

**EMERGENCY RESTORATION SERVICES**

**RFP # 24-02**

**March 6th, 2024**

**10:00 A.M.**



***RAPID RECOVERY***

**S E R V I C E S L L C**

**Municipal Excess Liability  
Joint Insurance Fund**

**9 Campus Drive, Suite 216  
Parsippany, NJ 07054**

## Administrative Documents

Applicable to Bid if marked "X"	DOCUMENTATION REQUIRED OR REVIEWED	Initials	When Due
	Bid Guarantee (Bid Bond or Certified/Cashier's Check) (with POA for full amount of Bid Bond)		With Bid Submission
	Consent of Surety (Certificate from Surety company)		With Bid Submission
	Performance Bond and Labor and Material Payment Bond (Required from the Awarded Contractor)		At signing of contract
	Maintenance Bond in the Amount of 100 % for a period indicated in "General Conditions" Required from the Awarded Contractor Upon Acceptance of Project		Upon Acceptance of Project
	Acknowledgement of Receipt of Addenda (To be Completed if Addenda are Issued)		With Bid Submission
X	Ownership Disclosure Form	<i>mjb</i>	With Bid Submission
X	Named Subcontractors in Bid for Listed Specialty Trades	<i>mjb</i>	With Bid Submission
X	Public Works Contractor Registration Certificate(s) for the Bidder and all Sub Contractors	<i>mjb</i>	Prior to Award, but effective at time of bid
X	Business Registration Certificate – Bidder and all Sub Contractors	<i>mjb</i>	Prior to Contract Award
X	Non-Collusion Affidavit	<i>mjb</i>	With Bid Submission
X	Experience and Qualifications	<i>mjb</i>	With Bid Submission
X	Insurance and Indemnification Certificate	<i>mjb</i>	Prior to Contract Award
X	Disclosure of Investment Activities in Iran Form	<i>mjb</i>	Prior to Contract Award
X	Federal debarment Form	<i>mjb</i>	Prior to Contract Award
	EEO/AA Form AA-201		After Notice of Award, Prior to Signing Contract
	EEO/AA Form AA-302 or Letter of Federal Approval or Certificate of Employee Information Report		After Notice of Award, Prior to Signing Contract
X	Bidder's Checklist	<i>mjb</i>	With Bid Submission

# Administrative Documents

**This checklist is provided for bidder's use in assuring compliance with required documentation; however, it does not include all specifications requirements and does not relieve the bidder of the need to read and comply with the specifications.**

Bidder Name: Rapid Recovery Services, LLC Date: 3/6/24

Authorized Representative: Matthew Battle

Signature: 

Print Name & Title: Matthew Battle VP of Operations

# Proposal Form

## Emergency Cleanup and Restoration Services

### Submitted By:

Name of Firm:	Rapid Recovery Services, LLC		
Address:	9 Stephensburg Road Washington, NJ 07865		
Name of Principal Contact:	Matthew Battle		
E-mail:	matthewb@rapidrecoveryervices.net	Telephone:	866-505-5600

The undersigned Proposer being duly authorized and on behalf of the firm named above:

- A. Having examined these documents and having full knowledge of the condition under which the products and services described herein must be performed, hereby proposes that the proposer (we) shall fulfill the obligations contained herein in accordance with all terms, conditions, specifications and proposal criteria set forth, and that will furnish all required products and payments in strict conformity with these documents for the stated process as payment in full.
- B. In signing this proposal, we hereby certify that we possess the qualifications and credentials to perform the contract outlined in this RFP.
- C. The undersigned certifies his/her position as a representative of the named firm and is authorized by the Proposer to submit the Proposal for and bind the above-named firm and that the said Proposal is executed with full authority to do so.
- D. Certification:

Authorized Signature:			
Title: VP of Operations			
Printed Name:	Matthew Battle		
E-mail:	matthewb@rapidrecoveryervices.net	Telephone:	866-505-5600
FEIN OR Tax ID Number:	20-5296941	Fax:	201-505-0620

# PROPOSAL SUBMISSION #1

**A. Areas Served:** By checking the appropriate boxes below, proposer agrees to provide services under this proposal to those counties:

County	X if served	County	X if served
Atlantic	X	Middlesex	X
Bergen	X	Monmouth	X
Burlington	X	Morris	X
Camden	X	Ocean	X
Cape May	X	Passaic	X
Cumberland	X	Salem	X
Essex	X	Somerset	X
Gloucester	X	Sussex	X
Hudson	X	Union	X
Hunterdon	X	Warren	X
Mercer	X		

**B. Location of office or offices** from where services will be provided and contact information for use of the proposal.

Name of Firm:	Rapid Recovery Services, LLC		
Address:	9 Stephensburg Road Washington, NJ 07865 726 Walling Ave., Belmar, NJ 07719		
Name of Contact:	Matthew Battle		
E-mail:	matthewb@rapidrecoveryservices.net	Telephone:	866-505-5600

**C. Indicate range of services provided and for which price sheets are included:**

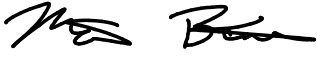
Service(s) Provided	X if included
Demolition of unsafe structures	X
Emergency power supply, if necessary, to complete emergency service.	X
Hazardous material containment/recovery/remediation (when it is result of covered cause of loss).	X
Roadway and underground utility damage recovery (when it is result of covered cause of loss). Securing damaged/unsafe facilities, including but not limited to board-ups, debris removal and disposal	X
Video & still photographic record of affected areas prior to and after operations	X
Water and fire/smoke related damage recovery/remediation to buildings, including but not limited to water extraction, mold remediation, and interior cleaning, inventory, and relocation	X
Demolition of unsafe structures	X

Emergency power supply, if necessary, to complete emergency service.	×
Hazardous material containment/recovery/remediation (when it is result of covered cause of loss).	×

**D. Please acknowledge agreement with the following statement:**

When operating in response to a FEMA-declared disaster, proposer agrees to accept the reimbursement rate approved by FEMA in the event the emergency service was performed pursuant to an event eligible for FEMA reimbursement. In addition, proposer agrees to keep the FEMA required documentation, comply with FEMA requirements and rules, and will submit billing in a manner consistent with FEMA reimbursement requirements.

