insurer must be currently eligible to write business in the State of New Jersey and have a current A.M.Best Rating of A- and with a Financial Size Category of VIII or a Demotech, Inc. Financial rating of A (Exceptional).

*Note – Any issuing Insurer with Ratings Under Review by A.M. Best with Negative Implications and/or Long Term Negative Implications may be subject to further requirements and review by the NJHMFA.*

**Coverage Requirements**

All insurance coverages required pursuant to these Insurance Specifications Minimum Requirements must be provided on a Per Occurrence/Per Location basis with coverage limits as noted herein.



## Insurance Agent

Must provide a written statement to the development that the policy being provided meets or exceeds the NJHMFA minimum insurance requirements; a Certificate of Insurance showing the Agent's Errors and Omissions coverage (E & O) is to be included showing unimpaired Limits of at least \$5,000,000 on the underlying policy and a deductible not exceeding \$50,000. If the Producer and the Insured are the same or related party as disclosed on the respective Certificate of Insurance, further evidence of E & O Coverage is to be provided through submission of a copy of the respective Policy Declaration Pages.

*Note – In instances where an Agent has an E & O Deductible in excess of \$50,000, NJHMFA may, upon request, consider acceptance of same subject to the review by NJHMFA of the most recent Certified Financial Statements of the respective Agent to determine the financial wherewithal of the Agent to fund a Deductible in excess of \$50,000.*

## Cancellation/Non-Renewal

Notice is to be provided to the NJHMFA via Certified Mail and pursuant to policy terms.

## Evidence of Insurance

ACORD 28 forms "Evidence of Commercial Property Insurance" may be utilized to provide evidence of property coverages. All information on the ACORD 28 must be completed.

ACORD 25 forms "Certificate of Liability Insurance" may be utilized to provide evidence of General Liability, Automobile Liability, Excess/Umbrella Liability, Workers Compensation and Employers' Liability coverages as are applicable.

ACORD forms are to indicate the Certificate Holder as follows:

New Jersey Housing and Mortgage Finance Agency  
ATTN: Insurance Division  
637 South Clinton Avenue  
Trenton, NJ 08611

Samples of the ACORD 28 and ACORD 25 can be found at the end of this Booklet. *A word of caution – please be sure to use the most current edition of same.*

*A note about required NAIC numbers for use on the ACORD 28 and ACORD 25 forms – The National Association of Insurance Commissioners assigns an "NAIC" number to each domestic insurer domiciled in the United States. This NAIC Number is to be indicated on the appropriate ACORD form(s) for each insurer providing coverages. If a foreign carrier is providing the insurance coverages, the specific name of the carrier must be provided as well as the specific AM Best Number assigned to same. In the instances where a foreign carrier operates through and provides coverages utilizing a syndicate system, the specific name of each of the syndicates must be provided as well as the specific syndicate number and AM Best Number assigned to same. In all instances, any and all foreign carriers must meet all NJHMFA Insurance Requirements.*

**Complete copies of all Insurance Policies with all required Endorsements must be submitted for the review of the NJHMFA.**

*Note - In the event that complete copies of Insurance Policies are not available, NJHMFA may, upon request, permit the submission of sample policies with policy Declaration Pages/Binders detailing full coverages to be followed by submission to the NJHMFA of complete copies of all Insurance Policies with all required Endorsements immediately upon receipt from insurer(s).*

### **State Guaranty Funds**

NJHMFA highly recommends that insurers providing insurance coverage be members of the respective State Guaranty Fund. A State Guaranty Fund is a fund administered by a US State to protect policy holders in the event that an insurance company defaults on benefit payments or becomes insolvent. The Fund only protects beneficiaries of insurance companies that are licensed to sell insurance products in that State.

### **Risk Purchasing Groups**

If insurance coverages are provided through a purchasing group, a copy of the Registration Letter issued by the New Jersey Department of Banking and Insurance must be submitted, as well as a Designated Location(s) General Aggregate Limit Endorsement for each respective policy specifically noting the insured property.

## ***Property Insurance***

### **MINIMUM INSURANCE REQUIREMENTS:**

#### **Property**

Real/Personal/Rental Values including but not limited to:

Walls, outdoor light poles, smokestacks, swimming pools, playground equipment, water towers, exterior poles, car ports, signs, fuel oil, tennis courts, basketball courts, radio and television antennas (including their lead-in wiring, masts or towers), and satellite dishes.

