NJ RM
New Jersey Risk Managers

November 7, 2023

Middlesex County Municipal Joint Insurance Fund
ATTN: Professional Services Procurement
1 Jocama Blvd, Suite 1C
Old Bridge, NJ 08857

We respectfully submit the following in response to the Request for Proposals (RFP) for the Middlesex County Joint Insurance Fund Executive Director:

1. Mandatory Contents of Proposal
2. Organization Chart
3. DOBI Data Form
4. Non-Collusion Affidavit
5. Disclosure of Ownership and Political Contribution
6. Affirmative Action Compliance Notice
7. Disclosure of Investments in Iran
8. Business Registration Certificate

We appreciate the opportunity to submit our proposal and look forward to the opportunity to work with the Fund on this important engagement.

Regards,

Barbara Murphy
President

20 WEST END AVENUE • PO BOX 367 • SOMERVILLE, NJ 08876
Phone: 908-231-8770 • Fax: 908-231-8769
njrm.com

MANDATORY CONTENTS OF PROPOSAL

1) Contact Information: Provide the name and address of the firm, the name, telephone number, fax number, and e-mail address of the individual responsible for preparing the proposal.

Firm:

New Jersey Risk Managers & Consultants, LLC
20 West End Avenue, PO Box 367
Somerville, NJ 08876

Individual Responsible for Preparation of the Proposal:

Barbara Murphy, President
Phone: 908-231-8770
Fax: 908-231-8769
Email: bmurphy@njrm.com

2) An executive summary of not more than three pages identifying and substantiating why the vendor is best qualified to provide the requested services.

In 1993, New Jersey Risk Managers & Consultants, Inc. (NJRM Inc.) was instrumental in the formation of the Somerset County Joint Insurance Fund (SCJIF). The company, including its long-term employees and staff, was purchased by Barbara Murphy in 2022, and New Jersey Risk Managers & Consultants, LLC (NJRM) continues to provide the day-to-day administration and claims management services of the SCJIF.

3) A staffing plan listing those persons who will be assigned to the engagement if the vendor is selected, including the designation of the person who would be the vendor's officer responsible for all services required under the engagement. This portion of the proposal should include the relevant resume information for the individuals who will be assigned. This information should include, at a minimum, a description of the person's relevant professional experience, years and type of experience, and number of years with the vendor. Also include a copy of the data forms required by the Department of Banking and Insurance pursuant to N.J.A.C. 11:15-2.6(c)8.

Staffing Plan:

Organization Chart, including years of relevant experience based upon current responsibilities – See Addendum A. DOBI Date Form – See Addendum B.

NJRM, LLC	Position	Account Responsibility
Barbara Murphy	*President*	*All services under this agreement*

Relevant Resume Information:

Barbara Murphy, President

Barbara Murphy has held the role of Executive Director/Administrator for New Jersey based Joint Insurance Funds since May 1996. In addition to her ownership of New Jersey Risk Managers & Consultants, LLC, Barbara is President of Risk and Loss Managers, Inc., where she currently oversees all aspects of seven (7) joint insurance funds comprised of municipalities, counties, boards of education and fire districts. She is responsible for the evaluation and preparation of budgets and the development of insurance assessments based upon loss history and other relevant factors. Her experience includes managing all aspects of a joint insurance fund members' risk management and self-insurance programs. This practical experience is equal to or exceeds the qualifications of an Associates in Risk Management (ARM) for risk identification, assessment, control and financing. However, retaining an employee with an ARM would be considered if deemed necessary.

Barbara has had a record of progressive day-to-day management opportunities with decisive problem solving. She has held senior financial positions, working in manufacturing and service industries for Fortune 100 and start-up entrepreneurial companies. Her experiences include strategic planning and budgeting, business plan preparation, financial analysis and reporting, federal and state tax handling. Barbara possesses an expertise in number crunching, as well as solid business acumen with hands-on involvement in effective decision-making, determining business direction and operating results.

Barbara holds a New Jersey Property & Casualty Producer License.

4) A description of the vendor's experience in performing services of the type described in this RFP. Specifically identify client size and specific examples of similarities with the scope of services required under this RFP.