**Agree with statement:**

Signature: 

Name: Matthew Battle  
(please print)

Title: VP of Operations

If responder does not agree, indicate here how its fees differ from FEMA rates:

# PROPOSAL SUBMISSION #2

## Required Submission of State Forms and SBE Disclosure

### A. Include here the following forms:

1) N.J. Department of Labor and Workforce Development Public Works Contractor Registration. Include the Proposer's Department of Labor Public Works Contractor Registration Form

2) If including the Proposer's and any subcontractor Business Registration Certificate(s) with this proposal, include it here.

**B. Small Business Status:** Indicate here if the proposer is registered as a small, women's, minority, veterans business enterprise ("SWMVBE") with the New Jersey Small Business Set-Aside Program.

Yes	
No	X

Certificate Number  
686197

Registration Date: 12/21/2023  
Expiration Date: 12/20/2025



# State of New Jersey

## Department of Labor and Workforce Development Division of Wage and Hour Compliance

### Public Works Contractor Registration Act

Pursuant to N.J.S.A. 34:11-56.48, et seq. of the Public Works Contractor Registration Act, this certificate of registration is issued for purposes of bidding on any contract for public work or for engaging in the performance of any public work to:

Rapid Recovery Services, LLC  
**2023**

**Responsible Representative(s):**

Robert Newman, Owner

Robert Asaro-Angelo, Commissioner  
Department of Labor and Workforce Development

NON TRANSFERABLE

This certificate may not be transferred or assigned and may be revoked for cause by the Commissioner of Labor and Workforce Development.





# STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

**Taxpayer Name:** RAPID RECOVERY SERVICES LLC

**Trade Name:**

**Address:** 9 STEPHENSBURG ROAD  
WASHINGTON, NJ 07865

**Certificate Number:** 1255352

**Effective Date:** August 03, 2006

**Date of Issuance:** January 31, 2024

**For Office Use Only:**

20240131114324672

## **Proposal Submission # 3**

### **References**

Count of Union  
Ricardo Matias, PE, CME, CFM  
County Engineer  
Union County Division of Engineering  
2325 South Avenue  
Scotch Plains NJ 07076  
908-789-3675

Project Date: 9/23 – Current  
Project Type: Floor in County Building effecting 6 floors  
Cost: approx. 6M

Morris C Housing Authority  
Kelly Stephens  
Executive Director  
99 Ketch Road  
Morristown, NJ 07960  
(973) 540-0389

Multiple Losses at various location  
Project Dates: Rockaway: 12/22 – 2/22/24  
Project Dates: Morristown Location : 12/25/22 – 4/11/23  
Project Dates: Dover Location : 11/10/22 – 3/9/23

Project Type:  
All 3 losses are water damage

- Remove wet interior building components
- Set up drying equipment
- Reconstruct all area to pre loss conditions

Borough of Freehold  
Steve Gallo  
Business Administrator  
30 Mechanic Street,  
Freehold, NJ 07728  
Voice: 732 462-4200

Project Dates: 8/17/23- 12/2023  
Cost: \$ 60,000

- Mold Remediation in HVAC room
- Reconstruction to effected areas

Secaucus Housing Authority  
Christopher Marra | Executive Director  
Secaucus Housing Authority (SHA)  
700 County Avenue  
Secaucus, NJ 07094

Multiple Losses at various location  
Project Dates: 700 County Ave: 12/16/23 – 1/19/24  
Project Dates: 777 5<sup>th</sup> Ave 8/16/23 – 9/8/23

Linden DPW  
Jessica Sheehy  
Personnel Department  
1901 Lower Road  
Linden, NJ 07036  
(908) 474-8435

Project Dates: 1/25/19 – Current  
Cost: Approx. \$2M+

- Fire / Smoke damage in DPW Building
- Complete cleaning of the interior structure and contents
- Asbestos abatement to specific impacted areas
- Reconstruction of the interior

Howell Police Department  
Brian Geoghegan  
Township Manager  
300 Old Tavern Road  
Howell, NJ 07731  
732-938-4111

Project Dates: 8/13/19 – 10/29/19  
Cost: \$369,000

- Water Damage to Municipal Building from Exterior Flooding
- Demo PD basement areas, drywall cut between 2-4' up from the floor
- Demo glue down carpet and tile
- Clean and sanitize contents in affected areas
- Under the guidance of an Industrial Hygienist, achieve a clean standard and occupancy approval
- Rebuild all affected rooms
- New drywall, paint and flooring where removed

Neptune City  
Vito Gadaleta  
Business Administrator  
25 Neptune Blvd  
Neptune City, NJ 07753  
732-988-5200

Project Dates: 1/29/19 – 3/8/19

Cost: \$163,000

- Sewage Damage to Municipal Building
- Demo basement areas, drywall cut between 2-4' up from the floor
- Demo glue down carpet and tile
- Clean and sanitize structure and contents in affected areas
- Under the guidance of an Industrial Hygienist, achieve a clean standard and occupancy approval
- Rebuild all affected rooms
- New drywall, paint and flooring where removed

Edison HA  
Madeline Cook  
Executive Director  
14 Rev. Samuel Carpenter Blvd  
Edison, NJ 08820  
(908) 561-2525  
[mcook@edisonha.org](mailto:mcook@edisonha.org)

Project Dates: 2/1/17 – 11/01/18

Type of Project:

- Fire / Smoke damage in a 2 story unit
- Complete cleaning and demo of the interior
- Complete reconstruction of the interior

