

**BIDDER SIGNATURE PAGE**

Rev. 3/27/12

1. If doing business under a **trade name, partnership** or a **sole proprietorship**, you must submit the bid under **exact title** of the trade name, partnership, or proprietorship, and the bid must be signed by either the **owner** or a **partner** and **witnessed** by a **notary public**.
2. If a **Corporation**, the bid must be signed by the **President** or **Vice President** and **witnessed** by **Corporate Secretary**, (Corporate title must be exact) and **affix corporate seal**.
3. Other persons **authorized** by **Corporate Resolution** to execute agreements in its behalf may also sign the bid documents (pages).
4. The Person who signs this bid form **must also sign** the **Non-Collusion Affidavit**.
5. You **cannot** witness your own signature.

Vanessa Klino  
 SIGNATURE  
 CORPORATE SECRETARY

Vanessa Klino Branch Sales Manager  
 PRINT NAME AND TITLE  
 CORPORATE SECRETARY

KONE Inc.  
 NAME OF BIDDER

150 Mount Bethel Road  
 ADDRESS OF BIDDER

Warren, NJ 07059

TELEPHONE: 908-626-0220

FAX: 908-626-0917

EMAIL: Amanda.Legotte@kone.com

BY: Amanda Legotte  
 SIGNATURE

1/5/2020  
 DATE

**AFFIX CORPORATE SEAL**

Amanda Legotte, Account Manager  
 PRINT OR TYPE NAME AND TITLE

**WARNING:** FAILURE TO FULLY, ACCURATELY, AND COMPLETELY SUPPLY THE INFORMATION REQUESTED ON THIS PAGE MAY RESULT IN THE REJECTION OF YOUR BID AS NON-RESPONSIVE



**KONE Inc.**

**DELEGATION OF AUTHORITY**

I, Divya R. Mehta, Senior Vice President, hereby delegate the authority granted to me by the By-laws of KONE Inc. to District Vice Presidents, General Managers, District Construction Managers, District Sales Managers, project managers, sales managers, sales directors and other sales personnel and account managers to sign and submit quotations, change orders, contracts or contract renewals, bids and waivers on behalf of KONE Inc.

Date: February 26, 2020

A handwritten signature in cursive script, appearing to read "D. Mehta".

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Divya R. Mehta  
Senior Vice President

**CONSENT OF SURETY**

Rev. 5/13/02

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA (Hereinafter called Surety), organized and existing under the laws of the State of CT and duly authorized and qualified to transact business in the State of New Jersey, in consideration of the sum of One Dollar (\$1.00), lawful money of the United States of American, to it in hand paid, receipt whereof is hereby acknowledged, and in consideration, herby certifies and agrees that if the contract for which the attached bid is made be awarded to KONE INC. (hereinafter called Contractor) for the performance of certain work or the supplying of certain materials, or both, as more particularly set forth in said bid and described for the purposes of this instrument as a bid for BA# 10-2021 Elevator Maintenance and Repair Service Rebid to the **County of Union** and if Contractor shall enter into the contract, Surety will become bound as surety for its faithful performance and will provide the Contractor with a bond in the amount of One Hundred Thousand Dollars (\$100,000).

Signed and sealed this 28th of December, 2020.

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA  
NAME OF INSURANCE COMPANY

ADDRESS One Tower Square, Hartford, CT 06183

  
Susan A. Welsh  
SIGNATURE ATTORNEY-IN-FACT FOR INSURANCE CO.

NOTE: Proof of authority of officers of Surety Company to execute this document must be submitted.



**Travelers Casualty and Surety Company of America  
Travelers Casualty and Surety Company  
St. Paul Fire and Marine Insurance Company**

**POWER OF ATTORNEY**

**KNOW ALL MEN BY THESE PRESENTS:** That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Susan A. Welsh** of **Chicago** Illinois, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**IN WITNESS WHEREOF**, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 3rd day of February, 2017.



State of Connecticut

City of Hartford ss.

By: *Robert L. Raney*  
Robert L. Raney, Senior Vice President

On this the 3rd day of February, 2017, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2021



*Marie C. Tetreault*  
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

**RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

**FURTHER RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

**FURTHER RESOLVED**, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

**FURTHER RESOLVED**, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 28<sup>th</sup> day of Dec, 2020.



*Kevin E. Hughes*  
Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.  
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.**

## SURETY DISCLOSURE STATEMENT AND CERTIFICATION

pursuant to N.J.S.A. 2A:44-143

(for use when surety(ies) have a certificate from U.S. Secretary of the Treasury in accordance with 31 U.S.C. Section 9305)

The Travelers Indemnity Company, St. Paul Fire and Marine Insurance Company, Travelers Casualty and Surety Company, United States Fidelity and Guaranty Company, The Standard Fire Insurance Company, Travelers Casualty Insurance Company of America, Farmington Casualty Company, St. Paul Mercury Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Guardian Insurance Company, Fidelity and Guaranty Insurance Company, Travelers Casualty and Surety Company of America, surety(ies) on the attached bond, hereby certifies(y) the following:

- 1) Each surety meets the applicable capital and surplus requirements of R.S.17:17-6 or R.S.17:17-7 as of the surety's most current annual filing with the New Jersey Department of Insurance.
- 2) The capital and surplus, as determined in accordance with the applicable laws of this State, of the surety(ies) participating in the issuance of the attached bond is (are) in the following amounts as of the calendar year ended **December 31, 2018** (most recent calendar year for which capital and surplus amounts are available), which amounts have been certified by **KPMG LLP**, located at One Financial Plaza, Hartford, CT 06103-4103, in the Annual Audited Combined Financial Statements for the first eleven (11) companies below, and on a Stand-alone Annual Audited Financial Statement for the twelfth (12<sup>th</sup>) company below, all on file with the New Jersey Department of Insurance, 20 West State Street CN-325, Trenton, New Jersey 08625-0325.