#### **Limits**

Real and Personal Property: Blanket Replacement Cost – Agreed Value.

Rental Value: An amount equal to 100% of anticipated rental income for one (1) year full occupancy – with no Coinsurance Penalty.

## Coverage

Comprehensive "All Risk" or "Special" + Flood & Earthquake Building Ordinance. Joint Loss Agreement. It is recommended that coverage be on an Insurance Services Office (ISO) Building and Personal Property Coverage form with Cause of Loss, Special Coverage to establish a standard of coverage.

## Flood Insurance

National Flood Insurance (NFIP) is required for all Properties located in flood zones A, V and shaded X with the maximum available policy limits of coverage available under the NFIP Program for each building. The Property Policy must provide flood limits immediately in excess of NFIP policy limits up to the insurable value at each Location up to a maximum \$10,000,000 if available.

## Joint Loss Agreement

A Joint Loss Agreement is necessary if Property and Boiler and Machinery insurers are different.

## Ordinance & Law Endorsement

Ordinance & Law Endorsements are required. The Property insurance is to include loss as a result of enforcement of any Building Law or Ordinance that affects the reconstruction of the building(s), cost to demolish the undamaged section(s), cost to rebuild including improvements resulting from a change in Building Codes and the additional loss of business income as a result of the above.

## Deductible

Deductible amount is not to exceed \$10,000 combined per loss. Rent deductible should not exceed 72 hours.

## *Commercial Liability – Per Occurrence Coverage:*

### General Liability

\$2,000,000	General Aggregate Limit – other than Products/Complete Operations
\$1,000,000	Products/Completed Operations Aggregate
\$1,000,000	Personal & Advertising Injury Limit
\$1,000,000 -	Each Occurrence
\$ 10,000 -	Medical Expense Limit – Any One Person/Accident/Aggregate

**Coverages** - To Include:

\$1,000,000	Automobile Non-Ownership & Hired Car Liability if no separate auto policy is in place.
\$1,000,000	Employee Benefits Liability (Each Claim Made with \$1,000 Maximum deductible)
\$1,000,000	Employee Benefits Liability, Annual Aggregate Directors & Officers Liability (Where Applicable)

**General Liability Coverage Requirements Continued -**

Volunteers as Insureds

Medical Payments \$10,000

Knowledge & Notice of Occurrences

Unintentional Errors & Omissions

Exception to the Pollution Exclusion for hostile fires and building heating equipment

**Fidelity**

**Limits** (Maximum deductible \$5,000)

\$ 500,000	-	Employee Dishonesty per loss
\$ 3,000	-	Money and Securities - Inside Premises
\$ 3,000	-	Money and Securities - Outside Premises
\$ 100,000	-	Forgery or Alteration

Including part time & temporary employees, Directors and/or Trustees, whether compensated or not, unemployed spouses, and Managing Agents

## Umbrella Liability

### Excess of Primary:

\$10,000,000 For Projects financed on or after February 2005 or

\$20,000,000 For Projects financed prior to February 2005

\$1,000,000/\$2,000,000

Schedule of Underlying Coverage to list

- General Liability
- Hired and Non-Owned Automobile Liability
- Employers Liability

## Boiler and Machinery Limits

Full Replacement Cost – Direct Damage

Actual Loss Sustained – Combined Business Interruption/Extra Expense – 100%  
of anticipated Rental Income for one year full occupancy

### Coverage

Comprehensive – Boilers/Fired & Unfired Pressure Vessels/Air Conditioning/  
Electrical Apparatus

### Valuation

Repair or Replace (New for Old)

## Boiler and Machinery Requirements Continued –

### Minimum Sublimits:

\$100,000	Ammonia Contamination
\$100,000	Water Damage
\$100,000	Hazardous Substances
\$100,000	Expediting Expenses

### Deductibles

Maximum of:

