

SIGNATURE PAGE

P-18-2024

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: Foundation Risk Partners, Corp. dba Fairview Insurance Agency Associates

(PRINT)

Preparer's Name: Michael Graham, COO

(PRINT)

Signature: 

11/20/23
(DATE)

Address: 25 Fairview Avenue

Verona, NJ 07044

Telephone No.: 973-857-0870

Fax No.: 973-857-9645

E-Mail Address: mgraham@fairviewinsurance.com

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

Contact Person: Michael Graham, COO

FEIN: 

(Federal Employee ID)

BRC: 

(Business Registration Certificate)

(Revised 2/2017)

APPENDIX A

FEE PROPOSAL FOR SERVICES

Initial Period 3 years (36 months/12 quarters) 1/1/2024-12/31/2026
Price Per Quarter
\$ 12,500.00
Total 3 Year Price
\$ 150,000.00

1st Renewal 1 year: (12 months/4 quarters) 1/1/2027-12/31/2027
Price Per Quarter
\$ 12,500.00
Total 1 Year Price
\$ 50,000.00

2nd Renewal 1 year: (12 months/4 quarters) 1/1/2028-12/31/2028
Price Per Quarter
\$ 12,500.00
Total 1 Year Price
\$ 50,000.00

The Consultant will be compensated quarterly on a Flat Fee for Service.

Any and all travel related expenses shall not be reimbursable.