

ATLANTIC CITY PUBLIC SCHOOLS DISTRICT
SPECIFICATIONS FOR STUDENT TRANSPORTATION SERVICES
BID #21-019
BID SHEET

Bids which do not include an adjustment amount will not be accepted.

- In the event bid submissions for a route cost result in a tie bid, the award shall be based on the lowest aide cost (if applicable). If there is no aide cost, or if that cost also results in a tie bid, the award shall be based on the lowest increase/decrease adjustment cost unless otherwise specified by the board.
- Alternate bids not solicited by the Board of Education will not be accepted.
- The following routes and aide (if applicable) are to be bid on a PER DIEM basis.
- Routes which require an aide are so indicated by an asterisk (*).

I hereby submit the following bid(s) to transport students during the 2020-2021 school year in accordance with your advertisement, specifications, and route description.

Route Number	Route Cost	Increase/Decrease Adjustment Cost	Per Diem, Per Aide Cost (if applicable)
SLA	\$ <u>319.76</u>	\$ <u>1.50</u>	\$ <u>N/A</u>

TOTAL

PER DIEM BID \$ 319.76 (Include route and aide costs, where applicable.)

Bulk Bid – If I am awarded all routes as identified by the individual routes bid above, a 0 % deduction shall be applied to each route and aide cost, where applicable.

Contracts will be awarded on an individual or bulk basis whichever is least costly to the Atlantic City Board of Education.

NAME OF BIDDER: Thomas J. Dugan Jr. President

NAME OF COMPANY: Safety Bus Service Inc

COMPANY ADDRESS: 7200 Park Ave Pennsauken NJ 08109

PHONE NUMBER: (856) 665-2662

EMAIL ADDRESS: Safetybusisd@aol.com

BIDDER'S SIGNATURE: Thomas J Dugan Jr.

DATE: 1-22-21

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID

**ATLANTIC CITY PUBLIC SCHOOLS DISTRICT
SPECIFICATIONS FOR STUDENT TRANSPORTATION SERVICES
BID #21-019**

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

The bidder acknowledges receipt of the hereinafter enumerated Addenda which have been issued during period of proposal and agrees that said Addenda shall become a part of this contract. The bidder shall list below the numbers and issuing dates of the Addenda.

<u>ADDENDA NUMBER</u>	<u>ISSUING DATES</u>
_____	_____
_____	_____
_____	_____
_____	_____

No Addenda Received

Name of Company: Safety Bus Service Inc

Address: 7200 Park Ave

City, State, Zip: Pennsauken NJ 08109

Authorized Agent: Thomas J. Dugan, Jr.

Title of Agent: President

Signature of Agent: Thomas J Dugan

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID

**ATLANTIC CITY PUBLIC SCHOOLS DISTRICT
SPECIFICATIONS FOR STUDENT TRANSPORTATION SERVICES
BID #21-019**

AFFIRMATIVE ACTION QUESTIONNAIRE/EVIDENCE

This form is to be completed and returned with the bid. However, the Board will accept in lieu of this Questionnaire, Affirmative Action Evidence stapled to this page.

1. Our company has a federal Affirmative Action Plan approval.

Yes No

If yes, please attach a copy of the plan to this questionnaire.

2. Our company has a New Jersey State Certificate of Employee Information Report.

Yes No

If yes, please attach a copy of the valid and in effect certificate to this questionnaire.

If you answered NO to both questions above, you must complete an Affirmative Action Employee Information Report – Form AA302.

Please visit the New Jersey Department of Treasury website for the Division of Public Contracts Equal Employment opportunity Compliance: www.state.nj.us/treasury/contractcompliance.

- Click on "Employee Information Report"
- Complete and submit the form with the appropriate payment to the address listed on the *Instructions for Completing the Employee Information Report*

All fees for this application are to be paid directly to the State of New Jersey. A copy shall be submitted to the Board of Education within seven (7) days of the notice of the intent to award the contract of the signing of the contract. Once the State of New Jersey has issued a Certificate of Employee Information Report to the vendor, the vendor must provide a copy of the certificate to the Board of Education immediately.