<u>Surety Company</u>	<u>Capital</u>	<u>Surplus</u>
The Travelers Indemnity Company	\$ 10,790,700	\$6,633,300,461
St. Paul Fire and Marine Insurance Company	\$ 20,000,000	\$5,704,568,360
Travelers Casualty and Surety Company	\$ 25,000,000	\$6,647,847,066
United States Fidelity and Guaranty Company	\$ 35,214,075	\$984,206,451
The Standard Fire Insurance Company	\$ 5,000,000	\$1,221,484,978
Travelers Casualty Insurance Company of America	\$ 6,000,000	\$552,653,815
Farmington Casualty Company	\$ 6,000,000	\$286,233,908
St. Paul Mercury Insurance Company	\$ 4,230,000	\$115,086,988
Fidelity and Guaranty Insurance Underwriters, Inc.	\$13,434,900	\$88,920,970
St. Paul Guardian Insurance Company	\$ 4,200,000	\$22,829,115
Fidelity and Guaranty Insurance Company	\$ 5,000,000	\$18,144,728
Travelers Casualty and Surety Company of America	\$ 6,480,000	\$2,111,227,178

- 3) With respect to each surety participating in the issuance of the attached bond that has received from the U.S. Secretary of the Treasury a certificate of authority pursuant to 31 U.S.C. Section 9305, the underwriting limitation established therein on **July 1, 2019** (most recent calendar year available) is as follows:

<u>Surety Company</u>	<u>Limitation</u>
The Travelers Indemnity Company	\$663,330,000
St. Paul Fire and Marine Insurance Company	\$443,919,000
Travelers Casualty and Surety Company	\$425,039,000
United States Fidelity and Guaranty Company	\$98,421,000
The Standard Fire Insurance Company	\$122,148,000
Travelers Casualty Insurance Company of America	\$55,265,000
Farmington Casualty Company	\$28,623,000
St. Paul Mercury Insurance Company	\$11,509,000
Fidelity and Guaranty Insurance Underwriters, Inc.	\$8,892,000
St. Paul Guardian Insurance Company	\$2,283,000
Fidelity and Guaranty Insurance Company	\$1,814,000
Travelers Casualty and Surety Company of America	\$211,123,000

- 4) If, by virtue of one or more contracts of reinsurance, the amount of the bond indicated under Item 5 below exceeds the total underwriting limitation of all sureties on the bond as set forth in Item 3 above, then for each such contract of reinsurance:

- a) The name and address of each such reinsurer under that contract and the amount of the reinsurer's participation in the contract is as follows:

<u>Reinsurer</u>	<u>Address</u>	<u>Amount</u>
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The amount of the bond indicated under Item 5 below *does not* exceed the total underwriting limitation of all sureties on the bond as set forth in Item 3 above.

and;

- b) Each surety that is party to such contract of reinsurance certifies that each reinsurer listed under Item 4(a) satisfies the credit for reinsurance requirement established under P.L.1993, c. 243 (C.17:51B-1 *et seq.*) and any applicable regulations in effect as of the date on which the bond to which this statement and certification is attached shall have been filed with the appropriate public agency.

**CERTIFICATE**

I, **Eric B. Bruder**, as Attorney-in-Fact for the companies herein listed, corporations domiciled in Connecticut, Iowa, Maryland, Minnesota and Wisconsin, DO HEREBY CERTIFY that, to the best of my knowledge, the foregoing statements made by me are true, and ACKNOWLEDGE that, if any of those statements made by me are false, this bond is VOIDABLE.

  
\_\_\_\_\_  
(Signature of certifying agent/officer)

Eric B. Bruder  
(Print name of certifying agent/officer)


Vice President, Finance  
Chief Financial Officer, Bond & Specialty Insurance  
(Title of certifying agent/officer)

Date: Aug 9, 2019

- 5) The amount of the bond to which the statement and certification is attached is \$ 100,000.00, which *does not* exceed the total underwriting limitation of all sureties on the bond as set forth in Item 3 above

**CERTIFICATE**

I, Susan A. Welsh (name of agent), as Agent (title of agent) for the companies herein listed, corporations domiciled in Connecticut, Iowa, Maryland, Minnesota and Wisconsin, DO HEREBY CERTIFY that, to the best of my knowledge, the foregoing statement made by me is true, and ACKNOWLEDGE that, if the statement made by me is false, this bond is VOIDABLE.

  
\_\_\_\_\_  
(Signature of certifying agent/officer)

Susan A. Welsh  
(Print name of certifying agent/officer)

Agent  
(Title of certifying agent/officer)

Date: 12/28/2020

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA

HARTFORD, CONNECTICUT 06183

FINANCIAL STATEMENT AS OF DECEMBER 31, 2019

AS FILED IN THE STATE OF NEW JERSEY

CAPITAL STOCK \$ 6,480,000

ASSETS		LIABILITIES & SURPLUS	
CASH AND INVESTED CASH	\$ 90,238,215	UNEARNED PREMIUMS	\$ 1,079,715,557
BONDS	3,590,884,327	LOSSES	772,047,572
STOCKS	297,933,044	LOSS ADJUSTMENT EXPENSES	174,714,866
INVESTMENT INCOME DUE AND ACCRUED	37,250,410	COMMISSIONS	46,970,467
OTHER INVESTED ASSETS	3,886,514	TAXES, LICENSES AND FEES	14,728,588
PREMIUM BALANCES	263,364,263	OTHER EXPENSES	43,134,646
NET DEFERRED TAX ASSET	52,134,926	CURRENT FEDERAL AND FOREIGN INCOME TAXES	12,674,197
REINSURANCE RECOVERABLE	31,203,529	REMITTANCES AND ITEMS NOT ALLOCATED	17,964,746
SECURITIES LENDING REINVESTED COLLATERAL ASSETS	3,732,602	AMOUNTS WITHHELD / RETAINED BY COMPANY FOR OTHERS	26,565,278
RECEIVABLES FROM PARENT, SUBSIDIARIES AND AFFILIATES	11,831,826	RETROACTIVE REINSURANCE RESERVE ASSUMED	826,255
ASSUMED REINSURANCE RECEIVABLE AND PAYABLE	567,396	POLICYHOLDER DIVIDENDS	11,482,845
OTHER ASSETS	3,574,968	PROVISION FOR REINSURANCE	9,837,205
		ADVANCE PREMIUM	2,140,883
		PAYABLE FOR SECURITIES LENDING	3,732,802
		CEDED REINSURANCE NET PREMIUMS PAYABLE	46,059,812
		OTHER ACCRUED EXPENSES AND LIABILITIES	421,937
		TOTAL LIABILITIES	\$ 2,263,017,456
		CAPITAL STOCK	\$ 6,480,000
		PAID IN SURPLUS	433,803,760
		OTHER SURPLUS	1,683,400,804
		TOTAL SURPLUS TO POLICYHOLDERS	\$ 2,123,684,564
TOTAL ASSETS	\$ 4,386,702,020	TOTAL LIABILITIES & SURPLUS	\$ 4,386,702,020