\$10,000	-	Direct Damage
72 Hours	-	Indirect Loss

**Workers' Compensation**

Employers Liability

\$100,000

Bodily Injury Each Accident

\$100,000

Disease Policy Limit

\$100,000

Disease Each Employee

**Optional Coverages**

Tenant Discrimination

Mold

Terrorism

**Sample ACORD 25  
“Certificate of Liability Insurance”**

**and**

**Sample ACORD 28  
“Evidence of Commercial Property Insurance”**

**Follow**

*A word of caution –  
Please be sure to use the most current edition of same.*

**Important Notice:**

*These Insurance Specifications and Minimum Requirements may be amended from time to time and such amendments may occur without notice and are applicable to all pending and future insurance documentation submissions. Accordingly, it is suggested that contact be made with the Insurance Division of the New Jersey Housing and Mortgage Finance Agency to ascertain whether or not there have been any changes since the date of these Insurance Specifications and Minimum Requirements and for complying with same.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 POLICES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERS, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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	NAME	
	PHONE	
ADDRESS	STREET	
	CITY	
INSURERS		
INSURER 1		
INSURER 2		
INSURER 3		
INSURER 4		
INSURER 5		

COVERAGES      CERTIFICATE NUMBER      REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICES 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 FORMUL, THE INSURANCE AFFORDED BY THE POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	INSURER (SEE LIST)	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIM-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> FOLLOWS PERIL AGREEMENT/LIMIT APPLIES FOR: <input type="checkbox"/> POISON <input type="checkbox"/> FROST <input type="checkbox"/> EARTHQUAKE				EACH OCCURRENCE \$ PER ANNUAL OCCURRENCE \$ AGGREGATE \$ PRODUCTS-COMPANY \$ AUTOMOBILE \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> MIXED				BODILY INJURY \$ PROPERTY DAMAGE \$ MEDICAL \$ ADVERTISING \$
UNDERWRITING <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> CLAIM-MADE <input type="checkbox"/> FOLLOWS				EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> ANY PROFESSIONAL LIABILITY <input type="checkbox"/> OFFENSES/CRIMINALS <input type="checkbox"/> PERSONAL AUTO <input type="checkbox"/> FUEL CONTAMINATION <input type="checkbox"/> FURNITURE/FLOOR COVERINGS				MEDICAL \$ DISABILITY \$ BODILY INJURY \$ PROPERTY DAMAGE \$ MEDICAL \$ ADVERTISING \$

DESCRIPTION OF OPERATIONS (ATTACHED POLICES SHOULD BE ASSIGNED TO THE APPROPRIATE OPERATIONS, IF APPLICABLE)

CERTIFICATE HOLDER	CANCELLATION
	<p>IF ANY OF THE ABOVE DESCRIBED POLICES IS CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE RECEIVED BY ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>

ACORD 25 (2/10/05)

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**Evaluation Factors**

The Proposal will be carefully evaluated for conformance with the requirements of this RFP. Selection of a Broker will be based upon the Proposal. Respondents will be awarded a maximum of 100 points based upon the following factors:

**Evaluation Criteria Weight**

- **Understanding the Authority's Needs: Assigned Value – 20**  
The Proposal shall include the firm's history in performing work similar in scope to the services required as outlined. Evaluation will include the firm's and staff's ability to support this account given the existing clients, ability to complete specific assignments in timely fashion; and compliance with professional insurance errors and omissions.
- **Experience on Similar Projects: Assigned Value – 15**  
Evaluation will include the agent's experience in providing the services required herein. The agent is encouraged to provide references.
- **Credentials of Project Team: Assigned Value – 15**  
Evaluation will include qualifications and relevant experience of key personnel, particular those involved in day-to-day management of the Authority's account. The agent should highlight experience on similar projects and comment on the availability of the staff listed.
- **Fee for the Service: Assigned Value – 50**  
Cost includes the premium cost of the coverage (including agent's commission), any required surcharges and any other fee(s) contemplated by the agent.

**Selection**

Following the process described above, the Housing Authority of Gloucester will make all decisions regarding selection of the finalists and the award of the contract. The decision of the Housing Authority will be considered final.

**HOUSING AUTHORITY OF GLOUCESTER COUNTY**

**RFP 14-011**

**AFFIRMATIVE ACTION INFORMATION SHEET**

IN ACCORDANCE WITH THE TERMS OF THE ATTACHED AGREEMENT PROPOSERS ARE REQUIRED TO SUBMIT ONE OF THE FOLLOWING FORMS RELATING TO COMPLIANCE WITH AFFIRMATIVE ACTION REGULATIONS. PLEASE COMPLETE AND RETURN THIS FORM WITH THE PROPOSAL.