I certify that the above information is correct to the best of my knowledge.

Name of Company: Safety Bus Service Inc

Address: 7200 Park Ave

City, State, Zip: Pennsauken NJ 08109

Name of Authorized Agent: Thomas J. Dugan Jr. Title: President

Signature:  Date: 1-22-21

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID

CERTIFICATE OF EMPLOYEE INFORMATION REPORT RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-JUN-2019** to **15-JUN-2022**



SAFETY BUS SERVICE, INC.
7200 PARK AVENUE
PENNSAUKEN NJ 08109



Elizabeth Maher Muoio

ELIZABETH MAHER MUOIO
State Treasurer



Bond No. SBS-0126

KNOW ALL MEN BY THESE PRESENTS, that we, SAFETY BUS SERVICE, INC.

as principal, and the GREAT AMERICAN INSURANCE COMPANY, a corporation existing under the laws of the State of Ohio, having its Administrative Office at 301 E. 4th Street, Cincinnati, Ohio 45202, as surety, are held and firmly bound unto ATLANTIC CITY BOARD OF EDUCATION

as obligee, in the penal sum of FIVE PERCENT (5%) OF AMOUNT BID NOT TO EXCEED FIFTY THOUSAND AND 00/100 (\$50,000.00) DOLLARS

Dollars (\$ _____), lawful money of the United States of America, for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrator, successors and assigns, Jointly and severally, firmly by these presents.

SIGNED, sealed and dated this 26TH day of JANUARY, 2021

WHEREAS, the said principal SAFETY BUS SERVICE, INC. herewith submitting proposal for 2020-2021 SCHOOL YEAR STUDENT TRANSPORTATION SERVICES TO AND FROM SCHOOL - BID# 21-019

NOW, THEREFORE, the condition of this obligation is such that, if the said principal shall be awarded the said contract, and shall within _____ () _____ days after receiving notice of such award enter into a contract and give bond for the faithful performance of the contract, then this obligation shall be null and void otherwise the principal and surety will pay unto the obligee the difference in money between the amount of the principal's bid and the amount for which the obligee may legally contract with another party to perform the work, if the latter amount be in excess of the former; but in no event shall the liability hereunder exceed the penal sum hereof.

SAFETY BUS SERVICE, INC.

By: _____

Principal

GREAT AMERICAN INSURANCE COMPANY

By: _____

AARON V. NOWLAND (ATTORNEY-IN-FACT)

GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by this power of attorney is not more than TWO

No. 0 21444

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
ROBERT G. LULL	BOTH OF	ALL
AARON V. NOWLAND	MAHWAH, NJ	\$100,000,000

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 24TH day of OCTOBER 2018

Attest

GREAT AMERICAN INSURANCE COMPANY



My L C B

Assistant Secretary

Mark V Vicario

Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 24TH day of OCTOBER

2018, before me personally appeared MARK VICARIO, to me known,

MARK VICARIO (877-377-2405)

being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company; and that he signed his name thereto by like authority.



SUSAN A KOHORST
Notary Public
State of Ohio
My Comm. Expires
May 18, 2025

Susan A Kohorst

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 26TH day of JANUARY, 2021.



My L C B

Assistant Secretary

SURETY DISCLOSURE STATEMENT AND CERTIFICATION

pursuant to N.J.S.A. 2A:44-143

(for use when surety(ies) have a certificate from U.S. Secretary of the Treasury in accordance with 31 U.S.C. 9305)

(name of surety(ies) GREAT AMERICAN INSURANCE COMPANY

surety(ies) on the attached bond, hereby certifies(y) the following:

(1) The surety(ies) meets (meet) the applicable capital and surplus requirements of R.S. 17:17-6 or R.S. 17:17-7 as of the surety's most current annual filing with the New Jersey Department of Insurance

(2) The capital and surplus, as determined in accordance with the applicable laws of this State, of the surety(ies) participating in the issuance of the attached bond is (are) in the following amounts as of the calendar year ended December 31, 2018, (most recent calendar year which capital and surplus amounts are available), which amounts have been certified on a Consolidated Certification by Ernst & Young LLP, 250 E. 5th Street, Cincinnati, Ohio 45202 and are included in the Annual Statement on file with the New Jersey Department of Insurance, 20 West State Street CN-325, Trenton, New Jersey 08625-0325.

