

SIGNATURE PAGE

P-2-2022

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: CBIZ Insurance Services, Inc.
(PRINT)

Preparer's Name: Nancy M. Mellard - Vice President
(PRINT)

Signature: *Nancy M. Mellard* 10/20/2021
(DATE)

Address: 219 South Street
New Providence, NJ 07974

Telephone No.: 908-738-2010

Fax No.: _____

E-Mail Address: Inestel@cbizcentric.com

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

Contact Person: Lee Nestel

FEIN: 
(Federal Employee ID)

(Revised 2/2017)

APPENDIX A

COST PROPOSAL

<u>Proposed Annual Cost:</u>	\$64,000
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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.