

**SIGNATURE PAGE**

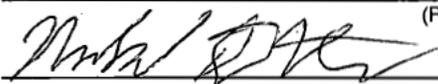
**P-15-2026**

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: Alliant Insurance Services, Inc.  
(PRINT)

Preparer's Name: Michael D. Lezynski, CPCU  
(PRINT)

Signature:  10/24/2025  
(DATE)

Address: 331 Newman Springs Rd - Suite 314  
Red Bank, NJ 07701

Telephone No.: 732-747-0800

Fax No.: 732-530-4220

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

Contact Person: Michael D. Lezynski

FEIN:   
(Federal Employee ID)

BRC:   
(Business Registration Certificate)

(Revised 2/2017)

# BROKER SERVICES

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## APPENDIX A

### COST PROPOSAL

<b><u>Proposed Annual Cost:</u></b>	<u>\$ 50,000</u>
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Consultants shall indicate a proposed annual cost for their services, based upon the scope of services outlined in this RFP.

The Consultant will be awarded a contract in an annual not-to-exceed amount equal to or less than the amount proposed by the selected Consultant (taking into consideration the expected tasks for the upcoming year.)

Consultants should provide monthly invoices briefly detailing the insurance consulting services and/or project(s) worked on for the month.

In the event that additional services are requested after the not-to-exceed amount has been met, the Consultant shall provide a written request detailing the required services to the Office of the County Administrator for review and authorization prior to performing the additional work.

Any and all travel-related expenses shall not be reimbursable.