SURETY COMPANIES(Y)

CAPITAL AND SURPLUS

Great American Insurance Company

\$1,905,916,934

(3) With respect to each surety participating in the issuance of the attached bond that has received from the United States Secretary of the Treasury a certificate of authority pursuant to 31 U.S.C. 9305, the underwriting limitation established therein on July 1, 2018 (most recent calendar year available) is as follows:

SURETY COMPANIES(Y)

LIMITATION

Great American Insurance Company

\$164,046,000

(4) The amount of the bond to which the statement and certification is attached is \$ 57.06 AMT 670 NTB \$50,000
(fill in bond amount)

(5) If, by virtue of one or more contracts of reinsurance, the amount of the bond indicated under item (4) above exceeds the total underwriting limitation of all sureties on the bond as set forth in item (3) above, then for each such contract of reinsurance:

(a) The name and address of each such reinsurer under that contract and the amount of the reinsurer's participation in the contract is as follows:

REINSURER

ADDRESS

AMOUNT

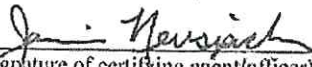
and;

(b) Each surety that is party to any such contract of reinsurance certifies that each reinsurer listed under item (5)(a) satisfies the credit for reinsurance requirement established under P.L. 1993, c.243(C.17:51B-1 et seq.) and any applicable regulations in effect as of the date on which the bond to which this statement and certification is attached shall have been filed with the appropriate public agency.

CERTIFICATE

(to be completed by an authorized certifying agent for each surety on the bond)

I, Thomas M. Turner, as Divisional Vice President - Bond Division for Great American Insurance Company, a corporation domiciled in Ohio, DO HEREBY CERTIFY that, to the best of my knowledge, the foregoing statements made by me are true, and ACKNOWLEDGE that, if any of those statements made by me are false, this bond is VOIDABLE.


(Signature of certifying agent/officer)

Jamie Neuspickle

(Printed name of certifying agent/officer)

Divisional Asst. Vice President

(Title of certifying agent/officer)

Dated: 1/26/2021
(fill in month, day, year)



301 East 4th Street
Cincinnati, OH 45202

GAIG.com

GREAT AMERICAN INSURANCE COMPANY

**STATEMENT OF ASSETS, LIABILITIES AND CAPITAL & SURPLUS
AS OF DECEMBER 31, 2019**

ADMITTED ASSETS		LIABILITIES, CAPITAL AND SURPLUS	
Bonds.....	\$ 4,151,708,417	Unpaid losses and loss expenses.....	\$ 4,097,867,979
Stocks.....	1,373,914,922	Reserve for underwriting expenses.....	299,977,750
Mortgage loans on real estate.....	370,715,151	Reserve for unearned premiums.....	1,469,883,822
Real estate (net of encumbrances).....	57,455,615	Ceded reinsurance premiums payable.....	144,300,777
Cash and short-term investments.....	752,974,261	Funds held under reinsurance treaties.....	555,341,414
Other invested assets.....	766,672,430	Retrospective reinsurance ceded.....	(131,593,738)
Receivable for securities.....	3,036,261	Other liabilities.....	205,005,266
Investment income due and accrued.....	38,476,462	Total liabilities.....	6,640,783,270
Agents' and premium balances.....	664,425,875		
Reinsurance recoverable on loss and loss expense payments.....	53,513,207	Capital stock.....	\$ 15,440,600
Federal and foreign income taxes.....	9,584,901	Paid in surplus.....	871,833,489
Net deferred tax asset.....	138,212,352	Special surplus funds.....	90,949,254
Receivable from affiliates.....	11,964,847	Unassigned funds.....	1,356,453,392
Receivable from Federal Crop Insurance Corporation.....	325,600,767	Policyholders' surplus.....	2,334,676,735
Company owned life insurance.....	185,334,724		
Funds held as collateral.....	6,644,421		
Funded deductibles.....	27,370,186		
Other admitted assets.....	37,855,206		
Total.....	\$ 8,975,460,005	Total.....	\$ 8,975,460,005

