

**SIGNATURE PAGE**

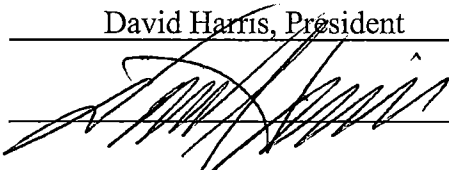
**P-1-2025**

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT  
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.  
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE  
WITH YOUR REQUIREMENTS.**

Company Name: Claims Resolution Corporation, Inc.  
(PRINT)

Preparer's Name: David Harris, President  
(PRINT)

Signature:  9/6/24  
(DATE)


Address: 323 S. Pitney Road Suite 200  
Galloway, NJ 08205


Telephone No.: 973-731-5700

Fax No.: 609-241-0400

E-Mail Address: dharris@crctpa.com  
**\*\*\* (This should be the email where Contracts would be sent) \*\*\***

Contact Person: David Harris

FEIN:   
(Federal Employee ID)

BRC:   
(Business Registration Certificate)

(Revised 2/2017)

**THE MONMOUTH COUNTY BOARD OF COUNTY COMMISSIONERS, N.J.**  
**CLAIMS ADMINISTRATION SERVICES**  
**RFP# P-1-2025**  
**REPLY FORM**

FLAT FEE FOR WORKERS COMPENSATION/EMPLOYERS LIABILITY, AND LIABILITY CLAIMS ADMINISTRATION SERVICES.

YEAR 1 – 2025	\$ <u>170,000.00</u> Annual Fee
YEAR 2 – 2026	\$ <u>170,000.00</u> Annual Fee
YEAR 3 – 2027	\$ <u>170,000.00</u> Annual Fee

ALTERNATE FEE FOR CLAIMS ADMINISTRATION SERVICES

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate if a flat or alternative fee is being quoted for the two (2) one-year renewal options:

Optional Year 1-     \$175,000.00 \_\_\_\_\_

Optional Year 2 -     \$180,000.00 \_\_\_\_\_  
\_\_\_\_\_

DEVIATIONS FROM REQUIRED SERVICE (use attachment(s), if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER INFORMATION ON SERVICES AND COSTS (use attachment(s), if necessary)

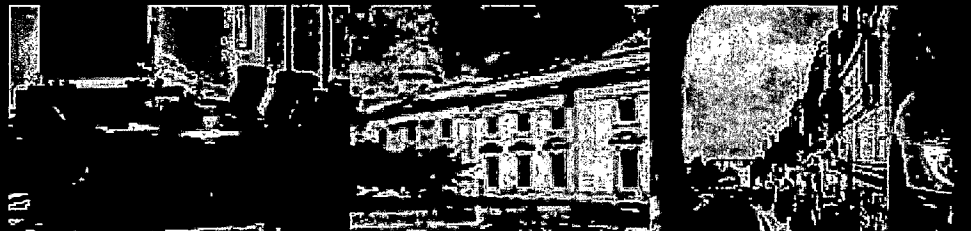
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF AUTHORIZED REPRESENTATIVE**

Printed Name: David Harris

Signature: 

Title: President



**Claims Resolution Corporation, Inc.**

**Fee Schedule**

**County of Monmouth**

**RFP #P-1-2025**

**September 6, 2024**

<i>Services:</i>	
<b>Third Party Claims Administration Fees</b>	
<b>Annual Fee: Year 1 - 2025</b>	<b>\$170,000.00</b>
<b>Annual Fee: Year 2 - 2026</b>	<b>\$170,000.00</b>
<b>Annual Fee: Year 3 - 2027</b>	<b>\$170,000.00</b>
Included in the above Fee:	
<ul style="list-style-type: none"> <li>▪ All claims management functions</li> <li>▪ Claims investigation</li> <li>▪ Subrogation</li> <li>▪ State filings and reporting</li> <li>▪ Creation of client handling instructions</li> <li>▪ Creation of implementation plan</li> <li>▪ Establishment of data hierarchy</li> <li>▪ Set up of client users in RMIS system</li> <li>▪ Creation and funding of loss fund account, establish funding, and check writing protocols</li> <li>▪ Participation in monthly claims reviews</li> <li>▪ Quarterly stewardship meeting</li> <li>▪ Reporting to excess/fronting carrier</li> <li>▪ Risk Management Information System cost to include: 10 User ID's, internet access to claim files, the ability to e-mail your adjuster, and access to our library of template risk management reports together with initial training and ongoing support</li> <li>▪ Monthly loss runs and loss fund activities reports</li> </ul>	