STATE OF CONNECTICUT )  
 COUNTY OF HARTFORD ) SS.  
 CITY OF HARTFORD )

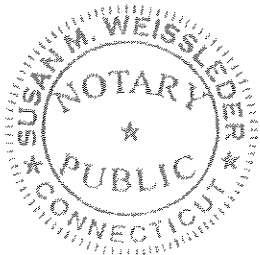
MICHAEL J. DOODY, BEING DULY SWORN, SAYS THAT HE IS VICE PRESIDENT - FINANCE, OF TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA, AND THAT TO THE BEST OF HIS KNOWLEDGE AND BELIEF, THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THE FINANCIAL CONDITION OF SAID COMPANY AS OF THE 31ST DAY OF DECEMBER, 2019.

*Michael J. Doody*  
 VICE PRESIDENT - FINANCE

SUBSCRIBED AND SWORN TO BEFORE ME THIS  
 26TH DAY OF MARCH, 2020

NOTARY PUBLIC

SUSAN M. WEISSLEDER  
 Notary Public  
 My Commission Expires November 30, 2022



**BID FORM PAGE  
(1 OF 4)**

Having carefully read the notice to bidders, specifications and instructions to bidders the undersigned hereby agrees to provide **ELEVATOR MAINTENANCE & REPAIR SERVICE** for various County buildings for the Division of Facilities Management in accordance with the specifications.

**EXHIBIT "B" - CONTRACTOR'S SCHEDULE OF PREVENTATIVE MAINTENANCE UNIT PRICES**

TYPE OF UNIT	BUILDING ELEVATOR (DESIGNATION)	(a) MONTHLY MAINTENANCE CHARGE EACH	(b) NUMBER OF UNITS	(c) TOTAL MONTHLY PRICE (a) x (b)	TOTAL CONTRACT PRICE (c) x 24
Passenger Traction	#1 Old Annex Building	485	1	485	11,640
Passenger Traction	#2 & 2A Old Jail	485	2	970	23,280
Passenger Traction	#3 Parking Garage	485	1	485	11,640
Passenger Traction	#4 Detention Center	485	1	485	11,640
Passenger Hydraulic	#5 Ruotolo Justice Center	275	2	550	13,200
Passenger Traction	#6 & 6A Old Courthouse Rotunda	485	2	970	23,280
Passenger Traction	#7 Courthouse High Tower	485	1	485	11,640
Passenger Traction	#8 Courthouse Tower	295	3	885	21,240
Passenger Traction	#9 New Jail - Visitors Side	485	2	970	23,280
Passenger Traction	#10 New Jail - Inmates Side	485	3	1455	34,920
Freight Hydraulic	#11 New Jail - Loading Dock	275	1	275	6,600
Passenger Hydraulic	#12 Election Tax Board	275	1	275	6,600
Passenger Hydraulic	#13 Police Academy	275	1	275	6,600
Passenger Traction	#14 Administration Building	485	2	970	23,280
Passenger Traction	#15 New Annex Building	485	3	1455	34,920
Passenger Traction	#16 Engineering Building	485	1	485	11,640
Passenger Traction	#17 Trailside Nature & Science Center	485	1	485	11,640
Passenger & Service Traction	#18 Froehlich Public Safety Building	485	2	970	23,280
Passenger Hydraulic	#19 Union County Performing Arts Center	275	1	275	6,600
Passenger Hydraulic	#20 Colleen Fraser Building	275	1	275	6,600
Passenger Hydraulic	#21 Child Advocacy Center	275	1	275	6,600
Passenger Hydraulic	#22 Galloping Hill Golf Course Clubhouse	275	2	550	13,200
Freight Hydraulic	#23 Galloping Hill Golf Course Clubhouse	275	1	275	6,600
Passenger Hydraulic	#24 Cherry Street Annex	275	2	550	13,200
Passenger Hydraulic	#25 Cherry Street Annex	275	1	275	6,600
Freight Hydraulic	#26 Cherry Street Annex	275	1	275	6,600
Passenger Hydraulic	#27 Cherry Street Annex	275	2	550	13,200
Passenger Hydraulic	#28 Cherry Street Annex	275	1	275	6,600
Wheelchair Lifts	#29 Cherry Street Annex	*(Bi-annual) 95	3	285	6,840
Freight VRC	#30 Ash Brook Golf Course Clubhouse	485	1	485	11,640
<b>1D</b>	<b>TOTAL PRICE - Scheduled Maintenance - SUM OF #1 - #30</b>			<b>\$ 414,600</b>	

**NAME OF BIDDER:** KONE Inc.



**BID FORM PAGE  
(2 OF 4)**

Having carefully read the Proposal, Specifications and Instructions to Bidders the undersigned agrees to provide **ELEVATOR MAINTENANCE & REPAIR SERVICE** for County owned buildings for the Division of Facilities Management in accordance with the specifications.