Securities have been valued on the basis prescribed by the National Association of Insurance Commissioners

STATE OF OHIO

SS.:

COUNTY OF HAMILTON

Robert J. Schwartz, Vice President and Controller, and Stephen Beraha, Assistant Vice President and Assistant Secretary, being duly sworn, each for himself deposes and says that they are the above described officers of the Great American Insurance Company of Cincinnati, Ohio; that said Company is a corporation duly organized, existing and engaged in business as a Surety by virtue of the laws of the State of Ohio and has duly complied with all the requirements of the laws of said state applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under Public Law 97-258 enacted September 13, 1982 (96 Stat. 1047 as amended: 31 U.S.C. 9304-9308); that to the best of their knowledge and belief the above statement is a full, true and correct Statement of the Assets, Liabilities and Capital & Surplus of the said Company as of December 31, 2019.

Subscribed and sworn to before me

this 2nd day of March, 2020.

Controller

Assistant Secretary

Public Notary

SHARON R. HULEN
Notary Public, State of Ohio

Annully Group and the Commission Expires 12-22-2021

GAIG.com



State of New Jersey
Department of Banking and Insurance

CERTIFICATE OF AUTHORITY

Date: April 30, 2020

NAIC Company Code: 16691

THIS IS TO CERTIFY THAT THE **GREAT AMERICAN INSURANCE COMPANY**, HAVING COMPLIED WITH THE LAWS OF THE STATE OF NEW JERSEY, AND ANY SUPPLEMENTS OR AMENDMENTS THERETO WITH RESPECT TO THE TRANSACTION OF THE BUSINESS OF INSURANCE, IS LICENSED TO TRANSACT IN THIS STATE UNTIL THE 1st DAY OF May, 2021, THE LINES OF INSURANCE SPECIFICALLY DESIGNATED BELOW:

- 09 - Automobile Physical Damage
- 08 - Automobile Liability Property Damage
- 07 - Automobile Liability Bodily Injury
- 06 - Workers Compensation and Employers Liability
- 05 - Inland Marine
- 04 - Ocean Marine
- 03 - Growing Crops
- 26 - Accident and Health
- 23 - Other (P/C)
- 22 - Mechanical Breakdown/Power Failure
- 21 - Radioactive Contamination
- 20 - Physical Loss to Buildings
- 02 - Earthquake
- 18 - Livestock
- 17 - Sprinkler Leakage and Water Damage
- 16 - Glass
- 15 - Burglary and Theft
- 14 - Credit
- 13 - Fidelity and Surety
- 12 - Boiler and Machinery
- 11 - Other Liability
- 10 - Aircraft Physical Damage
- 01 - Fire and Allied Lines



MARLENE CARIDE

COMMISSIONER OF BANKING AND INSURANCE



CONSENT OF SURETY

In the consideration of the premises and of One Dollar (\$1.00) to it in hand paid by the Commissioner, the receipt whereof is hereby acknowledged, the undersigned consents and agrees that if the Contract No. _____, for which accompanying bid, dated JANUARY 26TH, 2021

for 2020-2021 SCHOOL YEAR STUDENT TRANSPORTATION SERVICES TO AND FROM SCHOOL - BID# 21-019
(Category of Work)

as submitted by SAFETY BUS SERVICE, INC.
(Name of Bidder)

7200 PARK AVE., PENNSAUKEN, NJ 08109
(address)

and proposal is made, be awarded to the corporation, person, or persons making the same, it will become bound as surety and guarantor for its faithful performance, and will execute it as party of the third part thereto when required to do so by the Commissioner,

IN WITNESS WHEREOF, said surety has set its seal and caused these presents to be signed by its duly authorized officers, this 26TH day of JANUARY, 2021

SEAL:

GREAT AMERICAN INSURANCE COMPANY
(Corporate Surety)

301 E. 4th Street, Cincinnati, Ohio 45202
(Business Address)

By: Aaron V Nowland
Aaron V. Nowland (Attorney-in-fact)