New Jersey Risk Managers & Consultants, LLC (NJRM) has been the administrator for the Somerset County Joint Insurance Fund (SCJIF) since its formation in 1993. Its current membership consists of 12 municipalities, boards of education, commissions and one county. Its current budget is $14,183,211.

5) A description of resources of the vendor (i.e., background, location, experience, staff resources, financial resources, other resources, etc.).

Founded in 1980, New Jersey Risk Managers & Consultants' key employees have an average of more than 30 years of experience in the field of insurance, risk management and joint insurance fund administration. We will have a dedicated team of professionals with experience in finance, risk management, claims administration, and reinsurance contract placement and negotiations.

6) The location of the office, if other than the vendor's main office, at which the vendor proposes to perform services required under this RFP. Describe your presence in New Jersey. Specifically, the vendor must state in its proposal whether the vendor is registered as a small business enterprise ("SBE") with the New Jersey Commerce and Economic Growth Commission New Jersey's Set-Aside Program.

All services under this contract will be provided at our 20 West End Avenue, Somerville, New Jersey Location. New Jersey Risk Managers & Consultants, LLC is not registered as a small business enterprise ("SBE") with the New Jersey Commerce and Economic Growth Commission New Jersey's Set-Aside Program.

7) The vendor's proposed annual rate for the contract as well as the vendor's hourly rates for additional or out-of-scope work.

New Jersey Risk Managers and Consultants, LLC (NJRM) proposes an annualized flat fee of $400,000 for the period beginning January 1, 2024 to December 31, 2024, plus an additional pro-rated fee for the balance of 2023 to be determined based on the effective date of the contract. A second or third-year contract option may be considered with the fee to be negotiated. For each year of this contract the fee is payable in equal monthly installments. In addition, for each new member the Fund agrees to pay NJRM 3% of the new member's assessment.

The Fund shall pay to or reimburse NJRM for extraordinary, additional, or out-of-scope work at a rate of $300.00 per hour with the prior written consent of the Fund for such services.

8) References from current clients, for whom services have been provided for at least five years, and former clients for whom services have been provided within the past five years. Provide the contact names, titles and phone numbers.

Ms. Marlena Schmid
Business Administrator
Township of West Windsor
271 Clarksville Road
PO Box 38
West Windsor, NJ 08550
(609) 799-2400 x223

Mr. Kenneth MacMillan
Custodian of Funds
New Jersey Municipal Self Insurers' Joint Insurance Fund
2 Dogwood Drive
Burlington, NJ 08016
(609) 367-8074

Mr. Jeffrey Welz
Director
North Hudson Regional Fire & Rescue
11 Port Imperial Blvd.
West New York, NJ 07093
(201) 601-3542

Mr. Robert J. Carfagno
Business Administrator
Cranford Board of Education
132 Thomas St.
Cranford, NJ 07016
(908) 709-6210

Mr. Brian Whooley
Senior Vice President, Underwriting
Ambridge Partners, LLC
1140 Avenue of the Americas, 5th Floor
New York, NY 10036
(215) 528-0374

9) If the vendor or any principal therein has been engaged as a defendant in any litigation involving a sum of $100,000 or more and/or has been subject to any professional disciplinary action over the last three years, the bidder must provide a description of the litigation and/or disciplinary action.

New Jersey Risk Managers & Consultants, LLC and/or its principal has not been engaged as a defendant in any litigation involving a sum of $100,000 or more and/or has not been subject to any professional disciplinary action over the last three years.

10) A description of any ongoing investigation and/or litigation matters involving the applicant, its directors, officers and principals and any individuals employed by the applicant since January 1, 2020.

There are no ongoing investigation and/or litigation matters involving the applicant, its directors, officers and principals and any individuals employed by the applicant since January 1, 2020.

11) In its proposal, the vendor must identify any existing or potential conflicts of interest and disclose any representation of parties or other relationships that might be considered a conflict of interest regarding this engagement, or the Fund.

New Jersey Risk Managers & Consultants, LLC, to the best of its knowledge, has no existing or potential conflicts of interest with the services being requested by the Middlesex County Municipal Joint Insurance Fund in this proposal.

12) The vendor shall provide the following documents as part of its proposal:

(a) Non-Collusion Affidavit – Exhibit A
(b) Disclosure of Ownership and Political Contributions Form – Exhibit B
(c) Affirmative Action Compliance – Exhibit C.
(d) Disclosure of Investment Activities in Iran – Exhibit D.
(e) NJ Business Registration Certificate.