**DO NOT ALTER ANY LINES OR LANGUAGE ON THE BID FORM PAGES. ANY ALTERATION OR SUBSTITUTION ON THE BID FORM PAGE SHALL RENDER THE BID UNRESPONSIVE AND RESULT IN THE REJECTION OF THE BID. ANY CORRECTIONS, CROSS-OUTS, OR WHITE-OUTS TO THE SUBMITTED PRICING OF THE BIDDER MUST BE INITIALED BY THE BIDDER.**

All estimates are to be considered "more or less".

<u>Item#</u>		<u>Unit Price</u>		<u>Sub-Total</u>
<u>1A:</u>	<u>300 Hours</u> Estimated Regular Work Hours For Journeyman -- 24 months	X	\$ <u>175</u> Hourly Rate	= \$ <u>52,500</u>
				+
<u>1B:</u>	<u>100 Hours</u> Estimated Regular Work Hours For Helper-24 months	X	\$ <u>140</u> Hourly Rate	= \$ <u>14,000</u>
				+
<u>1C:</u>	(\$30,000.00 x <u>15</u> %) Mark up*	+	\$30,000.00	= \$ <u>34,500</u>
				+
	<b>* IN THE BEST INTERESTS OF THE COUNTY NO MARK-UP SHALL BE ACCEPTED OVER 15%</b>			
<u>1D:</u>	Total Price for Scheduled Service, Preventative Maintenance and Repairs for 43 Elevators as specified in Exhibit "B"			\$ <u>414,600</u>
	<b>Sums of 1A + 1 B + 1C + 1D</b>		=	\$ <u>515,600</u> <b>GRAND TOTAL (Not To Exceed)</b>

**NAME OF BIDDER:** KONE Inc.

**BID FORM PAGE  
(3 OF 4)**

THE PERIOD OF THE CONTRACT SHALL BE FOR TWENTY-FOUR (24) CONSECUTIVE MONTHS WITH PROVISION FOR ONE (1) TWENTY-FOUR (24) MONTH EXTENSION SUBJECT TO THE FOLLOWING LIMITATIONS: THE EXTENSION CONTRACT SHALL BE AWARDED BY RESOLUTION OF THE GOVERNING BODY (WITHIN 60 DAYS PRIOR TO THE EXPIRATION DATE) UPON A FINDING BY THE GOVERNING BODY THAT THE SERVICES ARE BEING PERFORMED IN AN EFFECTIVE AND EFFICIENT MANNER.

NJSA 40A: 11-15 PROVIDES THAT ANY PRICE CHANGES PURSUANT TO EXTENSIONS OF THE ORIGINAL TERM OF THIS AGREEMENT SHALL BE BASED UPON THE PRICE OF THE ORIGINAL AGREEMENT AS CUMULATIVELY ADJUSTED PURSUANT TO ANY PREVIOUS ADJUSTMENT OR EXTENSIONS AND SHALL NOT EXCEED THE CHANGE IN THE INDEX RATE FOR THE TWELVE (12) MONTHS PRECEDING THE MOST RECENT QUARTERLY CALCULATION AVAILABLE AT THE TIME THIS AGREEMENT IS RENEWED. THE INDEX RATE IS PROMULGATED BI-ANNUALLY BY THE STATE OF NEW JERSEY, DIVISION OF LOCAL GOVERNMENT SERVICES AND IS A BASED ON THE ANNUAL PERCENTAGE INCREASE IN THE IMPLICIT PRICE DEFECTOR FOR STATE AND LOCAL GOVERNMENT SERVICES, COMPUTED QUARTERLY BY THE US DEPT. OF COMMERCE, BUREAU OF ECONOMIC ANALYSIS.

ANY EXTENSION OF THE ORIGINAL TERM OF THIS AGREEMENT SHALL BE SUBJECT TO THE AVAILABILITY AND APPROPRIATION ANNUALLY OF SUFFICIENT FUNDS BY THE COUNTY OF UNION PURSUANT TO NJSA 40A: 11-15.

**NAME OF BIDDER:**     KONE Inc.

**BID FORM PAGE  
(4 OF 4)**

**FACILITY LOCATION**

Location of Bidder's Main Office & Facilities 150 Mount Bethel Road  
(Address)

Warren, NJ 07059  
(City) (Zip Code)

877-276-8691  
(24-Hour Manned Phone Number)

\*ATTACH MAP FROM GOOGLE OR MAPQUEST TO THIS PAGE

NAME OF BIDDER: KONE Inc.

## YOUR TRIP TO:

2 Broad St, Elizabeth, NJ 07201-2202

**28 MIN | 25.4 MI** **Est. fuel cost: \$1.68**

Trip time based on traffic conditions as of 10:12 AM on January 6, 2021. Current Traffic: Light



Print a full health report of your car with HUM vehicle diagnostics (800) 906-2501