Attest: _____

ATLANTIC CITY PUBLIC SCHOOLS DISTRICT
SPECIFICATIONS FOR STUDENT TRANSPORTATION SERVICES

BID #21-019

Coordinated Transportation Services Agency Membership Form

BOARD OF EDUCATION

Pennsauken

CCESC

Moorestown

Cherry Hill

Atlantic City

Brigantnie

Ventnor

BCSS

CHIEF SCHOOL ADMINISTRATOR

Ronnie Tarchichi

Daniel Dellecchio

Dr. Scott McCartney

Dr. Joseph Meloche

Barry S. Caldwell

Brian Pruitt

Eileen Johnson

Daryl Minus-Vincent

Agency Name Safety Bus Service Inc

Address 7200 Park Ave Pennsauken NJ 08109

Authorized Representative Name and Title Thomas J. Dugan Jr. President
(Print or Type)

Authorized Signature Thomas J Dugan Jr

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID (CTSA Only)



STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PURCHASE AND PROPERTY

33 WEST STATE STREET, P.O. BOX 230
TRENTON, NEW JERSEY 08625-0230

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

BID SOLICITATION #: 21-019

VENDOR/BIDDER: Safety Bus Service Inc

PART 1

CERTIFICATION

VENDOR/BIDDER MUST COMPLETE PART 1 BY CHECKING ONE OF THE BOXES
FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of the Treasury's Chapter 25 list as a person or entity engaged in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Vendors/Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a Vendor's/Bidder's proposal non-responsive. If the Director of the Division of Purchase and Property finds a person or entity to be in violation of the law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

CHECK THE APPROPRIATE BOX

OR

A. I certify, pursuant to Public Law 2012, c. 25, that neither the Vendor/Bidder listed above nor any of its parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). Disregard Part 2 and complete and sign the Certification below.

B. I am unable to certify as above because the Vendor/Bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such information will result in the proposal being rendered as nonresponsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2

PLEASE PROVIDE ADDITIONAL INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

If you checked Box "B" above, provide a detailed, accurate and precise description of the activities of the Vendor/Bidder, or one of its parents, subsidiaries or affiliates, engaged in the investment activities in Iran by completing the boxes below.

ENTITY NAME: _____
RELATIONSHIP TO VENDOR/BIDDER: _____
DESCRIPTION OF ACTIVITIES: _____
DURATION OF ENGAGEMENT: _____
ANTICIPATED CESSATION DATE: _____
VENDOR/BIDDER CONTACT NAME: _____
VENDOR/BIDDER CONTACT PHONE No.: _____

Attach Additional Sheets If Necessary.

CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor/Bidder, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein, and that the Vendor/Bidder is under a continuing obligation from the date of this certification through the completion of any contract(s) with the State to notify the State in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I will be subject to criminal prosecution under the law, and it will constitute a material breach of my agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

Signature Thomas J. Buegan, Jr.
Print Name and Title Thomas J. Buegan, Jr. President

Date 1-22-21



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/01/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Edgewood Partners Insurance Center P. O. Box 1689 Pearl River NY 10965		CONTACT NAME: Brenda Washburn PHONE (A/C, No, Ext): (603) 676-7594 E-MAIL ADDRESS: Brenda.Washburn@epicbrokers.com FAX (A/C, No): (603) 676-7594	
INSURED Safety Bus Service 7200 Park Avenue Pennsauken NJ 08109		INSURER(S) AFFORDING COVERAGE INSURER A: Protective Insurance Company NAIC # 12416 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 20-21 \$2M Auto & GL Liab REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			5G1002606-01	05/01/2020	05/01/2021	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			5G1002606-01	05/01/2020	05/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Atlantic City Board of Education is included as an additional insured with respects to transportation services provided by the named insured.