1. **The proposer has submitted a Federal Affirmative Action Plan Approval which consists of** a valid letter from the Office of Federal Contract Compliance Programs (Good for one year of the date of letter).

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, a photo copy of the Letter of Approval is to be submitted with the bid.  
(OR)

2. The proposer has submitted a Certificate of Employee Information Report pursuant to (NJAC 17.27-1.1) and The State Treasurer has approved said report.

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, a photo copy of the Certificate is to be submitted with the bid.  
(Expiration Date on Certificate)

Certificate of Approval Number \_\_\_\_\_  
(OR)

3. If Proposer has already submitted Form AA-302 to the States' Affirmative Action Office, please return a copy of it with the proposal.

If you are the successful proposer and have none of the above, please contact the Purchasing Department at **(856) 845-4959 ext. 219** within five (5) days of notification of award for an Affirmative Action Employee Information Report (AA-302). This form (AA-302) must be forwarded to the States' Affirmative Action Office.

The signature below certifies that one of the above forms of Affirmative Action evidence has been submitted, and all information contained above is correct to the best of my knowledge.

**Signed** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Print Name and Title**

\_\_\_\_\_

**Proposers Company Name**

\_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ **Fax**  
**Number** \_\_\_\_\_



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**AFFIRMATIVE ACTION STATEMENT**

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The undersigned confirms that the Contractor agrees that in the hiring of any employees, laborers, workmen and mechanics for the performance of work under this bid that said contractor or any person on his behalf shall not be reason of race, creed, color or national origin or ancestry, discriminate against any employee in hiring who is qualified and available to perform the work to which the employment relates. The contractor shall not discriminate against any individual because of marital status or sex/age and shall comply with all statutes relating to contract on behalf of the County of Gloucester.

-----  
**SIGNATURE**

-----  
**TITLE**

-----  
**DATE:**



**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**

**N.J.S.A. 10:5-31 et seq., N.J.A.C. 17:27**

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**GOODS, PROFESSIONAL SERVICES AND GENERAL SERVICE CONTRACTS**

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

- A. 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 take affirmative action to ensure that such applicants are recruited and employed, 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 action shall include, but not 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.
- B. 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.
- C. The Contractor or Subcontractor, where applicable will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding a notice to be provided by the agency contracting officer advising the labor union or worker's representative of the Contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- D. 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.
- E. The Contractor or Subcontractor agrees to make good faith efforts to employee minority and women workers consistent with the applicable county employment goals established in accordance with **N.J.A.C. 17:27-5.2** or a binding determination of the applicable county employment goals determined by the Division, pursuant to **N.J.A.C. 17:27-5.2**.

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- F. The Contractor or Subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, 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.
- G. The Contractor or Subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personal 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.
- H. In conforming with the applicable 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, 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.
- I. 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

The Contractor and its Subcontractors shall furnish such reports or other documents to the Division of Contract Compliances & EEO as may be requested by the Division 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 Contract Compliance & EEO for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**

The parties to this contract do hereby agree that the provision of **N.J.S.A. 10:5-31 et seq.** dealing with discrimination in employment on Public Contracts, and the rules and regulations promulgated pursuant thereunto, are hereby made a part of this contract and are binding upon them.

Submitted by:

**Broker Name:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**HOUSING AUTHORITY OF GLOUCESTER COUNTY**

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**NON - COLLUSION AFFIDAVIT**

**STATE OF NEW JERSEY:**

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ of the City of \_\_\_\_\_ In the County of \_\_\_\_\_  
and the State of \_\_\_\_\_, of full age, being duly sworn according to law on my oath  
depose and say that:  
I am \_\_\_\_\_ of the firm of \_\_\_\_\_

the bidder making the Proposal for the above-named Project, and that I executed the said Proposal with full authority so to do; that said bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above-named Project; and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge that the Housing Authority of Gloucester County relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said Project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by .

(N.J.S.A. 52:34-15).

(Also type or print name of affiant under signature)

**Subscribed and sworn to**  
**before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.**



**CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND  
COOPERATIVE AGREEMENTS**

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The undersigned certifies, to the best of his or her knowledge and belief that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20 .