Start of next leg of route

1. Start out going **west** on Mount Bethel Rd/County Hwy-651 toward Mountainview Rd. Continue to follow County Hwy-651.

Then 1.10 miles

1.10 total miles



2. Merge onto I-78 E.

Then 10.98 miles

12.08 total miles

3. Take I-78 (EXPRESS) E toward **New York City/Holland Tunnel/I-95**.

Then 4.50 miles

16.58 total miles

4. Merge onto I-78 (LOCAL) E toward **Airport**.

Then 4.02 miles

20.60 total miles

5. Take EXIT 57 toward **NJ-21 N/Newark/Newark Airport**.

Then 0.39 miles

20.99 total miles

6. Keep **left** to take the ramp toward **Main Terminals/North Area/South Area**.

Then 0.37 miles

21.36 total miles

7. Keep **left** to take the **US-9 S/US-1 S** ramp toward **Main Terminals**.

Then 0.41 miles

21.77 total miles



8. Merge onto US-9 S.

Then 3.07 miles

24.84 total miles

9. Turn **right** onto E Jersey St.

Then 0.26 miles

25.10 total miles

10. Turn **left** onto Winfield Scott Plz.

Then 0.09 miles

25.19 total miles

11. Take the 1st **right** onto Dickinson St.

Then 0.18 miles

25.37 total miles



12. Turn left onto Broad St/County Hwy-623.

Then 0.07 miles

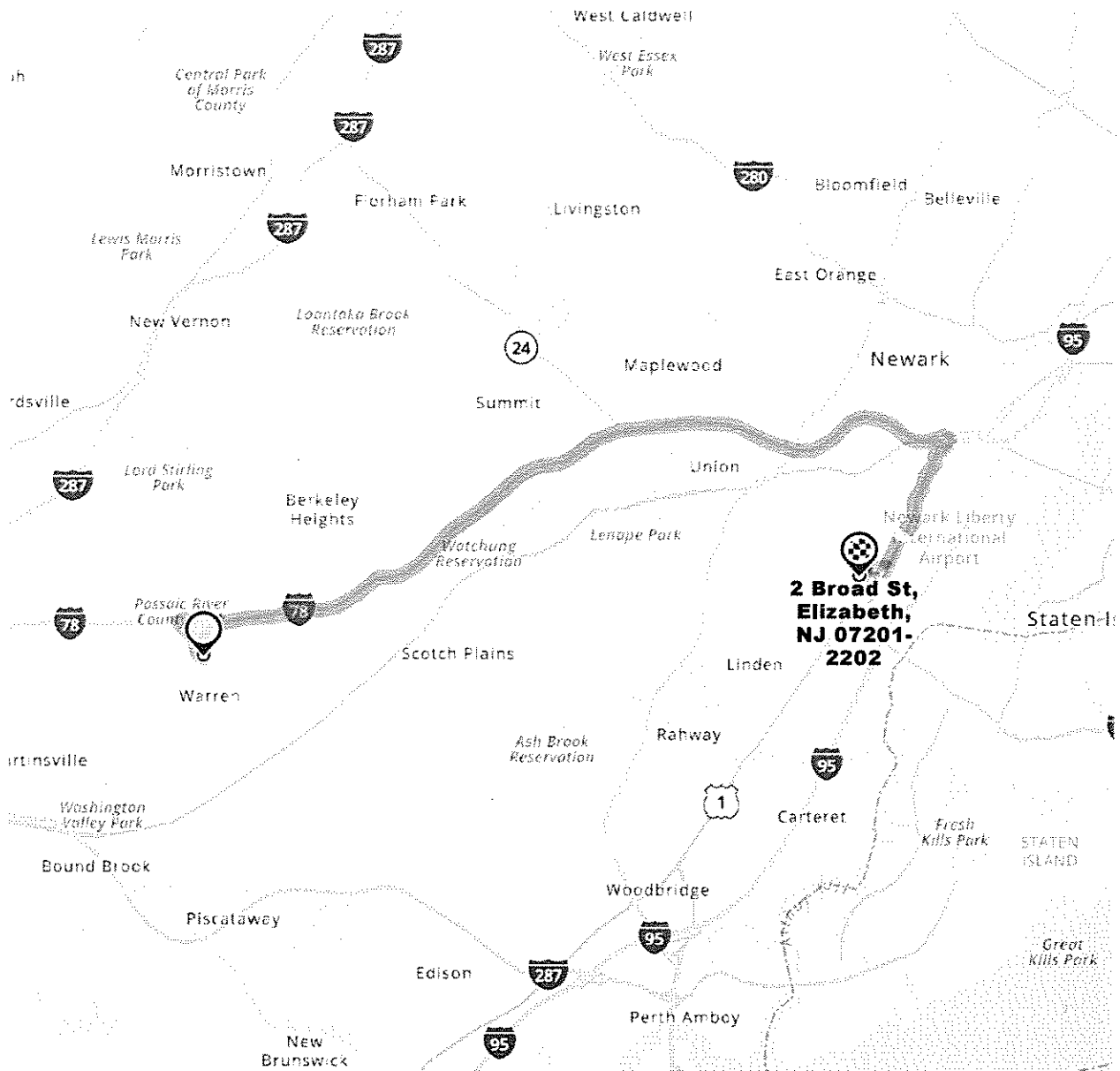
25.44 total miles



13. 2 Broad St, Elizabeth, NJ 07201-2202. 2 BROAD ST is on the right.

Save to My Maps

Use of directions and maps is subject to our [Terms of Use](#). We don't guarantee accuracy, route conditions or usability. You assume all risk of use.



**EXTENSION FORM FOR UNION COUNTY  
COOPERATIVE PRICING SYSTEM**

ACCOMMODATION OF LOCAL CONTRACTING UNITS WITHIN THE COUNTY OF UNION:

**CHECK HERE** IF WILLING TO PROVIDE THE GOODS AND SERVICES HEREIN BID UPON TO LOCAL GOVERNMENTAL CONTRACTING UNITS LOCATED WITHIN THE COUNTY OF UNION, UNION COUNTY COOPERATIVE PRICING SYSTEM # CK-06-UNION WITHOUT SUBSTITUTION OR DEVIATION FROM SPECIFICATIONS, SIZE FEATURES, QUALITY, PRICE OR AVAILABILITY AS HEREIN SET FORTH. IT IS UNDERSTOOD THAT ORDERS WILL BE PLACED DIRECTLY BY THE CONTRACTING UNITS, SUBJECT TO THE OVERALL TERMS OF THE CONTRACT TO BE AWARDED BY THE COUNTY OF UNION, AND THAT NO ADDITIONAL SERVICE OR DELIVERY CHARGES WILL BE ALLOWED EXCEPT AS PERMITTED BY THESE SPECIFICATIONS.