CERTIFICATE HOLDER Atlantic City Board of Education 1300 Atlantic Ave. 5th Floor Atlantic City NJ 08401	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/25/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SUNZ Insurance Solutions, LLC. ID:(Trion Solutions) c/o Trion Solutions Inc 888 W Big Beaver Road, Suite 1000 Troy, MI 48084	CONTACT NAME: Lauren Vihtelic	
	PHONE (A/C, No., Ext): 248-498-8432	FAX (A/C, No.):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: United Wisconsin Insurance Company		29157
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 Trion Solutions, Inc.
 888 W Big Beaver Rd, Suite 1000
 Troy MI 48084

COVERAGES

CERTIFICATE NUMBER: 57774772

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC542-00001-020-SZ WC542-00001-019-SZ	9/30/2020 9/30/2019	9/30/2021 9/30/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage provided for all leased employees but not subcontractors of: Safety Bus Service, Inc.
 Client Effective: 12/25/2017
 Attn: Jennifer Nickels

CERTIFICATE HOLDER**CANCELLATION**

02060
 Atlantic City Board of Education
 1809 Pacific Avenue
 Atlantic City NJ 08401

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Rick Leonard

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ACORD 25 (2016/03)

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STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, N J 08646-0252

TAXPAYER NAME:

SAFETY BUS SERVICE

TRADE NAME:

TAXPAYER IDENTIFICATION#:

222-854-034/000

SEQUENCE NUMBER:

1081200

ADDRESS:

**7200 PARK AVE.
PENNSAUKEN NJ 08109**

ISSUANCE DATE:

08/17/04

EFFECTIVE DATE:

08/12/60

J.P. & Tully
Acting Director

FORM-BRC(08-01)

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

**ATLANTIC CITY PUBLIC SCHOOLS DISTRICT
SPECIFICATIONS FOR STUDENT TRANSPORTATION SERVICES
BID #21-019
NON-COLLUSION AFFIDAVIT
STUDENT TRANSPORTATION SERVICES**

STATE OF NEW JERSEY, COUNTY OF Camden

I, Thomas J. Nugan Jr of the township
(city, town, borough)

of Pennsauken, in the County of Camden

State of New Jersey, of full age, being duly sworn according to law on my oath depose and say that:

I am President of the firm/agency of Safety Bus Service, Inc the bidder making the Proposal for the Student Transportation Contracts, and that I executed the said Proposal with full authority to do so, that said bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, participated in drafting these specifications or route descriptions, or otherwise taken any action in restraint of free, competitive bidding in connection with the above bid and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge that the State of New Jersey relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by

Safety Bus Service, Inc
Company/Agency Name (Print or Type)

Thomas J. Nugan, Jr. President
Authorized Representative - Name and Title (Print or Type)

Thomas J. Nugan Jr
Authorized Signature

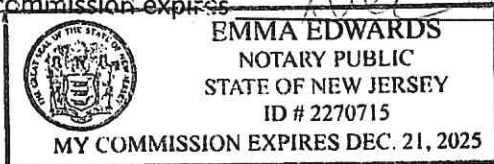
(N.J.S.A. 52:34-15)

Bid Number 21-019

Subscribed and sworn before me this 22 day of January, 2021

Emma Edwards
Notary Public of New Jersey
(Seal)

My commission expires Dec 21, 2025



THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID

ATLANTIC CITY PUBLIC SCHOOLS DISTRICT
SPECIFICATIONS FOR STUDENT TRANSPORTATION SERVICES
BID #21-019

STATEMENT OF ASSURANCE
OMNIBUS TRANSPORTATION EMPLOYEE TESTING ACT COMPLIANCE

The following firm is currently under contract
 will be contracted with

to provide a controlled substance testing program to our company as required by the Omnibus Transportation Employee Testing Act:

Name of Firm: DSI Medical
Address: 1117 Meurns Ave Warminster PA 18974
Contact Person: Andrea
Telephone: 215-443-0531 Fax: _____

Authorized Bidder's Name and Title Thomas J. Dugan Jr. President
(Print or Type)

Authorized Signature Thomas J Dugan Jr

Company Name Safety Bus Service Inc

Address 7200 Park Ave Pennsauken NJ 08109

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Contractor Instructions

Business entities (contractors) receiving contracts from a public agency that are NOT awarded pursuant to a "fair and open" process (defined at N.J.S.A. 19:44A-20.7) are subject to the provisions of P.L. 2005, c. 271, s.2 (N.J.S.A. 19:44A-20.26). This law provides that 10 days prior to the award of such a contract, the contractor shall disclose contributions to:

- any State, county, or municipal committee of a political party
- any legislative leadership committee*
- any continuing political committee (a.k.a., political action committee)
- any candidate committee of a candidate for, or holder of, an elective office:
 - of the public entity awarding the contract
 - of that county in which that public entity is located
 - of another public entity within that county
 - or of a legislative district in which that public entity is located or, when the public entity is a county, of any legislative district which includes all or part of the county

The disclosure must list reportable contributions to any of the committees that exceed \$300 per election cycle that were made during the 12 months prior to award of the contract. See N.J.S.A. 19:44A-8 and 19:44A-16 for more details on reportable contributions.

N.J.S.A. 19:44A-20.26 itemizes the parties from whom contributions must be disclosed when a business entity is not a natural person. This includes the following:

- individuals with an "interest" ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit
- all principals, partners, officers, or directors of the business entity or their spouses
- any subsidiaries directly or indirectly controlled by the business entity
- IRS Code Section 527 New Jersey based organizations, directly or indirectly controlled by the business entity and filing as continuing political committees, (PACs).

When the business entity is a natural person, "a contribution by that person's spouse or child, residing therewith, shall be deemed to be a contribution by the business entity." [N.J.S.A. 19:44A-20.26(b)] The contributor must be listed on the disclosure.

Any business entity that fails to comply with the disclosure provisions shall be subject to a fine imposed by ELEC in an amount to be determined by the Commission which may be based upon the amount that the business entity failed to report.

The enclosed list of agencies is provided to assist the contractor in identifying those public agencies whose elected official and/or candidate campaign committees are affected by the disclosure requirement. It is the contractor's responsibility to identify the specific committees to which contributions may have been made and need to be disclosed. The disclosed information may exceed the minimum requirement.

The enclosed form, a content-consistent facsimile, or an electronic data file containing the required details (along with a signed cover sheet) may be used as the contractor's submission and is disclosable to the public under the Open Public Records Act.

The contractor must also complete the attached Stockholder Disclosure Certification. This will assist the agency in meeting its obligations under the law. **NOTE: This section does not apply to Board of Education contracts.**

N.J.S.A. 19:44A-3(s): "The term "legislative leadership committee" means a committee established, authorized to be established, or designated by the President of the Senate, the Minority Leader of the Senate, the Speaker of the General Assembly or the Minority Leader of the General Assembly pursuant to section 16 of P.L.1993, c.65 (C.19:44A-10.1) for the purpose of receiving contributions and making expenditures."

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

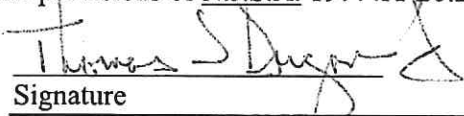
Required Pursuant to N.J.S.A. 19:44A-20.26

**This form or its permitted facsimile must be submitted to the local unit
no later than 10 days prior to the award of the contract.**

Part I - Vendor Information

Vendor Name:	Safety Bus Service Inc		
Address:	67200 Park Ave		
City:	Parsippany	State: NJ	Zip: 08109

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.J.S.A. 19:44A-20.26 and as represented by the Instructions accompanying this form.

	Thomas J. Dugan Jr. President	
Signature	Printed Name	Title

I. Part II - Contribution Disclosure

Disclosure requirement: Pursuant to N.J.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions (more than \$300 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

Check here if disclosure is provided in electronic form.

Contributor Name	Recipient Name	Date	Dollar Amount
			\$
NONE			

Check here if the information is continued on subsequent page(s)

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID

ATLANTIC CITY PUBLIC SCHOOLS DISTRICT
SPECIFICATIONS FOR STUDENT TRANSPORTATION SERVICES
BID #21-019

PRESCRIBED FORM OF QUESTIONNAIRE

SURETY BOND

CORPORATE – Consent of Surety Attached

FAMILIARITY WITH CONDITIONS OF CONTRACT

Have you read carefully the applicable New Jersey Statutes, regulations, procedures, the rules of the local board of education pertaining to student transportation, the specifications upon the basis of which the accompanying bid is submitted, and the contract which the successful bidder will be required to execute?