Edison Township  
Jeff Roderman  
Public Works Director  
Municipal Building  
100 Municipal Blvd., 3rd Floor  
Edison, NJ 0881  
(732) 248-7518  
[jroderman@edisonnj.org](mailto:jroderman@edisonnj.org)

Project Dates: 9/11/19

Type of Project: Emergency Cleaning from Airborne Illness

Scope:

- Provided Emergency Services on the date assigned
- Clean and sanitize structure and contents in affected areas
- Under the guidance of an Industrial Hygienist, achieve a clean standard and occupancy approval

# PROPOSAL SUBMISSION #4

## Description of Respondent's Organization, Experience, and Services

**Provide here a description of resources of the proposer (i.e., background, location, experience, staff resources, financial resources, other resources, etc.) that demonstrates their capacity to perform the work under this RFP. Include proposer prepared documents as appropriate.**

After fifteen years of experience in remediation and reconstruction Robert Newman started Rapid Recovery Services, LLC in 2006. The incorporation of Rapid Recovery Services was a natural progression in his already distinguished career as a general contractor and emergency mitigation specialist. During his years working as a Project Manager for large disaster remediation firms in the metropolitan area. Bob learned not only the most effective approaches to disaster remediation but also the finer points of earning a client's trust and confidence. In those years he also established a powerful network of colleagues, contacts and experts in the field.

To fulfill his vision for Rapid Recovery, he mined this network to assemble an integrated emergency mitigation team in New Jersey. Throughout the State of New Jersey, we have pre-qualified suppliers and vendors to support not only a fast response, but cost effective results.

Rapid Recovery Services, LLC operates as a comprehensive emergency property damage mitigation and reconstruction company, available 24/7, catering to municipal, commercial, and residential clients. With a combined experience exceeding 75 years in the restoration field, our team serves all 21 counties of New Jersey.

Our company boasts ample financial resources to support daily operations, maintaining open credit accounts with numerous local and national vendors across our service area. Since our inception, Rapid Recovery Services, LLC has demonstrated and upheld exceptional fiscal responsibility.

We employ an in-house team with diverse expertise to deliver personalized assistance aimed at swiftly restoring properties to their pre-loss conditions. Holding licenses in New Jersey and possessing a public works certificate, Rapid Recovery Services ensures compliance with regulatory standards while delivering top-notch service.

In addition to our full time staff, we have established strong relationships with the following outside resources including, but not limited to: lead and asbestos abatement companies, industrial hygienists, licensed electricians and plumbers, labor crews, specialty contractors – tile, flooring, window and door specialists, debris removal companies and on / off site storage companies.

Rapid Recovery Services offers a full range of emergency mitigation services, from site

assessment through complete turnkey reconstruction projects. Each loss has a dedicated project manager assigned to it. By offering these services either in-house or through our dedicated network of disaster repair specialists, Rapid Recovery takes charge of the recovery process working in conjunction with the Fund Member and Third Party Administrator. This comprehensive approach is matched by Rapid Recovery's commitment to client satisfaction, delivered by an expert emergency mitigation team and specific site project manager.

We offer our clients an added service of participating in our Emergency Response Program. Rapid Recovery Services will assist in designing a program that coincides with your business continuity plan. When disaster strikes, our disaster restoration professionals will be there to make sure the job is done quickly and efficiently.

Making a referral to Rapid Recovery Service is easy. You can reach a professionally trained Customer Service Representative Monday through Friday from 7:30am – 5pm by calling toll free (866) 505-5600. After hours, you will be directed to a member of our management team, via a telephonic prompt system.

Our property loss / intake process can be customized to meet your needs, but generally is as follows:

- Identify and obtain loss information
- Dispatch appropriate emergency crew within an hour to secure loss site, begin clean up, structural drying, deodorization, stabilization of the property
- Obtain property sketch, photos, detailed loss description, and signed authorizations
- Prepare detailed, itemized estimate/appraisal in Xactimate pricing software
- Updates to the appropriate contact throughout the progress of the provided service
- Our in house staff and proven subcontractors will ensure that proper coverage is in place, and minimize and control expenses
- On-site job supervisor to manage and maintain job progress
- On- going communication with insured member and adjuster
- Rapid Recovery Services is prepared to provide reconstruction services immediately following the remediation of a property loss. This process can be initiated during the mitigation phase. By expediting a detailed scope of work with like, kind and quality of materials, an agreement may be secured *with the adjuster's approval*. Through expeditious implementation of a recovery plan, significant dollars will be saved by restoring the member to "whole" in a timely fashion

Rapid Recovery Services has no existing or potential conflicts of interest, and disclose any representation of parties or other relationships that might be considered a conflict of interest with regard to this engagement, or the Fund.

Rapid Recovery Services has made no contributions to any official, candidate, joint candidates, committee or political party representing elected officials or candidates as defined pursuant to N.J.S.A. 19:44A-3(p), (q) or any member local unit insured by the Municipal Excess Liability Joint Insurance Fund.

## **Management Team**

### **Robert Newman, President**

A seasoned construction professional, Bob Newman has been driven to exceed client expectations since the start of his career in 1978 as a carpenter's apprentice. Working his way up through the Carpenters Union Local 15 as a Journeyman, Foreman and Supervisor, Bob concluded his union tenure as a Master Joiner & Millwright. In 1989, he parlayed his growing customer base into a successful New Jersey-based custom carpentry business, which quickly grew into a General Contracting firm specializing in project design and management. In 1999 Bob expanded his services to include emergency property damage mitigation and reconstruction.

As President of Rapid Recovery Services, LLC Bob has assembled an integrated staff of industry experts who share his passion for client satisfaction while offering the expert emergency mitigation services.