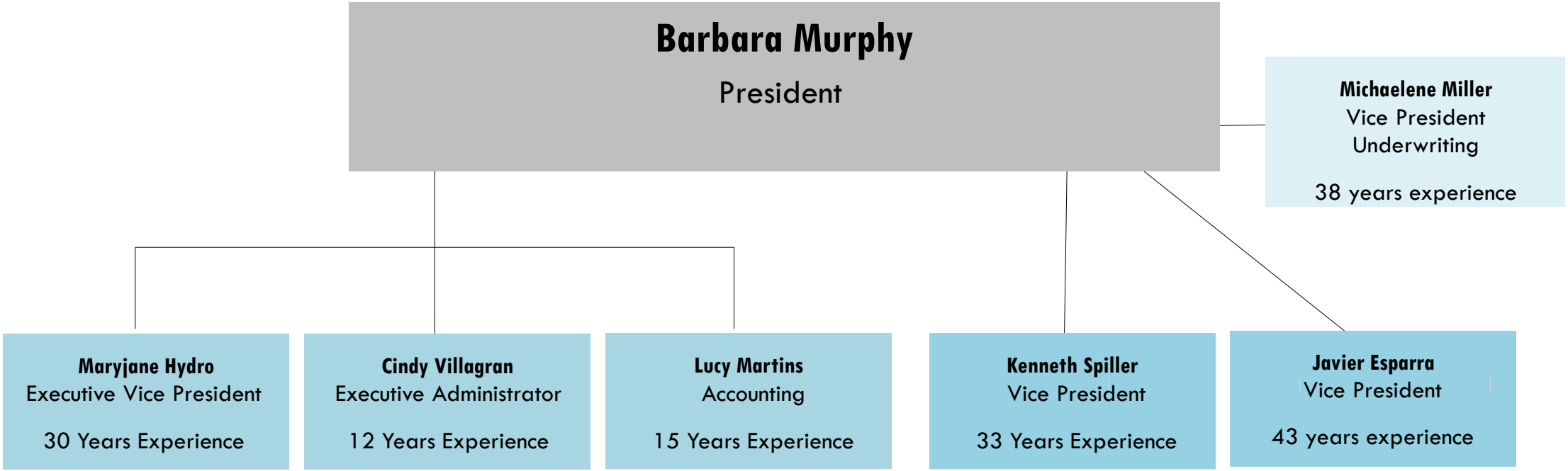
See attached requested documents.

13) Final contract shall contain Affirmative Action Compliance Language – Exhibit E.

New Jersey Risk Managers & Consultants, LLC agrees with this statement and the addition of the Affirmative Action Compliance Language in Exhibit E to the final contract.

Addendum A

Proposed Middlesex County Municipal Joint Insurance Fund
Contract Management Team



NEW JERSEY RISK MANAGERS & CONSULTANTS, LLC

Addendum B

DATA FORM

(Print or Type)
Name and Address of Administrator or Servicing Organization

New Jersey Risk Managers & Consultants, LLC
20 West End Avenue, PO Box 367
Somerville, NJ 08876

In connection with the above-named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NONE" OR "NO EXCEPTION", SO STATE.

1. Affiant's Full Name: Barbara Ann Murphy

2. Other Names Used at any Time: N/A

3. Date of Birth: On File with DOBI Place of Birth: [redacted]

4. Social Security Number: On File with DOBI

5. For the last ten (10) years, I have lived at the following address or addresses:

ADDRESS	CITY	DATES
[redacted]		

6. Schooling: College: [redacted]

Graduate: _____

or Professional: _____

Degree (List): _____

_____

(ATTACH LIST OF ALL EDUCATIONAL INSTITUTIONS AND LOCATION - CITY AND STATE)

7. Member of Professional Societies or Associations (List):

RIMS, AGRIP

8. I presently hold or have held, in the past, the following professional, occupational, and vocational licenses issued by public or governmental licensing agencies or authorities (state date license issued, issuer of license, date terminated, reason for termination):

New Jersey Property & Casualty License

9. Present Chief Occupation:

Position or Title: President

Employer's Name: New Jersey Risk Managers & Consultants

Address: 20 West End Ave PO Box 367

Somerville, NJ 08876

How long in this Position? 1 year

How long with this employer? 1 year Where?

