SNOW REMOVAL BID 23-07-0001
BID PROPOSAL SHEET

Section A: Base Bid Description	Minimum Units Required	Number of Units Available	Hourly Rate per unit FY2023/2024	Hourly Rate per unit FY2024/2025	Hourly Rate per unit FY2025/2026
1. 4WD vehicle with 8' snowplow	5	7	143.00	145.00	148.00
2. Tandem dump truck (for trucking snow	1	1	275.00	275.00	275.00
3. Bucket loader with 1 to 3 yard bucket	1	1	175.00	180.00	185.00
4. Salt/sanding vehicle (P/U)	2	7	143.00	145.00	148.00
5. Snowblowing of sidewalks	2	6	75.00	75.00	80.00
6. Additional Personnel for shoveling sidewalks at the College's Request	2	6	65.00	65.00	70.00

Optional Materials:		Price per Unit	Price per Unit	Price per Unit
7. Ice Melt (Magnesium Chloride)	50lb bag	22.00	22.00	22.00
8. Ice Melt (Calcium Chloride)	50lb bag	25.00	25.00	25.00
9. Sand/Grit Mix	Per ton	48.00	48.00	48.00
10 Salt	Per ton	125.00	125.00	125.00

Section B: Other Equipment Description	Number of Units Available	Hourly Rate per unit FY2023/2024	Hourly Rate per unit FY2024/2025	Hourly Rate per unit FY2025/2026
1. Dump truck with 10' snow plow	1	175.00	178.00	180.00
2. Skid Steer w/loader bucket	2	175.00	178.00	180.00
3. Utility tractor with 8' plow	0	0	0	0
4. Salt/Sanding vehicle (Single Axle)	6	143.00	145.00	148.00
5. Salt/Sanding vehicle (Tandem Axle)	1	275.00	275.00	275.00
Please list any other available equipment				
A. Snowrator Sidewalk Machines	2	75.00	80.00	80.00
B. Polaris UTV with Tracks and 6-6 V plow	1	143.00	143.00	143.00
C. Bobcat MT85	1	150.00	150.00	150.00

Included with this Bid Proposal are the following documents as required and indicated with an X.

Required with Bid:
- [x] Equal Employment Opportunity Statement
- [x] Ownership Disclosure
- [x] Disclosure of Investment Activities in Iran
- [x] Corporate Resolution
- [x] Non-Collusion Affadavit
- [x] Company Information/Qualifications Questionnaire
- [x] Certificate of Non-Involvement in Russia/Belarus

Required Prior to Award:
- [x] New Jersey Business Registration Certificate
- [x] W-9 Form
- [x] Certificate of Insurance
- [x] Affirmative Action Compliance Evidence

Vision Landscape Services, LLC
Company Name

Signature of Authorized Representative

7/25/2023
Date

450 Brookview Ct. Branchburg, NJ 08876
Address

Chris Liobis
Printed Name

STATEMENT OF OWNERSHIP DISCLOSURE

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

Name of Organization: Vision Landscape Services, LLC

Organization Address: 450 Brookview Ct. Branchburg, NJ 08876

Part I **Check the box that represents the type of business organization:**

☐ Sole Proprietorship (skip Parts II and III, execute certification in Part IV)

☐ Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)

☐ For-Profit Corporation (any type) ☑ Limited Liability Company (LLC)

☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership (LLP)

☐ Other (be specific): _____

Part II

☑ The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. (**COMPLETE THE LIST BELOW IN THIS SECTION**)

OR

☐ No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. (**SKIP TO PART IV**)

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Address
Chris Liobis	450 Brookview Ct. Branchburg, NJ 08876

Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. **Attach additional sheets if more space is needed.**

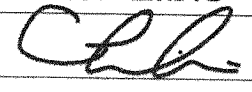
Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II **other than for any publicly traded parent entities referenced above**. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. **Attach additional sheets if more space is needed.**

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Address

Part IV Certification

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the ***<name of contracting unit>*** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with ***<type of contracting unit>*** to notify the ***<type of contracting unit>*** in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the ***<type of contracting unit>*** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	Chris Libis	Title:	Owner
Signature:		Date:	7/25/2023

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 et seq.

GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS

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; or

Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at: http://www.state.nj.us/treasury/contract_compliance.

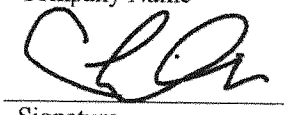
The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

If awarded a contract, the bidder shall provide affirmative action evidence in the following form:

- ☐ Letter of Federal Approval indicating that the vendor is under an existing federally approved or sanctioned affirmative action program. A copy of the approval letter must be provided by the vendor to the Public Agency and the Division.; **OR**
- ☐ A Certificate of Employee Information Report, issued in accordance with N.J.A.C. 17:27 et seq,; **OR**
- ☑ Bidder shall complete an Initial Employee Report, Form AA-302 and submit it to the Division with a check or money order for $150.00 made payable to "Treasurer, State of NJ" and forward a copy of the Form to the Public Agency.

Submitted by:

Vision Landscape Services, LLC
Company Name



7/25/2023
Signature Date

Chris Liobis — Owner
Name Title

SUSSEX COUNTY COMMUNITY COLLEGE
NON-COLLUSION AFFIDAVIT
SNOW REMOVAL SERVICES SPECIFICATION BID # 23-08-0003

STATE OF New Jersey
COUNTY OF Sussex

I, Chris Liobis of the City of Branchburg 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 Owner of the firm Vision Landscape Services, 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 project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the Sussex County Community College 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 or item.

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

Vision Landscape Services, LLC.
Name of Contractor

Signature

CHRIS LIOBIS
Type or print name of affidavit under signature

Subscribed and Sworn to
before me this day:
July 26, 2023 (Seal)

Notary Public of

JOHN M. BENEDIK, III
Notary Public, State of New Jersey
My Commission Expires 5/23/2028

My Commission expires

THIS FORM MUST BE COMPLETED, NOTORIZED, AND SUBMITTED WITH THE BID PROPOSAL

SUSSEX COUNTY COMMUNITY COLLEGE
DISCOSURE OF INVESMENT ACTIVITIES IN IRAN

PART 1: CERTIFICATION

BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX

FAILURE TO CHECK ON 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 Department of Treasury'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 Department of Treasury finds a person or entity to be in violation of this law, the Department of Treasury shall take action as may be appropriate and provided by law, rule, or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default, and seeking debarment or suspension of the party.

PLEASE CHECK THE APPROPRIATE BOX:

☑ **I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed below 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 below, or I am an officer or representative of the entity listed below 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 because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Departments 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 INFROMATION RELATED TO INVESTMENT ACTIVIES 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 information below.

Please provide thorough answers to each question. If you need to make additional entries, use additional pages.

Person/Entity Name:		Relationship to Bidder/Offeror:	
Description of Activities:			
Duration of Engagement:		Anticipated Cessation Date:	
Bidder/Offeror Contact Name:		Contact Phone Number:	

Certification: I being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto, to the best of my knowledge, are true and complete. I attest that I am authorized to execute this certification on behalf of the below-referenced person or entity. I acknowledge that Sussex County Community College 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 College to notify the College 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 Sussex County Community College and that the College, at its option may, declare any contract(s) void and unenforceable.

Full Name (Print):	Chris Liobis	Signature:	Chris
Title:	Owner	Date:	07/25/2023

CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS PURSUANT TO P.L.2022, c.3

ON-CALL CARPENTRY CONTRACTING SERVICES BID # 22-02-0128

CHECK THE APPROPRIATE BOX

☑ I, the undersigned , am authorized by the person or entity seeking to enter into or renew the contract identified above, to certify that the Vendor/Bidder is not engaged in prohibited activities in Russia or Belarus as such term is defined in P.L.2022, c.3,[1] section 1.e, except as permitted by federal law.

I understand that if this statement is willfully false, I may be subject to penalty, as set forth in P.L.2022, c.3, section 1.d.

