

SIGNATURE PAGE

P-25-2023

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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: Insurance Administrator of America, LLC
(PRINT)

Preparer's Name: Christine Hammerquist
(PRINT)

Signature: Christine Hammerquist 3/22/23
(DATE)

Address: 1934 Olney Ave. Cherry Hill, NJ 08003

Telephone No.: 856-470-1200

Fax No.: _____

E-Mail Address: chris@iaatpa.com

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

Contact Person: Maria Cassetta

FEIN: [REDACTED]
(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Certificate)

(Revised 2/2017)