

SIGNATURE PAGE

P-14-2025

To the Monmouth County Board of County Commissioners:

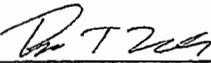
**THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE
WITH YOUR REQUIREMENTS.**

Company Name: Colonial Life & Accident Insurance Company

(PRINT)

Preparer's Name: Rob Quell, Vice President

(PRINT)

Signature:  10/02/2024

(DATE)

Address: 1200 Colonial Life Boulevard

Columbia, SC 29210

Telephone No.: (803) 678-5976

Fax No.: (803) 678-5908

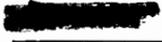
E-Mail Address: proposalcenter@coloniallife.com

*****(This should be the email where Contracts would be sent)*****

Contact Person: Loi Parsons, Senior Consultant, RFP Management

FEIN: 

(Federal Employee ID)

BRC: 

(Business Registration Certificate)

(Revised 2/2017)