OR

☐ I, the undersigned am unable to certify above because the person or entity seeking to enter to or renew the contract identified above, or one of its parents, subsidiaries, or affiliates may have engaged in prohibited activities in Russia or Belarus. A detailed, accurate and precise description of the activities is provided below.

Failure to provide such description will result in the Quote being rendered as non-responsive, and the Department/Division will not be permitted to contract with such person or entity, and if a Quote is accepted or contract is entered into without delivery of the certification, appropriate penalties, fines and/or sanctions will be assessed as provided by law.

Description of Prohibited Activity

Attach Additional Sheets If Necessary.

If you certify that the bidder is engaged in activities prohibited by P.L. 2022, c. 3, the bidder shall have 90 days to cease engaging in any prohibited activities and on or before the 90th day after this certification, shall provide an updated certification. If the bidder does not provide the updated certification or at that time cannot certify on behalf of the entity that it is not engaged in prohibited activities, the State shall not award the business entity any contracts, renew any contracts, and shall be required to terminate any contract(s) the business entity holds with the State that were issued on or after the effective date of P.L. 2022, c. 3.

	7/25/2023
Signature of Authorized Representative	Date
Chris Liobis - Owner	
Print Name and Title of Authorized Representative	
Vision Landscape Services, LLC	
Vendor Name	

[1] Engaged in prohibited activities in Russia or Belarus" means (1) companies in which the Government of Russia or Belarus has any direct equity share;

(2) having any business operations commencing after the effective date of this act that involve contracts with or the provision of goods or services to the Government of Russia or Belarus; (3) being headquartered in Russia or having its principal place of business in Russia or Belarus, or (4) supporting, assisting or facilitating the Government of Russia or Belarus in their campaigns to invade the sovereign country of Ukraine, either through in-kind support or for profit.

SUSSEX COUNTY COMMUNITY COLLEGE

COMPANY INFORMATION AND QUALIFICATIONS QUESTIONNAIRE

COMPANY INFORMATION

Company Name: Vision Landscape Services, LLC	
Company Address: 450 Brookview Ct. Branchburg, NJ 08876	
Remit to Address: 450 Brookview Ct. Branchburg, NJ 08876	
Phone: (908) 616-0716	Fax: N/A
Email: chris@visionlandscapenj.com	Website: www.visionlandscapenj.com
List any parent, subsidiary, DBA or former company names: n/a	

Business Classification: (check all that apply)	Small Bus.: ☐	Women Owned: ☐	Minority Owned: ☐

QUALIFICATIONS

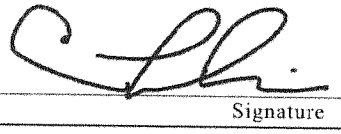
What is your organization's primary business? Landscape Contractor
How long have you been in business under the present name? 7 years
Have you ever failed to complete any work awarded to you? No
If so, give details:
Have any liens or lawsuits of any kind been filed against any of your contracts? Yes
If so give details: Counter claim against a lawsuit filed against former client for non payment of contractual obligations.

REFERENCES - list 3 projects of similar size and scope

1. Project Date & Description: Winter 2022-2023 Snow and Ice Management	
Owner Name: Lyondell Basell - Equistar Chemicals LP	
Owner Address: 340 Meadow Rd. Edison, NJ	
Contact Person: Mario Paparozzi	
Telephone Number: (908) 514-7692	Email: Mario.Paparozzi@lyondellbasell.com
Total Contract Value: 273,000	
2. Project Date & Description: Snow and Ice Management 2019-present	
Owner Name: Cronheim Management	
Owner Address: 205 Main St. Chatham	
Contact Person: Frank Sullivan	
Telephone Number: (908) 305-9710	Email: fsullivan@cronheim.com
Total Contract Value: 300,000 combined	
3. Project Date & Description: Snow and Ice Management 2019-present	
Owner Name: Rinchem	
Owner Address: 55 River Rd. Flemington	
Contact Person: Isaiah Fragoso	
Telephone Number: (503) 572-3631	Email: ifragoso@rinchem.com
Total Contract Value: 100,000 combined	

SIGNATURE

I HEREBY CERTIFY THIS COMPANY HAS THE FINANCIAL STRENGTH TO FULLY PERFORM, SERVICE, AND WARRANT THE WORK AND MATERIALS REQUIRED FOR THIS CONTRACT.