10. Other jobs, positions, directorates or officerships concurrently held at present:

President, Risk and Loss Managers, Inc., 51 Everett Drive, Suite B40, West Windsor, NJ 08550

11. Complete Employment Record for Past 20 Years:

DATES	EMPLOYER AND ADDRESS	TITLE

12. I control directly or indirectly or own legally or beneficially 10% or more of the outstanding capital stock (in voting power) of the following companies:

New Jersey Risk Managers & Consultants, LLC – 100%

Risk and Loss Managers, Inc. – 100%

12a. If any of the above stock is pledged or hypothecated in any way, please detail fully:

N/A

13. I have never been adjudicated as bankrupt, except as follows:

N/A

14. I have never been convicted or had a sentence imposed or suspended, or had pronouncement of a sentence suspended, or been pardoned for conviction of, or pleaded guilty of or nolo contenders to an information or an indictment charging a felony for embezzlement, theft or larceny, mail fraud, or violating any corporate securities statute or any insurance law, nor have I been the subject of a cease and desist order or consent order of any federal or state regulatory agency, except as follows:

N/A

15. During the last 10 years, I have neither been refused a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, nor has such a license held by me ever been suspended or revoked, except as follows:

N/A

16. I have never been an officer, director, key employee or controlling stockholder of a company which, while I occupied any such position or capacity with respect to it, became insolvent or was enjoined from or ordered to cease and desist from violating any law, except as follows:

N/A

17. Neither I nor any company or which I was an officer, director, or key management person at the time has ever been subject to any civil action alleging fraud, negligence or violation of any applicable racketeering statutes (state or federal), except as follows:

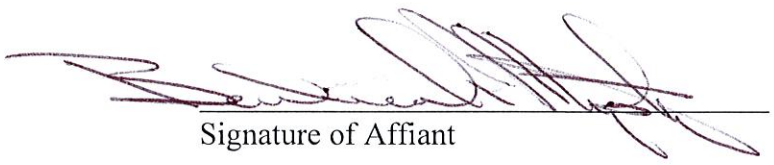
N/A

18. I am not and none of the employees, officers or directors of New Jersey Risk Managers & Consultants, LLC (name of company) is an employee, officer or director of any other administrator, program manager, servicing organization or insurance producer of the Fund, nor do I or any of the employees, officers or directors of New Jersey Risk Managers & Consultants, LLC (name of company) have a direct or indirect financial interest in any other administrator, program manager, servicing organization or insurance producer of the Fund, except as follows:

N/A

18a. Any direct or indirect financial interest or any position held as employee, officer or director in any other administrator, program manager, servicing organization, or insurance producer of the Fund, as described above, has been disclosed to the Fund commissioners or executive committee, as applicable (Yes/No)

Dated and signed this 2nd day of November at Somerville, NJ.
I hereby certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief and further, by the affixation of my signature hereon, I hereby give my certified consent to the New Jersey Department of Banking and Insurance to verify the representation and information supplied in response to all questions on the biographical data form, with any Federal, State, Municipal or other agency which may have knowledge and/or information thereon.



Signature of Affiant

State of New Jersey

County of Somerset

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that affiant executed the above instrument and that the statements and answers contained therein are true and correct to the best of affiant's knowledge and belief.

Subscribed and sworn to before me this 2nd day of November, 2023

Cindy K Villagran
Notary Public

CINDY K. VILLAGRAN
A Notary Public of New Jersey
My Commission Expires 5-12-2026

(SEAL)

My Commission Expires

Exhibit A
NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY)
ss:
COUNTY OF)

I, Barbara Murphy of the City of Somerville

in the County of Somerset and the State of New Jersey

of full age, being duly sworn according to law on my oath depose and say that:

I am President

Of the firm of New Jersey Risk Managers & Consultants, LLC

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 Middlesex County Municipal Joint Insurance Fund Commissioners will rely 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

New Jersey Risk Managers & Consultants, LLC (N.J.S.A. 52:34-15)
(Name of Contractor)

Barbara A. Murphy

Subscribed and sworn to before me this

2nd Day of November 2023.