By: \_\_\_\_\_

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Title, if any)





**HOUSING AUTHORITY OF GLOUCESTER COUNTY**

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**AFFIDAVIT OF MORAL INTEGRITY**

STATE OF \_\_\_\_\_

Ss:

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ the \_\_\_\_\_ (Pres., Vice Pres., Owner/ Partner) of \_\_\_\_\_ (Proposer), being first duly sworn, deposes and

says:

1. That the \_\_\_\_\_ (Proposer) wishes its Proposal to be considered with respect to the Services outlined in this RFP as follows:
2. That the \_\_\_\_\_ (Proposer) wishes to demonstrate moral integrity in accordance with the Services to be rendered herein.
3. That in accordance with said Procedures as of the date of signing this Affidavit, neither the \_\_\_\_\_ Proposer, or any of its Principals, Owners, Officers, or Directors are involved in any Federal, State or other Governmental Investigation concerning criminal or quasi criminal violations, except as follows: **(If none, so state)**:
4. Proposer further states that neither the Proposer, nor any of its Principals, Owners, Officers or Directors, has ever engaged in any violation of a Federal or State Criminal Statute; or ever been indicted, convicted, or entered a plea of guilty, non vult or nolo contendere to any violation of a Federal or State Criminal Statute; or ever engaged in violation of any nature regarding work on contracts performed by it, except as follows: **(If none, so state)**:
5. That any depository, Proposer or other agency named (herein or later) is hereby authorized to supply the Authority with any information necessary to verify any statement made in this Proposer's Affidavit of Moral Integrity.
6. That as of the date of signing this Affidavit, outstanding liens filed against this Proposer are as follows: **(if none, so stated)**.
7. That the undersigned, being authorized to act on behalf of \_\_\_\_\_ Proposer, certified that I am personally acquainted with the operations of said Proposer, have full knowledge of the factual basis comprising the contents of this Affidavit of Moral Integrity and that the same are true to my knowledge.
8. That if a corporation, the Proposer \_\_\_\_\_ (is, is not) incorporated in the State of New Jersey. If not a New Jersey Corporation the Proposer \_\_\_\_\_ (is, is not) authorized to do business in the State of New Jersey (attach Certificate of Authorization from New Jersey Secretary of State).
9. That this Affidavit of Moral Integrity is made to induce the Authority to accept a Proposer as a qualified provider of the Services and be permitted to submit a response to the RFP knowing that the said HAGC relies upon the truth of the statements herein contained.

**Proposer**

**Sworn and Subscribed to Before Me This**

Day of \_\_\_\_\_ 20\_\_\_\_\_

**Signature**

**Notary Public Title**

**(Corporate Seal)**



**HOUSING AUTHORITY OF GLOUCESTER COUNTY**

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**NEW JERSEY UNIFORM ETHICS CODE FOREWORD**

Pursuant to *N.J.S.A.* 52:13D-23, the State Ethics Commission has adopted this Uniform Ethics Code to govern and guide the conduct of State officers and employees and special State officers and employees in State agencies in the Executive branch of State Government.

The Uniform Ethics Code shall be the primary code of ethics for State agencies. It shall be supplemented by an agency code of ethics formulated with respect to the particular needs and problems of the agency to which said code is to apply. Each agency, in consultation with the Attorney General's Office, must review its enabling legislation to ensure that any agency specific conflicts provisions are included in any supplemental agency code. An agency code must be approved by the Commission.

**OWNER DISCLOSURE STATEMENT**

Date: \_\_\_\_\_  
The Company known as \_\_\_\_\_  
Is a: (  Check One)  
 Partnership                       Sole Proprietorship  
 Corporation                       Limited Liability Co.  
 Other: \_\_\_\_\_

The following persons are the partners and/or officers of the company (attach an additional list if needed):

_____	_____	_____
<b>NAME</b>	<b>SIGNATURE</b>	<b>SOCI AL SECU RI TY NO.</b>
_____	_____	_____
<b>NAME</b>	<b>SIGNATURE</b>	<b>SOCI AL SECU RI TY NO.</b>
_____	_____	_____
<b>NAME</b>	<b>SIGNATURE</b>	<b>SOCI AL SECU RI TY NO.</b>
_____	_____	_____
<b>NAME</b>	<b>SIGNATURE</b>	<b>SOCI AL SECU RI TY NO.</b>

**GENERAL TERMS AND CONDITIONS**

The undersigned confirms that the proposer will comply with the General Terms and Conditions required by the Housing Authority of Gloucester County.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