### **Matthew Battle, Vice President of Operations**

As Vice President of Operations for Rapid Recovery Services, LLC Matt Battle performs many of the company's administrative and marketing functions. He serves as the company comptroller and oversees finances and business procedures. Matt is in charge of preparing the certified payroll for all municipal business along with accurately tracking and paying employees in prevailing wage per the NJ Department of Labor Laws. Matt works in the areas of sales, project tracking and field operations oversight. Matt holds a degree in Business Administration from St. Thomas Aquinas College.

### **Leonard Weinman, VP of Business Development**

Len brings a wealth of experience to his role as VP of Business Development at Rapid Recovery Services. With over twenty years in New Jersey's public entities, Len has honed his skills in leadership and management. His previous positions, including Chief Executive Officer of Consumer Health Network and Area Vice President of CorVel's NJ/Ohio division, have equipped him with a deep understanding of the healthcare industry and business operations.

Len's degree in Communication from the State University of New York, Plattsburgh, further enhances his ability to effectively communicate and collaborate with stakeholders at all levels. Under his leadership, Rapid Recovery Services' sales and marketing department are poised for growth and success in the competitive market. His strategic vision and extensive experience make him a valuable asset to the company.

### **Douglas Leask, VP of Project Management**

Prior to working for Rapid Recovery Services, Doug was the owner of a successful masonry company in NJ. Now working for Rapid for 8 years, Doug is responsible for overseeing all



aspects of construction projects, from initial planning and budgeting to execution and completion. He plays a pivotal role in ensuring that projects are delivered on time, within budget, and to the required quality standards

**Nick Washnik, Project Manager, Supervisor**

Nick has worked in the emergency mitigation services business for Nine years, starting out as a cleaning and demolition specialist. In that time he has successfully been at the forefront of the commercial and industrial EMS (Emergency Management Service) and restoration scene as a project manager. He has worked numerous projects throughout New Jersey from residential homes, luxury condominiums, municipal and school buildings. As a Crew Chief for Rapid Recovery Services, Nick brings his broad base of expertise along with a strong commitment to the company's clients and their needs.

# PROPOSAL SUBMISSION #5

## Wage Rates for Non-Prevailing Wage Work

1. Complete this form using the standard job titles and any titles the Proposer may also use.

Please see EXHIBIT A with Prevailing and Non-Prevailing Wage Rates

Included are two types of Labor Rates:

1. **Non Prevailing Wage** rate sheet. This includes all work not subject to Prevailing Wage.
2. **Prevailing Wage** rate sheet. Prevailing Wage rates are subject to county and state wide charges in accordance with the New Jersey Department of Labor. In addition, Municipalities and the State of New Jersey will receive copies of Certified Payrolls.

Rapid Recovery Services is willing to accept the reimbursement rate approved by FEMA in the event the emergency service was performed pursuant to an event eligible for FEMA reimbursement.

2. Describe here any supplemental hourly wages above and beyond time and a half for work over 40 hours a week:

According to Prevailing Wage Standards, Saturdays are paid at Time and One Half. Sunday and Holidays are paid at Double Time.

Prior to Rapid Recovery Services engaging in paying overtime, we will secure authorization from the adjuster assigned to the property loss.

3. Describe here any other fees the Proposer charges related to the work of this **RFP**:

Supervision , Project Management @ \$125 per hour, subject to adjustment  
All trades are subject to Prevailing Wage according to individual pre-set county rates  
Equipment and Material Rates (See Exhibit B)

## EXHIBIT A

### **Labor Rates (NON Prevailing Wage)**

Effective January 1st 2024

#### Cleaning

Skilled Cleaning Technician	\$55.00	per HR
Crew Chief	\$65.00	per HR
Project Manager	\$105.00	per HR

#### Drying

Skilled Labor/Refrigerant Technician	\$55.00	per HR
Crew Chief/Desiccant Technician	\$65.00	per HR
Project Manager	\$105.00	per HR

#### Mold

Skilled Remediation Technician	\$55.00	per HR
Crew Chief	\$65.00	per HR
Project Manager	\$105.00	per HR

Skilled Technician: Laborer experienced in catastrophe restoration, knowledge of manual tools, materials usage and procedures

Crew Chief: Experienced worker with full knowledge of equipment and material usage, safety procedures and all aspects of cleaning, drying and remediation. Directs and oversees one to ten technicians

Project Manager: Initiates work, arranges schedules, develops procedure, coordinates and maintains workflow and interfaces with all involved parties

Shift / Rate:	Regular	
	Time:	Mon - Fri 9am-5pm
	Time and a Half:	Mon - Fri 5pm-1am Sat 9am-5pm
	Double Time:	Mon - Fri 1am-9am Sat 5pm-1am Sundays & Holidays

# Labor Rates (Prevailing Wage Rates)

Effective January 1st 2024

## Laborer - Building

Class B Journeyman	\$107.21	per HR
Foreman	\$116.13	per HR
General Foreman	\$118.56	per HR
Project Manager	\$125.00	per HR

Class B Journeyman                      Laborer experienced in catastrophe restoration, knowledge of manual tools, materials usage and procedures

Foreman / General Foreman                      Experienced worker with full knowledge of equipment and material usage, safety procedures and all aspects of cleaning, drying and remediation. Directs and oversees one to ten technicians

Project Manager:                      Initiates work, arranges schedules, develops procedure, coordinates and maintains workflow and interfaces with all involved parties

Shift / Rate:	Regular	
	Time:	Mon - Fri 8am-4pm
	Time and a Half:	Mon - Fri 5pm-1am Sat 8am-4pm
	Double Time:	Mon - Fri 1am-8am Sat 5pm-1am Sundays & Holidays

Note: All other trades are at the prevailing wage with fringe benefits plus fifty five percent mark-up. The Prevailing Wage rates above are subject to change by the county and when the New Jersey Department of Labor see fit.