**CHECK HERE** IF **NOT** WILLING TO EXTEND PRICES TO CONTRACTING UNITS LOCATED IN THE COUNTY OF UNION AFFECT CONSIDERATION OF THIS BID WITH RESPECT TO THE NEEDS OF THE COUNTY OF UNION.

IF THE LOWEST RESPONSIBLE BIDDER DOES NOT EXTEND HIS PRICES TO THE REGISTERED MEMBERS, THE CONTRACT FOR THE STATED NEEDS OF UNION COUNTY WILL BE AWARDED TO SAID LOWEST RESPONSIBLE BIDDER AND SPECIFICALLY NOT MADE AVAILABLE TO CONTRACTING UNITS WITHIN THE COUNTY.

AL  
Initial

NAME OF BIDDER KONE Inc.

**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:** KONE Inc.

**Organization Address:** 150 Mount Bethel Road, Warren, NJ 07059

**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	Home Address (for Individuals) or Business Address
Antti Herlin	Aku Korhonen tie 8, Helsinki, Finland 00440

**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
<a href="https://www.kone.com">https://www.kone.com</a>	

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	Home Address (for Individuals) or Business Address
Antti Herlin	Aku Korhonen tie 8, Helsinki, Finland 00440

**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 *County of Union* 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 *County of Union* to notify the *County of Union* 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 *County of Union* to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	<b>Amanda Legotte</b>	Title:	<b>Account Manager</b>
Signature:	<i>Amanda Legotte</i>	Date:	<b>1/5/2021</b>



NON-COLLUSION AFFIDAVIT

Rev. 1/22/93

STATE OF New Jersey

SS:

COUNTY OF Somerset

I Amanda Legotte of the City of Warren, 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 Account Manager of the firm of KONE Inc., the bidder making the Proposal for the above named project, and that I executed the said Proposal with full authority to do so; that said bidder has not, directly or indirectly, entered into any agreement, participation 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 **COUNTY OF UNION, NEW JERSEY** relies upon the truth of the statements contained in said Proposal and in the statements contained in the 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 KONE Inc. (N.J.S.A. 52:34-15).

NAME OF CONTRACTOR

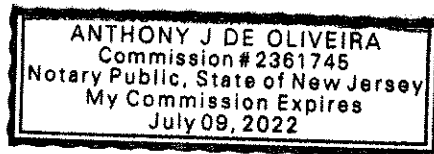
Amanda Legotte  
Sign Name Here

(Original signature only; stamped signature not accepted)

Subscribed and sworn to before Me this 08 day of January, 2021.

[Signature]  
Notary Public of the State of New Jersey

My Commission expires 7/9/22



NOTE TO NOTARY: WHEN COMPLETING THIS JURAT, ALL NOTARIES MUST:  
1. Indicate date. 2. Indicate State. 3. Sign name. 4. Affix name by Printing it, typing it, using a rubber stamp, using an impression seal or using a mechanical stamp.

Note: The person who signed the bid form for the bidder should sign this form also.

WARNING: IF YOU FAIL TO FULLY, ACCURATELY AND COMPLETELY FILL OUT THIS AFFIDAVIT OF NON-COLLUSION, YOU BID WILL BE REJECTED.

**AFFIRMATIVE ACTION REQUIREMENT**

Rev. 6/29/93

**REQUIRED AFFIRMATIVE ACTION EVIDENCE**

General Requirements of P.L. 1975, c. 127: You are hereby put on notice that:

**A. Procurement, Professional & Service Contracts**

All successful vendors must submit within seven days of the notice of intent to award or the signing of the contract one of the following: **PLEASE CHECK ONE**

A photocopy of your Federal Letter of Affirmative Action Plan Approval

OR

A photocopy of your Certificate of Employee Information Report

OR

A completed Affirmative Action Employee Information Report (AA302)

If successful vendor does not submit the affirmative action document within the seven days the County of Union will declare the vendor as being non-responsive and award the contract to the next lowest bidder.

KONE Inc.

Print or type FIRM NAME here

*Amanda Legotte*

Sign NAME and TITLE here

(Original signature only, stamped signature not accepted)

Amanda Legotte, Account Manager

Print or type NAME and TITLE here

January 5, 2021

Print or type DATE

Certification 48322

**CERTIFICATE OF EMPLOYEE INFORMATION REPORT**  
**RENEWAL**

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-APR-2018** to **15-APR-2021**

KONE INC.  
150 MOUNT BETHEL ROAD  
WARREN

NJ 07059



*Elizabeth Maher Muoio*  
ELIZABETH MAHER MUOIO  
State Treasurer

AMERICANS WITH DISABILITIES ACT

EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITIES

The contractor and the County of Union (hereafter "Owner") do hereby agree that the provisions of Title II of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. §12.101 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the Owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the Owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the Owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, any pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the Owner's grievance procedure, the contractor agrees to abide by any decision of the Owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the Owner, or if the Owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The Owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim. If any action or administrative proceeding is brought against the Owner or any of its agents, servants, and employees, the Owner shall expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the Owner or its representatives.

It is expressly agreed and understood that any approval by the Owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the Owner pursuant to this paragraph.

It is further agreed and understood that the Owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the Owner from taking any other actions available to it under any other provisions of this Agreement or otherwise at law.

Name Amanda Legotte, Account Manager (Please print or type)

Signature *Amanda Legotte* Date January 5, 2021

NAME OF BIDDER: KONE Inc.

COUNTY OF UNION NEW JERSEY  
Division of Purchasing  
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

Solicitation Number: BA\_10-2021 Vendor/Bidder: KONE Inc.