Cindy K Villagran
Notary Public of

My commission expires:

CINDY K. VILLAGRAN
A Notary Public of New Jersey
My Commission Expires 5/12/2026

Exhibit B
Disclosure of Ownership and Political Contribution

Service provider business entity: New Jersey Risk Managers & Consultants, LLC

Date the contract or engagement is to be authorized: November 2023

1) Names and home addresses of all persons (a) holding 10% or more of the issued and outstanding stock of the service provider business entity, (b) entitled to receive the benefit of 10% or more of the revenues and/or profits of the service provider business entity and (c) any other individual who will have a significant role in servicing this engagement:

Name	Address
Barbara A. Murphy	1426 Woodview Rd., Yardley, PA 19067

2) List all reportable contributions made during the 12 month period preceding the date that the contract or engagement is legally authorized to any official, candidate, joint candidates committee or political party representing elected officials or candidates as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r) of any member local unit insured by the Middlesex County Municipal Joint Insurance Fund.

Local Unit	Contributor	Date	Recipient	Amount
None				

Service Provider Affirmation

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify the above is complete and accurate. The undersigned is fully aware that if I or any of the persons listed above have misrepresented in whole or part this affirmation and certification, I and/or the service provider business entity will be liable for any penalty permitted under law.

Signed: _____ Date: 11/2/2023

Title: President

Print Name: Barbara A. Murphy

If necessary, attach additional sheets.

EXHIBIT C

AFFIRMATIVE ACTION COMPLIANCE NOTICE
N.J.S.A. 10:5-31 and N.J.A.C. 17:27

GOODS AND SERVICES CONTRACTS
(INCLUDING PROFESSIONAL SERVICES)

This form is a summary of the successful bidder's requirement to comply with the requirements of N.J.S.A. :5-31 and N.J.A.C. 17:27-1 et seq.

The successful bidder shall submit to the Fund, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

(a) A photocopy of a valid letter that the contractor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter);

OR

(b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-4;

OR

(c) A photocopy of an Employee Information Report (Form AA302) provided by the Division and distributed to the public agency to be completed by the contractor in accordance with N.J.A.C. 17:27-4.

The undersigned vendor certifies that it is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.1 et seq. and agrees to furnish the required forms of evidence.

The undersigned vendor further understands that its bid shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27-1 et seq.

COMPANY: New Jersey Risk Managers & Consultants, LLC
SIGNATURE: _____

PRINT NAME: Barbara A. Murphy
TITLE: President

DATE: 11/2/2023

EXHIBIT D
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Contractor: New Jersey Risk Managers & Consultants, LLC

PART 1: CERTIFICATION

BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX. FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.

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

PLEASE CHECK THE APPROPRIATE BOX:

X I certify, pursuant to Public Law 2012, c.25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L.2012,c.25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

OR

I am unable to certify as above the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

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 bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. FOR ADDITIONAL ENTRIES, PLEASE ATTACH A SEPARATE PIECE OF PAPER.

Name _____ Relationship to Bidder/Offeror _____ Description of Activities_____

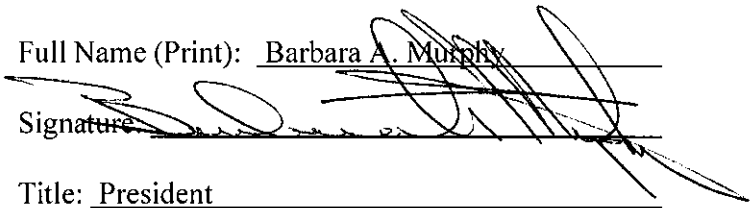
_____

Duration of Engagement _____
Anticipated Cessation Date _____
Bidder/Offeror Contact Name _____
Contact Phone Number _____

PLEASE SIGN FOR PART 1 AND/OR PART 2:

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 Middlesex County Municipal Joint Insurance Fund 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 Fund to notify the Fund 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 Fund of New Brunswick and that the Fund at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Barbara A. Murphy

Signature: 

Title: President

Date: 11/2/2023

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	NEW JERSEY RISK MANAGERS & CONSULTANTS, LLC
Trade Name:	
Address:	20 WEST END AVENUE SOMERVILLE, NJ 08876
Certificate Number:	2802833
Effective Date:	December 21, 2022
Date of Issuance:	January 06, 2023

For Office Use Only:

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