## **EXHIBIT B**

### **Equipment Rental Rates**

**Effective January 1<sup>st</sup> 2024**

	Daily	Weekly
20" Roto Floor Machine	\$30.00	\$150.00
25,000 BTU Portable Furnace	\$40.00	\$200.00
8' Tables	\$5.00	\$25.00
Air Compressor Accessories	\$10.00	\$50.00
Air Compressor, Large	\$73.00	\$365.00
Air Compressor, Small	\$36.00	\$180.00
Air Mover	\$38.00	\$190.00
Air Purification Machine	\$25.00	\$125.00
Air Scrubber 600 CFM	\$127.00	\$635.00
Air Scrubber 2000 CFM	\$150.00	\$750.00
Airless Sprayer	\$90.00	\$450.00
Antistatic Kit	\$10.00	\$50.00
Backpack Sprayer	\$7.00	\$35.00
Moisture Meter	\$23.00	\$115.00
Carpet Machine (cold)	\$60.00	\$300.00
Carpet Machine (hot)	\$150.00	\$750.00
Chain Saw	\$25.00	\$125.00
Cut-off Saw	\$65.00	\$325.00
Debris Cart	\$12.00	\$60.00
Dehumidifier, (1200, Evolution)	\$80.00	\$400.00
Dehumidifier Lg, (2000 & 2400)	\$101.00	\$505.00
Dehumidifier, Des. 300 CFM	\$195.00	\$975.00
Demolition Kit	\$20.00	\$100.00
Desiccant - 5000	\$1,695.00	\$8,475.00
Desiccant - 9000	\$1,875.00	\$9,375.00
Desiccant Kit	\$250.00	\$1,250.00
Hygrometer	\$18.00	\$90.00
Dollie, Appliance	\$20.00	\$100.00
Drill, Screw Gun	\$15.00	\$75.00
Dri Force Air Injection System	\$195.00	\$975.00
Duct Cleaning Equipment Accessories	\$125.00	\$625.00
Extension Cords - 220V converted box	\$15.00	\$75.00
Extractor, Small	\$25.00	\$125.00
Fan, Large	\$50.00	\$250.00

Flood Pumper	\$75.00	\$375.00
Floor Kit (sign, bucket, wring,mop)	\$8.00	\$40.00
Fogger, Thermal (Gas Powered)	\$35.00	\$175.00
Fogger, ULV/ Thermal (Electrical)	\$25.00	\$125.00
Furniture Blankets (per dozen)	\$10.00	\$50.00
Generator - 25 kw	\$175.00	\$875.00
Generator - 70 kw + fuel	\$950.00	\$4,750.00
Generator - 250 kw + fuel	\$1,250.00	\$6,250.00
Halogen Lights w/stand	\$15.00	\$75.00
Halogen Lights, single	\$5.00	\$25.00
Hepa Vac, Floor	\$40.00	\$200.00
Hepa Vac, Poratable	\$22.50	\$112.50
High-Pressure Washer (cold)	\$60.00	\$300.00
High-Pressure Washer (hot)	\$100.00	\$500.00
High-Tech Cart	\$35.00	\$175.00
Kleen-Rite Upholstery Machine	\$80.00	\$400.00
Ladder, 6'	\$6.00	\$30.00
Ladder, 8'	\$8.00	\$40.00
Ladder, 10'	\$10.00	\$50.00
Ladder, 12'	\$12.00	\$60.00
Ladder, Extension	\$20.00	\$100.00
Ozone Machine, 115	\$40.00	\$200.00
Ozone Machine, 330	\$60.00	\$300.00
PAPR Full Face Respirator w/filters	\$20.00	\$100.00
Power Cat w/ Heater	\$20.00	\$100.00
Safety Harness	\$2.50	\$12.50
Saw, Skill	\$11.25	\$56.25
Soda Blaster	\$125.00	\$625.00
Scaffold, (Perry- per section)	\$20.00	\$100.00
Tool Kit (High-Tech)	\$25.00	\$125.00
Van- Cargo- Passenger	\$75.00	\$375.00
Truckmount w/accessories / HR	\$175.00	\$875.00
Unger Pole w/ Fixi Clamp	\$2.00	\$10.00
Ultra Sound Cleaning Unit	\$245.00	\$1,225.00
Vacuum, Backpack	\$12.00	\$60.00
Vacuum, Backpack Hepa vac	\$85.00	\$425.00
Vacuum, Barrell	\$25.00	\$125.00
Vacuum, Canister or Wet/Dry	\$12.00	\$60.00
Vacuum, Common Upright	\$12.00	\$60.00
Vacuum, Hepa Vac Upright	\$45.00	\$225.00
Vacuum, Hepa	\$85.00	\$425.00
Wall Trowel (wall cleaning system)	\$22.75	\$113.75
Washer, High Pressure (Cold/ Hot)	\$100.00	\$500.00

Zip Wall Poles (Pair))	\$10.00	\$50.00
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## **Materials**

**Effective January 1st 2024**

ITEM	UNIT	COST
Anti-Seize Compound	Pound	\$42.62
Boxes, Book/ Freeze dry	Each	\$2.95
Boxes, Dish pack	Each	\$5.00
Bubble Wrap, 100SQ	Roll	\$31.19
Caution Tape, 1000FT	Roll	\$11.64
Chemical Sponges	Each	\$2.70
Diaper Rags	Pound	\$10.50
Duct Sealant Spray	Gallon	\$32.00
Duct Sealant, Fungicidal	Gallon	\$72.00
Emulsifier 300	Case	\$16.50
Fiberfresh Allclean	Gallon	\$22.88
Fiberfresh Clean Path	Gallon	\$18.23
Fiberfresh MBI	Gallon	\$66.07
Fiberfresh Quick Dri	Gallon	\$23.81
Fiberfresh Ultra Pro	Gallon	\$46.89
Filter Material	Roll	\$85.00
First Aid Kit	Each	\$36.00
FloorStar Degreaser	5 Gallon	\$84.30
FloorStar DuoClene	5 Gallon	\$56.45
FloorStar OilClene	50 Gallon	\$994.53
Foam Blocks (1008)	Case	\$28.00
Foam Control	Gallon	\$48.51
Foil Squares	Case/200	\$62.50
Fuel Oil OdorGo	Pint	\$13.35
Furniture Polish	Can	\$7.40
Garbage Bags (33 Gallon)	Box	\$45.31
Gel Blocks	Pound	\$10.83
GlassClene Pro	Gallon	\$16.62
GlideRinse	Gallon	\$11.18
Halogen Light Bulbs	Each	\$13.50
Hepa Filter	Each	\$175.00
Inventory Tags, Sheets	Box	\$12.00
Masonite	Sheet	\$11.70
Mop Heads	Each	\$15.00
Odor Neutralizer	Gallon	\$52.71
OdorGo Super Scent	Quart	\$51.28
Oven Cleaner	Gallon	\$18.13