 Signature	Printed Name: Chris Liobis Title: Owner Date: 7/25/2023

SUSSEX COUNTY COMMUNITY COLLEGE

LIST OF AVAILABLE PERSONNEL

List availability of on-call personnel.

Company Name: Vision Landscape Services, LLC

Provide Main Office Telephone Number: (908) 616-0716

Provide on call information:

Name:	Chris Liobis
Position:	Owner
Direct Contact Phone #:	(908) 616-0716
Name:	Dan Urbanowicz
Position:	Director of Operations
Direct Contact Phone #:	(908) 963-5700
Name:	Ryan Liobis
Position:	Winter Manager
Direct Contact Phone #:	(908) 616-3364
Name:	Jacqueline McCaffrey
Position:	Director of Administration
Direct Contact Phone #:	(908) 448-9061
Name:	Victor Tyle
Position:	Director of Business Development
Direct Contact Phone #:	(908) 458-7042

TO BE SUBMITTED PRIOR TO AWARD OF CONTRACT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/25/2023

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 Beckerman & Company 430 Lake Ave. Colonia NJ 07067	CONTACT NAME: Elisa Brown PHONE (A/C, No, Ext): (732) 499-9200 FAX (A/C, No): (732) 499-9050 E-MAIL ADDRESS: Ebrown@beckermanco.com
INSURED VISION LANDSCAPE SERVICES LLC 450 BROOKVIEW CT BRANCHBURG NJ 08876-3801	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : United Fire & Casualty — 13021 INSURER B : Selective Casualty Ins Co — 14376 INSURER C : Accredited Specialty Ins. Co. INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** Master 2023-2024 **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 NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC OTHER:			60529256	03/31/2023	03/31/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 500,000 $ 15,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ $ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC 9068584	09/07/2022	09/07/2023	PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
C	Snow Plow General Liabiilty			2CUPNJ17S011155300	11/13/2022	11/13/2023	Each Occurrence General Aggregate	1,000,000 2,000,000

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

Sussex County Community College is included as Additional Insured.

CERTIFICATE HOLDER

Sussex County Community College
1 College Hill Rd.
Newton NJ 07860

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

Elisa Brown

CERTIFICATE OF LIABILITY INSURANCE

ISSUING DATE (MM/DD/YYYY)
07/25/2023

THIS CERTIFICATE ISSUED IS FOR INFORMATION PURPOSES ONLY. IT PROVIDES NO RIGHTS TO THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, ALTER OR EXTEND COVERAGE PROVIDED BY THE POLICIES LISTED BELOW. THIS CERTIFICATE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE CARRIER AFFORDING COVERAGE AND THE CERTIFICATE HOLDER.

A STATEMENT ON THIS CERTIFICATE DOES NOT PROVIDE RIGHTS TO THE CERTIFICATE HOLDER FOR THE FOLLOWING UNLESS THE APPLICABLE ENDORSEMENTS ARE ATTACHED TO THE POLICY(IES) LISTED BELOW

ADDITIONAL INSURED/ALTERNATE EMPLOYER/WAIVER OF SUBROGATION/PRIMARY & NON-CONTRIBUTORY/NOTICE OF CANCELLATION: THE POLICY(IES) MUST HAVE THE NECESSARY ENDORSEMENT(S) TO MODIFY TERMS AND CONDITIONS.