Yes No

EXPERIENCE OF BIDDER

1. Have you had previous experience in school or other bus transportation? Yes No

2. If yes, how many years of experience? 6 1/2 yrs.

3. Briefly state the nature of this experience. We have provided student transportation for Pennsauken Camden Atlantic city Brigantine Morestown and Cherry Hill among others.

Company Name Safety Bus Service, Inc

Address 7000 Park Ave Pennsauken NJ 08109

Authorized Bidder's Name and Title Thomas J. Dugan Jr. President
(Print or Type)

Authorized Signature Thomas J. Dugan Jr.

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID

**ATLANTIC CITY PUBLIC SCHOOLS DISTRICT
SPECIFICATIONS FOR STUDENT TRANSPORTATION SERVICES
BID #21-019**

**STATEMENT OF ASSURANCE
SCHOOL BUS DRIVER ANNUAL CERTIFICATION
TO THE EXECUTIVE COUNTY SUPERINTENDENT OF SCHOOLS**

I certify compliance with the requirements of N.J.S.A. 18A:39-17 through 20 governing criminal history background checks, and shall annually submit required documents to the Executive County Superintendent of Schools on or before August 31 or upon employment for newly hired drivers.

I also certify that prior to assigning a newly hired; currently approved school bus driver to a bus route, a school bus driver transmittal form is completed and submitted to the New Jersey Department of Education Criminal History Review Unit.

Authorized Bidder's Name and Title Thomas J. Dugan Jr. President
(Print or Type)

Authorized Signature Thomas J. Dugan Jr.

Company Name Safety Bus Service Inc

Address 7300 Park Ave Pennsauken NJ 08109

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID

**ATLANTIC CITY PUBLIC SCHOOLS DISTRICT
SPECIFICATIONS FOR STUDENT TRANSPORTATION SERVICES
BID #21-019**

STATEMENT OF OWNERSHIP DISCLOSURE

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

Name of Organization: Safety Bus Service Inc

Organization Address: 7200 Park Ave Pennsauken NJ 08109

Part I Check the box that represents the type of business organization:

- Sole Proprietorship (skip Parts II and III, execute certification in Part IV)
- Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)
- For-Profit Corporation (any type) Limited Liability Company (LLC)
- Partnership Limited Partnership Limited Liability Partnership (LLP)
- Other (be specific): _____

Part II

The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. **(COMPLETE THE LIST BELOW IN THIS SECTION)**

OR

No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. **(SKIP TO PART IV)**

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Home or Business Address
Thomas J. Dugan Jr.	262 N. Rumson Ave Margate NJ 08402
James J. Dugan	28 Sutton Pl Moorestown NJ 08057

Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. **Attach additional sheets if more space is needed.**

**ATLANTIC CITY PUBLIC SCHOOLS DISTRICT
SPECIFICATIONS FOR STUDENT TRANSPORTATION SERVICES
BID #21-019**

STATEMENT OF OWNERSHIP DISCLOSURE (continued)
N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II **other than for any publicly traded parent entities referenced above**. The disclosure shall be continued until names and addresses of every non-corporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. **Attach additional sheets if more space is needed.**

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Home or Business Address

Part IV Certification

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the **Atlantic City Board of Education** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with the **Atlantic City Board of Education** to notify the **Atlantic City Board of Education** in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the **Atlantic City Board of Education** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): <i>Thomas J. Duggan Jr.</i>	Title:	<i>President</i>
Signature: <i>Thomas J. Duggan Jr.</i>	Date:	<i>1-22-21</i>

THIS FORM (2 pages) MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <i>Thomas J. Dugan Jr.</i>	
2 Business name/disregarded entity name, if different from above <i>Safety Bus Service Inc</i>	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. <i>7200 Park Ave</i>	Requester's name and address (optional)
6 City, state, and ZIP code <i>Pennsauken NJ 08109</i>	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number																					
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Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶		Date ▶	<i>1-22-21</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

- Form 1099-INT (interest earned or paid)