Packing Paper, 30lb	Case	\$23.50
Plywood	Each	\$42.00
PPE	Set	\$27.50
PPE Minimum	Set	\$12.25
Rust Remover	Pint	\$9.63
SaniMaster III	Gallon	\$24.65
SaniMaster IV	Gallon	\$27.95
ScotchBrite 7448	Box/12	\$21.50
ScRub N' Shine	Quart	\$6.45
Solvent Upholstery Cleaner	Gallon	\$30.21
SolvOil	Gallon	\$46.69
Stainless steel Cleaner	Gallon	\$18.18
Tarp (reinforced poly w/lath)	Each	\$65.00
Terry Towels	Pound	\$4.55
Thermal Fog	Gallon	\$34.61
Visqueen, 4 mil	Roll	\$56.50
WallGlide DeepClene	5 Gallon	\$79.81
WallGlide DisasterClene	Gallon	\$36.02
WallGlide Plus	5 Gallon	\$124.77



# Non-Collusion Affidavit

STATE OF NEW JERSEY

I certify that I am Matthew Battle, VP of Operations

of the firm of Rapid Recovery Services, LLC

the Respondent making this Proposal for the bid or proposal for the above named project, 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 or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and this affidavit are true, correct, and made with full knowledge that the **Fund** relies upon the truth of the statements contained in said Proposals 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.

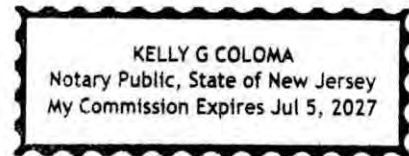
Signature of Representative: 

Subscribed and sworn to before me this 28<sup>th</sup> day of February,  
2021

Print Name of Affiant: Matthew Battle

Notary Public of New Jersey

My commission expires 07-05-2027



**\*This form MUST be completed, notarized and submitted with the bid document\***

**PAY TO PLAY ADVISORY**  
**Disclosure Requirement**  
**P.L. 2005, Chapter 271, Section**  
**3 Reporting(N.J.S.A.**  
**19:44A – 20.27)**

Any business entity that has received \$50,000 or more in contracts from government entities in a calendar year will be required to file an annual disclosure report with ELEC.

The report will include certain contributions and contract information for the current calendar year.

At a minimum, a list of all business entities that file an annual disclosure report will be listed on ELEC's website at [www.elec.state.nj.us](http://www.elec.state.nj.us).

If you have any questions please contact ELEC at: 1-888-313-ELEC (toll free in NJ) or 609-292-8700

An analyst from ELEC's Special Programs Section will assist you.

Initials           *mjb*

**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:** Rapid Recovery Services, LLC

**Organization Address:** 9 Stephensburg Road Washington, NJ 07865

**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	Address
Robert A. Newman 100%	9 Stephensburg Road Washington, NJ 07865

**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.**

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

**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 noncorporate 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	Address
N/A	

**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 **Fund** 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 **Fund** to notify the **Fund** 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 **Fund** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	Matthew Battle	Title:	VP of Operations
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Signature:		Date:	2/26/24
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## Disclosure of Investment Activities in Iran

**Bidder Name:** Rapid Recovery Services, LLC

### Part 1: Certification

BIDDERS ARE TO COMPLETE PART 1 BY CHECKING **EITHER BOX.**

Pursuant to Public Law 2021, c. 4, 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 or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at [www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf](http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf). Bidders must review this list prior to completing the below certification. Failure to complete the certification may render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of 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:

I certify, pursuant to Public Law 2021, c. 4, that neither the bidder listed above nor any of the bidder's 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. 2021, c. 4 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

**OR**

I am unable to certify as above because the 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 sign and complete the Certification below. Failure to provide such 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: Additional Information

PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN. You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran on additional sheets provided by you.

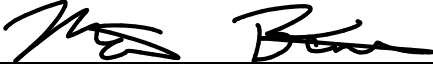
---

### Part 3: Certification

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the FUND is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the FUND to notify the FUND in writing of any changes to the answers of information contained herein. I acknowledge 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 recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the FUND and that the FUND at its option may declare any contract(s) resulting

from this certification void and unenforceable.