INSURED:	**INSURANCE CARRIER AFFORDING COVERAGE:**		**NAIC #**
CHRISTOPHER J LIOBIS See Additional Remarks Schedule 450 BROOKVIEW CT BRANCHBURG, NJ 08876	GENERAL LIABILITY:		
	AUTO LIABILITY:	New Jersey Manufacturers Insurance Company	12122
	UMBRELLA LIABILITY:		
	WORKERS COMP:		

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY) - (MM/DD/YYYY)	LIMITS OF INSURANCE	
COMMERCIAL GENERAL LIABILITY [ ] OCCURRENCE			EACH OCCURRENCE	$
			DAMAGE TO RENTED PREMISES (Each Occurrence)	$
GENERAL AGGREGATE LIMIT APPLIES: [ ] POLICY [ ] PROJECT [ ] LOCATION			MED EXP (Any One Person)	$
			PERSONAL & ADV INJURY	$
			GENERAL AGGREGATE	$
			PRODS - COMP/OPS AGG	$
AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] HIRED AUTOS ONLY [X] SCHEDULED AUTOS [X] NON-OWNED AUTOS	B2960185 CAGM	11/20/2022 - 11/20/2023	COMBINED SINGLE LIMIT (Each accident)	$ 1,000,000
			BODILY INJURY (Per Person)	$
			BODILY INJURY (Per Accident)	$
			PROPERTY DAMAGE (Per accident)	$
UMBRELLA LIABILITY [ ] OCCURRENCE [ ] RETENTION $			EACH OCCURRENCE	$
			AGGREGATE	$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE [ ] OFFICER/MEMBER EXCLUDED?			E.L. EACH ACCIDENT	$
			E.L. DISEASE-EACH EMPLOYEE	$
			E.L. DISEASE-POLICY LIMIT	$
			PER STATUTE	

SEE ATTACHED ADDITIONAL REMARKS SCHEDULE FOR DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES

CERTIFICATE HOLDER	ADDITIONAL INSURED (IF APPLICABLE)		
	ADDL INSURED OR ALTERNATE EMPLOYER	WAIVER OF SUBROGATION	PRIMARY & NON-CONTRIBUTORY
Sussex County Community College 1 College Hill Rd Newton, NJ 07860	[ ] CGL	[ ] CGL	[ ] CGL
	[ ] AUTO	[ ] AUTO	[ ] AUTO
	[ ] WC (ALT. EMPLYR)	[ ] WC	N/A WC
	[ ] UMB	[ ] UMB	[ ] UMB NON-CONTRIB

CANCELLATION	
SHOULD ANY OF THE ABOVE CAPTIONED POLICIES BE CANCELLED, EITHER BY REQUEST OF THE INSURED OR CARRIER, PRIOR TO THE EXPIRATION DATE, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY TERMS, CONDITIONS & PROVISIONS	AUTHORIZED REPRESENTATIVE

ADDITIONAL REMARKS SCHEDULE

INSURED:	INSURANCE CARRIER AFFORDING COVERAGE:		NAIC #
CHRISTOPHER J LIOBIS 450 BROOKVIEW CT BRANCHBURG, NJ 08876	GENERAL LIABILITY:		
	AUTO LIABILITY:	New Jersey Manufacturers Insurance Company	12122
	UMBRELLA LIABILITY:		
	WORKERS COMP:		

SCHEDULE OF NAMED INSURED(S):

POLICY NUMBER	LINE OF BUSINESS	NAMED INSURED
	Commercial General Liability	
B2960185	Automobile Liability	VISION LANDSCAPE SERVICES LLC
	Umbrella Liability	
	Workers Compensation And Employers' Liability	

ADDITIONAL REMARKS:

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	VISION LANDSCAPE SERVICES LLC
Trade Name:	
Address:	450 BROOKVIEW CT BRANCHBURG, NJ 08876-0887
Certificate Number:	2138361
Effective Date:	May 15, 2017
Date of Issuance:	April 12, 2023

For Office Use Only:

20230412150117796

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Vision Landscape Services, LLC

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

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.
450 Brookview Ct.

Requester's name and address (optional)

6 City, state, and ZIP code
Branchburg, NJ 08876

7 List account number(s) here (optional)

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

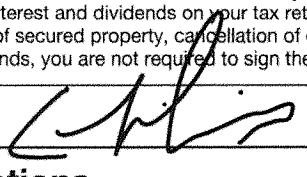
Employer identification number
8 2 - 1 0 8 0 6 1 7

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am 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 ▶**  **Date ▶** 7/20/2023

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.*