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The information contained in this section of the RFP response is confidential, proprietary and exempt from disclosure under any federal or state freedom of information law or regulation including the New Jersey Open Public Records Act ( N.J.S.A. 47:1A-1.1). Any request to disclose this information must be provided to Claims Resolution Corporation, Inc. prior to releasing to any third party in order to provide CRC with the opportunity to object in writing to any disclosure of such information.



**CLAIMS  
RESOLUTION  
CORPORATION, INC**



<i>Services:</i>	
<b>Bill Review &amp; Managed Care Services Fees</b>	
<b>PPO Access</b>	<b>14-26%</b>
Included in the above Fee: <ul style="list-style-type: none"> <li>▪ All bill review and multiple PPO access</li> <li>▪ Set up of all managed care services including medical bill review and PPO networks</li> </ul>	
<b>Fully Automated OSHA/PEOSHA Record Keeping/Reporting (optional)</b>	<b>Included</b>

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**CLAIMS**

**RESOLUTION**

**CORPORATION, INC**



*All fees are quoted on an annual life of contract basis. Claims Resolution Corporation Inc. (CRC) will handle all reported losses through conclusion for so long as there is a contractual relationship between the Client and CRC. CRC requires the execution of an annually renewable contract with a minimum of 90 days notice of termination and a 20% short rate penalty applicable to Client termination prior to the end of the contract period.*

*The quoted claims administration fees do not include those fees normally associated with allocated loss adjustment expenses. Allocated Loss Adjustment Expenses (ALAE) shall mean all costs, charges or expenses incurred by Company, its agents or its employees, and approved by Client in writing, with respect to a Qualified Claim including without limitation, court costs, fees and expenses (including reasonable attorneys' fees); checks, printing costs and banking fees, appeal bonds; independent adjusters; investigators; appraisers; vocational services, training or evaluation; medical expenses and medical cost containment service providers and managed care fees (including those provided by Company, if applicable); medical case management; peer review; injury triage; field investigation; MMSEA reporting; MSA set-asides; MSA medical cost projections; utilization review fees; rehabilitation services; experts and witnesses; fees for obtaining statements and official reports, payment processing, diagrams, reports, records, documents, transcripts, depositions, index bureau filings and re-filings and photographs; cost of file retrieval; cost associated with the pursuit of subrogation and/or Special Injury Fund claims and reasonable travel fees and expenses incurred by Company in the performance of the services contemplated herein.*

*Client understands and acknowledges that the Company may have business agreements, including cost sharing arrangements, with vendor service providers that perform services related to this Agreement or in connection with the services provided under this Agreement including services related to allocated and unallocated expenses. As part of these business agreements, there may be financial considerations paid by the vendor service provider to the Company for the resources and services that the Company may provide, which could include marketing, personnel, information technology, system access, and various administrative services. Client understands and acknowledges that it is under no obligation to utilize any vendor provider that is recommended by the Company to perform services related this Agreement and if Self Insured elects not to utilize the services of a recommended vendor provider, then Self Insured can select a vendor service provider it chooses to perform such services. Self Insured acknowledges that if it selects a vendor service provider different than one that is recommended by Company then there may be an adjustment to the Claims Administration Services fee. Self-Insured also acknowledges that it has control over the types of and amounts of services a vendor service provider performs under or in connection with this Agreement, whether recommended by the Company or selected by Client.*

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