Full Name (Print): Matthew Battle Title: VP of Operations

Signature:  Date: 2/26/24



**State of New Jersey**

DEPARTMENT OF THE TREASURY  
DIVISION OF PURCHASE AND PROPERTY  
OFFICE OF THE DIRECTOR

33 WEST STATE STREET

P. O. BOX 039

TRENTON, NEW JERSEY 08625-0039

<https://www.njstart.gov>

Telephone (609) 292-4886 / Facsimile (609) 984-2575

PHILIP D. MURPHY  
*Governor*

ELIZABETH MAHER MUOIO  
*State Treasurer*

LAKESHA L. WAY  
*Lt. Governor*

AMY F. DAVIS  
*Acting Director*

The following list represents entities determined, based on credible information available to the public, to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25"):

1. AK Makina Ltd.
2. Amona
3. Bank Markazi Iran (Central Bank of Iran)
4. Bank Mellat
5. Bank Melli Iran
6. Bank Saderat PLC
7. Bank Sepah
8. Bank Tejarat
9. China International United Petroleum & Chemicals Co., Ltd. (Unipeco)
10. China National Offshore Oil Corporation (CNOOC)
11. China National Petroleum Corporation (CNPC)
12. China National United Oil Corporation (ChinaOil)
13. China Oilfield Services Limited
14. China Petroleum & Chemical Corporation (Sinopec)
15. China Precision Machinery Import-Export Corp. (CPMIEC)
16. Indian Oil Corporation
17. Kingstream PLC
18. Nafiran Intertrade Company (NICO)
19. National Iranian Tanker Company (NITC)
20. Oil and Natural Gas Corporation (ONGC)
21. Oil India Limited
22. Persia International Bank
23. Petróleos de Venezuela (PDVSA Petróleo, SA)
24. PetroChina Company, Ltd.
25. Sameh Afzar Tajak Co. (SATCO)
26. Shandong Fin Cnc Machine Company, Ltd.
27. SinoHydro Co., Ltd.
28. SK Energy Co. Ltd.
29. SKS Ventures
30. Som Petrol AS
31. Zhuhai Zhenrong Company

List Date: January 1, 2024

## *Americans with Disabilities Act of 1990*

The CONTRACTOR and the OWNER do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "ACT") (42 U.S.C.~ S12101 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereto, are made a part of this contract. In providing any act benefit, or service on behalf of the OWNER pursuant to this contract, the CONTRACTOR agrees that the performance shall be in strict compliance with the Act. In the event that the Contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the CONTRACTOR shall defend the OWNER in any action or administrative proceeding commenced pursuant to this Act. The Contractor shall indemnify, protect, and save harmless the OWNER, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The CONTRACTOR shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the OWNER grievance procedure, the CONTRACTOR agrees to abide by any decision of the OWNER which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the OWNER or if the OWNER must any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the CONTRACTOR shall satisfy and discharge the same at its OWN expense.

The OWNER shall, as soon as practicable after a claim has been made against it, give written notice thereof to the CONTRACTOR along with frill and complete particulars of the claim. if any action or administrative proceedings is brought against the OWNER or any of its agents, servants, and employees, the OWNER shall expeditiously forward or have forwarded to the CONTRACTOR every demand, complaint, notice, summons, pleading, or other process received by the OWNER or its representatives.

It is expressly agreed and understood that any approval by the OWNER of the services provided by the CONTRACTOR pursuant to this contract will not relieve the CONTRACTOR of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the OWNER pursuant to this paragraph.

It is further agreed and understood that the OWNER assumes no obligation to indemnify or save harmless the CONTRACTOR, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the CONTRACTOR expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the CONTRACTOR'S obligations assumed in this Agreement, nor shall they be construed to relieve the CONTRACTOR from any liability, nor preclude the OWNER from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

**Business Name (Print):** Rapid Recovery Services, LLC

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**Representative's Name (Print):** Matthew Battle

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**Representative's Title:** VP of Operations

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**Representative's Signature:** 

---

**Phone:** 866-505-5600

**Date:** 2/26/24

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**EQUIPMENT CERTIFICATION**

The undersigned Bidder hereby certifies as follows:

The bidder owns, controls, has proof of lease, rental of all the necessary equipment required to accomplish the work described in the specifications.

Name of Bidder: Rapid Recovery Services, LLC

By:   
(Signature)

Name of above: Matthew Battle  
(Print)

Title: VP of Operations

Date: 2/26/24

## Experience & Qualifications Questionnaire

This questionnaire must be filled out and submitted as a part of the Proposal. Failure to complete this form or to provide any of the requested information will be grounds for the rejection of the bid proposal. If additional space is required, the respondent shall add additional sheets, which identify the question being answered.

Number of years in business under present name & address: 17 years in Business, 2 years at the current address

If less than 5 years, list previous names and address:

375 N St., Unit Q Teterboro, NJ 07608

99 Spring Valley Road Montvale, NJ 07645

Rapid Recovery Services has been in business for 17 years always having this name

Within the last 5 years has the business or any officer/partner failed to complete a contract awarded to them:   . If yes, provide the details in on a separate page.

No

Have any liens and lawsuits been filed against the company in the past 5 years: No

If yes, please provide details:

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List similar services you are now providing for which you have signed contract, but not yet started work:

N/A

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List all major subcontractors to be used to complete the service and the area of their responsibility: N/A

## Experience & Qualifications Questionnaire

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Please provide at least 3 references below:

**Name:** Ricardo Matias - Union County

**Phone:** 908-789-3675

**Address:** 2325 South Ave Scotch Plains, NJ 07076

**Equipment/Service Provided:** Flood Damage and Reconstruction, Various Locations

**Contract Amount:** \$6M

**Name:** Christopher Marra - Secaucus Housing Authority

**Phone:** 201-874-1793

**Address:** 700 County Ave Secaucus, NJ 07094

**Equipment/Service Provided:** Fire and Flood Damage Several Location

**Contract Amount:** \$10,000 - \$120,000

**Name:** Jessica Sheehy - City of Linden

**Phone:** 908-474-8435

**Address:** 1901 Lower Road Linden, NJ 07036

**Equipment/Service Provided:** Fire/Smoke Damage

**Contract Amount:** \$2M

**Name:** Steve Gallo - Borough of Freehold

**Phone:** 732-462-4200

**Address:** *Experience & Qualifications Questionnaire*

---

**Equipment/Service Provided:** Mold Remediation

---

**Contract Amount:** \$60,000

**From:** CClass@treas.state.nj.us  
**Sent:** Tuesday, January 24, 2023 8:46 AM  
**To:** matthewb@rapidrecoveryervices.net  
**Subject:** Notice of Classification

RAPID RECOVERY SERVICES LLC  
9 STEPHENSBURG ROAD  
WASHINGTON, NJ 07865

*State of New Jersey*



**DEPARTMENT OF THE TREASURY  
DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION  
33 WEST STATE STREET - P.O. BOX 034  
TRENTON, NEW JERSEY 08625-0034**



**NOTICE OF CLASSIFICATION**

In accordance with N.J.S.A. 18A:18A-27 et seq (Department of Education) and N.J.S.A. 52:35-1 (Department of the Treasury) and any rules and regulations issued pursuant hereto, you are hereby notified of your classification to do State work for the Department (s) as previously noted.