**PART 1**

**CERTIFICATION**

VENDOR/BIDDER MUST COMPLETE PART 1 BY CHECKING ONE OF THE BOXES

**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 nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the State of New Jersey, Department of the Treasury's Chapter 25 list as a person or entity engaged in investment activities in Iran. The Chapter 25 list is found on the Department's website at <http://www.state.nj.us/treasury/pdf/Chapter25List.pdf>. Vendors/Bidders must review this list prior to completing the below certification. **Failure to complete the certification will render a Vendor's/Bidder's proposal non-responsive.** If the Director of the Division of Purchase and Property finds a person or entity to be in violation of the law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

**CHECK THE APPROPRIATE BOX**

A. I certify, pursuant to Public Law 2012, c.25, that neither the Vendor/Bidder listed above nor any of its parents, subsidiaries, or affiliates is listed on the N.J. Department of Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). Disregard Part 2 and complete and sign the Certification below.

OR

B. I am unable to certify as above because the Vendor/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 information 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 ADDITIONAL INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

If you checked Box "B" above, provide a detailed, accurate and precise description of the activities of the Vendor/Bidder, or one of its parents, subsidiaries or affiliates, engaged in investment activities in Iran by completing the information below.

ENTITY NAME: \_\_\_\_\_  
RELATIONSHIP TO VENDOR/BIDDER: \_\_\_\_\_  
DESCRIPTION OF ACTIVITIES: \_\_\_\_\_  
DURATION OF ENGAGEMENT: \_\_\_\_\_  
ANTICIPATED CESSATION DATE: \_\_\_\_\_  
VENDOR/BIDDER CONTACT NAME: \_\_\_\_\_  
VENDOR/BIDDER CONTACT PHONE#: \_\_\_\_\_

*Attach Additional Sheets If Necessary*

**CERTIFICATION**

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor/Bidder, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the County of Union, New Jersey is relying on the information contained herein, and that the Vendor/Bidder is under a continuing obligation from the date of this certification through the completion of any contract(s) with the County of Union to notify the County of Union 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. If I do so, I will be subject to criminal prosecution under the law, and it will constitute a material breach of my agreement(s) with the County of Union, permitting the County of Union to declare any contract(s) resulting from this certification void and unenforceable.

Amanda Legotte  
Signature

January 5, 2021  
Date

Amanda Legotte, Account Manager  
Print Name and Title



## STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

**Taxpayer Name:** KONE INC. (USA)  
**Trade Name:**  
**Address:** 1 KONE CT  
MOLINE, IL 61265-1374  
**Certificate Number:** 0023483  
**Effective Date:** March 22, 1967  
**Date of Issuance:** August 31, 2011

**For Office Use Only:**  
20110831163141766

Certificate Number  
4299

Registration Date: 05/25/2020  
Expiration Date: 05/24/2022



State of New Jersey  
Department of Labor and Workforce Development  
Division of Wage and Hour Compliance  
Public Works Contractor Registration Act

Pursuant to N.J.S.A. 34:11-56.48, et seq. of the Public Works Contractor Registration Act, this certificate of registration is issued for purposes of bidding on any contract for public work or for engaging in the performance of any public work to:

**2020**  
INC

Responsible Representative(s):  
Divya Mehta, Secretary  
Jay Dietz, Other

Responsible Representative(s):  
Rangarajan Krishnamurthy, Treasurer  
Kenneth Schimid, Other

Handwritten signature of Robert Asaro-Angelo in black ink.

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

NON TRANSFERABLE

This certificate may not be transferred or assigned and may be revoked for cause by the Commissioner of Labor and Workforce Development.

## EXPERIENCE STATEMENT

County of Union, Elizabeth, NJ

The vendor must provide references of previous experience, including proof of at least five years' experience of working on Otis Gen2 elevators. Include names, addresses, phone numbers, types of elevators worked on, and time frames of all the references.

Novartis - 62 elevators (including Otis Gen 2's)  
East Hanover, NJ  
7+ years

Kean University - 46 elevators (including Otis Gen 2's)  
Union, NJ  
5+ years

We hereby certify that my company has performed the following private or public work that is relevant to this bid; I further certify that my company has never defaulted under any contract.

Amanda Legotte Amanda Legotte  
Witness

January 5, 2021  
Date

KONE Inc.  
Name of Company

150 Mount Bethel Road  
Warren, NJ 07059  
Address

By: Account Manager  
Title



## CERTIFICATIONS

Provide certifications for technicians and mechanics that have successfully passed either:

- The National Association of Elevator Contractors (NAEC) Certified Elevator Technician (CET) certification exam
- Or
- The National Elevator Industry Education Program (NEIEP) examination

NAME OF BIDDER: KONE Inc.

DUES CARD OF BRO./SIS.

	DUES	ASSES.	CARD
--	------	--------	------

**L:7528**

Michael G. Riegger, Secretary/Treasurer  
C:2217 1:113782 Thru:12/31/2020  
7/5/1986 Journeyman  
**Eric Shaw**

[REDACTED]

[REDACTED]

Printed in U.S.A.

New Jersey Office of the Attorney General  
Division of Consumer Affairs

**THIS IS TO CERTIFY THAT THE**  
Elev. Esc & Moving Walkway Mech Licensing Board  
**HAS LICENSED**  
Eric J. Shaw  
Elevator Mechanic

10/13/2020 TO 09/30/2022  
VALID

*[Signature]*  
SIGNATURE

**17EM00083500**  
License/Registration Certificate #

*[Signature]*  
ACTING DIRECTOR

New Jersey Office of the Attorney General  
Division of Consumer Affairs

**THIS IS TO CERTIFY THAT THE**  
Elev. Esc & Moving Walkway Mech Licensing Board  
**HAS LICENSED**  
Edgardo Villanueva  
Elevator Mechanic

10/15/2020 TO 09/30/2022  
VALID

*[Signature]*  
SIGNATURE

**17EM00114400**  
License/Registration Certificate #

*[Signature]*  
ACTING DIRECTOR

DUES CARD OF BRO./SIS.

