

<b>PROPOSAL RESULTS</b>			
<b>RFP2019-06 RM RISK MANAGER FOR THE MERCER COUNTY INSURANCE COMMISSION</b>			
<b>October 16, 2019</b>			
<b>NO. OF RESPONDENTS:</b>	<b>2</b>		
NAME OF RESPONDENT	FAIRVIEW INSURANCE AGENCY ASSOCIATES, INC.	BORDEN PERLMAN SALISBURY & KELLY INSURANCE AGENCY	
ADDRESS	25 FAIRVIEW AVE.	250 PHILLIPS BOULEVARD, SUITE 280	
CITY, STATE, ZIP	VERONA, NJ 07044	EWING, NJ 08648	
CONTACT	LAWRENCE K. GRAHAM	DOUGLAS BORDEN	
TELEPHONE	973-857-0870 EXT. 151	609- 896 -3434	
FAX	973-857-9131	609 -895 -1468	
E-MAIL	<a href="mailto:LGRAHAM@FAIRVIEWINSURANCE.COM">LGRAHAM@FAIRVIEWINSURANCE.COM</a>	<a href="mailto:DBORDEN@BORDENPERLMAN.COM">DBORDEN@BORDENPERLMAN.COM</a>	
INSURANCE INDEMNIFICATION PAGE	SIGNED AND DATED	SIGNED AND DATED	
INSURANCE CERTIFICATE	REQUIRED IF AWARDED	REQUIRED IF AWARDED	
STATEMENT OF OWNERSHIP DISCLOSURE	SIGNED AND DATED	SIGNED AND DATED	
BUSINESS REGISTRATION CERTIFICATE	OK	OK	
EIC	8189 EXPIRES 5.15.26	26557 EXPIRES 5.15.22	
EXHIBIT A	INCLUDED	REQUIRED IF AWARDED	
ACKNOWLEDGEMENT OF ADDENDUM NO. ONE	SIGNED AND DATED	SIGNED AND DATED	
IRAN CERTIFICATION	SIGNED AND DATED	SIGNED AND DATED	
NON-COLLUSION AFFIDAVIT	SIGNED AND DATED	SIGNED AND DATED	
CERTIFICATION OF POLITICAL CONTRIBUTIONS	SIGNED AND DATED	SIGNED AND DATED	
HOLD PRICING BEYOND 60 DAYS	YES	YES	
REFERENCES	INCLUDED	INCLUDED	
QUALIFICATION STATEMENT	INCLUDED	INCLUDED	
<b>COST FOR SERVICES YEAR ONE</b>	<b>\$</b>	<b>65,000.00</b>	<b>\$ 66,000.00</b>
<b>COST FOR SERVICES YEAR TWO (OPTION)</b>	<b>\$</b>	<b>65,000.00</b>	<b>\$ 66,000.00</b>
<b>COST FOR SERVICES YEAR THREE (OPTION)</b>	<b>\$</b>	<b>65,000.00</b>	<b>\$ 66,000.00</b>



PROPOSAL RESULTS		
RFP2019- 05 ED EXECUTIVE DIRECTOR FOR THE MERCER COUNTY INSURANCE FUND COMMISSION		
PROPOSAL OPENING : 'OCTOBER 18,2019		
NO. OF RESPONDENTS:	1	
NAME OF RESPONDENT	PERMA RISK MANAGEMENT SERVICES	
ADDRESS	9 CAMPUS DRIVE, SUITE 216	
CITY, STATE, ZIP	PARSIPPANY, NJ 07054	
CONTACT	JOSEPH P. HRUBASH	
TELEPHONE	973 659 6577	
FAX	201 881 7633	
E-MAIL	<a href="mailto:JHRUBASH@PERMAINC.COM">JHRUBASH@PERMAINC.COM</a>	
INSURANCE INDEMNIFICATION PAGE	SIGNED AND DATED	
STATEMENT OF OWNERSHIP DISCLOSURE	SIGNED AND DATED	
BUSINESS REGISTRATION CERTIFICATE	OK	
EIC	4606 EXPIRES 10.15.22	
EXHIBIT A	INCLUDED	
IRAN CERTIFICATION	SIGNED AND DATED	
NON-COLLUSION AFFIDAVIT	SIGNED AND DATED	
CERTIFICATION OF POLITICAL CONTRIBUTIONS	SIGNED AND DATED	
HOLD PRICING BEYOND 60 DAYS	YES	
REFERENCES	INCLUDED	
QUALIFICATION STATEMENT	INCLUDED	
COST PER HOUR FIRST YEAR	\$	170,117.00
COST PER HOUR SECOND YEAR	\$	173,519.00
COST PER HOUR THIRD YEAR	\$	176,989.00