**L:9522**

Michael G. Riegger, Secretary/Treasurer  
C:4160 1:120799 Thru:9/30/2020  
7/1/1992 Journeyman  
**Edgar Villanueva**

[REDACTED]

[REDACTED]

10/13/2020 TO 09/30/2022  
VALID

*[Signature]*  
SIGNATURE

**17EM00083500**  
License/Registration Certificate #

*[Signature]*  
ACTING DIRECTOR

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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. <i>Kane Jim</i>	
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.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>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.</small>  <input type="checkbox"/> 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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. <i>6082</i>	Requester's name and address (optional)
6 City, state, and ZIP code <i>NO BOX 7247</i>	
7 List account number(s) here (optional) <i>Philadelphia PA - 19170-6082</i>	

**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										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>										
OR										
Employer identification number										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>										

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ▶ <i>Jim Kane</i>	Date ▶ <i>4/1/18</i>
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**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](http://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.*

COUNTY OF UNION  
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

The undersigned Bidder hereby acknowledges receipt of the following Addenda(s):

<u>Addendum Number</u>	<u>Dated</u>	<u>Acknowledge Receipt</u> (Initial)
N/A		AL

Acknowledged for: KONE Inc.  
(Name of Bidder)

By: Amanda Legotte  
(Signature of Authorized Representative)

Name: Amanda Legotte  
(Print or Type)

Title: Account Manager

Date: January 5, 2021

Please Do Not submit if you did not receive Addenda(s)

NAME OF BIDDER: KONE Inc.

**NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
PREVAILING WAGE RATE DETERMINATION**

County - UNION

Craft: Elevator Modernization & Service

**PREVAILING WAGE RATE**

	03/17/20	03/17/21	03/17/22	03/17/23
Journeyman	W54.56	W56.77	W59.09	W60.89
	B40.86	B41.82	B42.79	B44.41
	T95.42	T98.59	T101.88	T105.30

Craft: Elevator Modernization & Service

**APPRENTICE RATE SCHEDULE**

INTERVAL	PERIOD AND RATES									
	Yearly	29.85	28.84	34.09	39.33					
Benefits	32.66	33.13	34.36	35.58						

Ratio of Apprentices to Journeymen - 1:1

Craft: Elevator Modernization & Service

**COMMENTS/NOTES**

APPRENTICE RATE SCHEDULE AS OF 3-17-20:

INTERVAL	PERIOD AND RATES			
Yearly	31.03	30.01	35.46	40.92
Benefits	33.33	33.82	35.09	36.36

APPRENTICE RATE SCHEDULE AS OF 3-17-21:

INTERVAL	PERIOD AND RATES			
Yearly	32.27	31.22	36.90	42.58
Benefits	34.00	34.50	35.83	37.15

APPRENTICE RATE SCHEDULE AS OF 3-17-22:

INTERVAL	PERIOD AND RATES			
Yearly	33.56	32.50	38.41	44.32
Benefits	34.67	34.20	35.20	37.94

APPRENTICE RATE SCHEDULE AS OF 3-17-23:

INTERVAL	PERIOD AND RATES			
Yearly	34.60	33.49	39.58	45.67
Benefits	35.97	36.53	37.95	39.38

MODERNIZATION (addition, replacement, refurbishing, relocation, or changes in design or appearance, of elevator equipment in existing buildings):

- The regular workday consists of 8 hours, between 7:00 AM and 4:30 PM.

- Overtime:

Hours in excess of 8 per day, or before or after the regular workday, Monday through Friday, and all hours on Saturday and Sunday shall be paid at time and one-half the hourly rate. Holiday pay is one days wages (8 hours) plus time and one-half the hourly rate for all hours worked.

**NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
PREVAILING WAGE RATE DETERMINATION**

County - UNION

SERVICE (repair or replacement of parts for the purpose of maintaining elevator equipment in good operating condition):

- The regular workday consists of 8 hours, between 6:00 AM and 6:00 PM.

- Overtime:

Hours in excess of 8 per day, or before or after the regular workday, Monday through Friday, and all hours on Saturday shall be paid at time and one-half the hourly rate. All hours on Sunday and holidays shall be paid at double the hourly rate.

RECOGNIZED HOLIDAYS (Modernization and Service): New Year's Day, Presidents' Day, Good Friday, Memorial Day, July 4th, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day and the day after, Christmas Day. Saturday holidays shall be observed on the previous Friday and Sunday holidays shall be observed on the following Monday.



**COUNTY OF UNION**  
**BID SUBMISSION CHECKLIST**

**BA# 10-2021 ELEVATOR MAINTENANCE  
AND REPAIR SERVICE REBID**

- AL 1. CONSENT OF SURETY – The Consent of Surety form signed by a Surety Company stating that if your bid is accepted, the Surety Company that provides the consent shall be required to furnish a Performance Bond in the amount of \$100,000.00. The Bond shall have a term equal to the contract period.

In lieu of the Consent of Surety you may submit a Certified Check for the amount of \$100,000.00.

The County of Union has provided its Consent of Surety form for your use. The use of this form by your Surety Company will expedite the bid review process and eliminate the possibility of having your bid rejected. If, however, you should need to use another form, please use language similar to that used on the Union County form and avoid making any additions or deletions to the Union County form language.

- AL 2. Bid Form Page(s)  
AL 3. Bidder Signature Page – fill out completely  
AL 4. Non-Collusion Affidavit – fill out completely and notarize  
AL 5. Stockholder Disclosure Certification (2 pages) – fill out completely  
AL 6. Affirmative Action Requirement  
AL 7. Disclosure of Investment Activities in Iran  
AL 8. Americans with Disabilities Form  
AL 9. Copy of State of NJ Department of Treasury Business Registration Certificate  
AL 10. Extension Form for Union County Cooperative Pricing System  
AL 11. Addenda Receipt Form – Only Include If Addendums Were Received  
AL 12. Certificate from New Jersey Department of Labor – Public Works Contractor Act  
AL 13. Facility Location  
AL 14. Experience Statement  
AL 15. Certifications

***Each bidder should complete this form, INITIAL each entry, sign and date at the bottom and submit with bid.***

NAME OF BIDDER: KONE Inc.

DATE: January 5, 2021