<b>Aggregate Amount</b>	<b>Trade(s) &amp; License(s)</b>	<b>Effective Date</b>	<b>Expiration Date</b>
\$1,000,000	C009 -GENERAL CONSTRUCTION/ALTER.& ADDITIONS C103 -MICROBIAL REMEDIATION	01/20/2023 01/20/2023	01/19/2025

- Licenses associated with certain trades are on file with the Division of Property Management & Construction (DPMC).
- Current license information must be verified prior to bid award.
- A copy of the DPMC 701 Form (Total Amount of Uncompleted Projects) may be accessed from the DPMC website at <https://www.nj.gov/treasury/dpmc/Assets/Files/DPMC701.pdf>.

ANY ATTEMPT BY A CONTRACTOR TO ALTER OR MISREPRESENT ANY INFORMATION CONTAINED IN THIS FORM MAY RESULT IN PROSECUTION AND/OR DEBARMENT, SUSPENSION OR DISQUALIFICATION. INFORMATION ON AGGREGATE AMOUNTS CAN BE VERIFIED ON THE [DPMC WEB SITE](#).

# 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-JUL-2019** to **15-JUL-2026**

**RAPID RECOVERY SERVICES, LLC**  
**375 NORTH ST., UNIT Q**  
**TETERBORO NJ 07608**



A handwritten signature in cursive script, reading "Elizabeth M. Muoio".

ELIZABETH MAHER MUOIO  
State Treasurer

# CERTIFICATE of PARTICIPATION

ACKNOWLEDGES THAT THE FOLLOWING COMPANY

Rapid Recovery Services, LLC

PURSUANT TO AMENDMENTS TO N.J.S.A. 34:11-56.50 AND N.J.S.A. 34:11-56.52(6),  
ABC-NJ CERTIFIES PARTICIPATION IN A REGISTERED APPRENTICESHIP PROGRAM BY  
ACTIVELY PARTICIPATING IN THE ERISA TRUST.

**ABCNJ - ERISA TRUST PARTICIPATOR**  
**Trade(s) covered by participation: Construction Craft Labor**



*Samantha DeAlmeida*

SIGNED, Samantha DeAlmeida  
ERISA Administrative Manager

EXPIRES 11.30.2024

NJ DOL Program # 2019-NJ-72802  
Cert# 13903645  
Issue Date 11.14.2023



NOT AN  
ELECTRICIAN'S  
OR PLUMBER'S  
LICENSE

**State Of New Jersey**  
**New Jersey Office of the Attorney General**  
**Division of Consumer Affairs**

THIS IS TO CERTIFY THAT THE  
**Home Improvement Contractors**

HAS REGISTERED

**RAPID RECOVERY SERVICES LLC**  
Robert N. Newman  
9 Stephensburg Road  
Port Murray NJ 07865

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General  
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE  
Home Improvement Contractors  
HAS REGISTERED  
RAPID RECOVERY SERVICES LLC  
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE  
02/23/2023 TO 03/31/2024  
VALID

SIGNATURE

*Cari Zais*  
ACTING DIRECTOR

**13VH04506400**

License/Registration/Certificate #

02/23/2023 TO 03/31/2024  
VALID

**13VH04506400**  
LICENSE/REGISTRATION/CERTIFICATION #

*Cari Zais*  
ACTING DIRECTOR

Signature of Licensee/Registrant/Certificate Holder

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/  
CERTIFICATE ID CARD IS LOST  
PLEASE NOTIFY:

Home Improvement Contractors  
P.O. Box 45016  
Newark, NJ 07101

PLEASE DETACH HERE



# United States Environmental Protection Agency

This is to certify that



Rapid Recovery Services

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint renovation, repair, and painting activities pursuant to 40 CFR Part 745.89

In the Jurisdiction of:

All EPA Administered States, Tribes, and Territories

This certification is valid from the date of issuance and expires December 01, 2028

NAT-F106740-3

Certification #

November 17, 2023

Issued On

A handwritten signature in black ink that reads "Michelle Price".

Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch



## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <p style="text-align: center; font-size: 1.2em;">Rapid Recovery Services, LLC</p>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> 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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC	<input 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) ▶ <u>  C  </u> <b>Note:</b> 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 <b>not</b> 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) ▶	
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <p style="text-align: center; font-size: 1.2em;">9 Stephensburg Road</p>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <p style="text-align: center; font-size: 1.2em;">Washington, NJ 07865</p>	
<b>7</b> 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.

**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.

<b>Social security number</b>	
<b>or</b>	
<b>Employer identification number</b>	
20	-
5	-
2	-
9	-
6	-
9	-
4	-
1	

### 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 ▶ 1/11/24

## 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](http://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-INT (interest earned or paid)

- 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.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>3</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

**Note:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/26/2023

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).

<b>PRODUCER</b> Brown & Brown Metro, LLC 56 Livingston Avenue, Ste 230  Roseland NJ 07030		<b>CONTACT NAME:</b> Jennifer Deutsch <b>PHONE (A/C, No, Ext):</b> (973) 549-1900 <b>E-MAIL ADDRESS:</b> jennifer.deutsch@bbrown.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Rapid Recovery Services, LLC 9 Stephensburg Road  Washington Twp NJ 07865		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Starr Indemnity & Liability Company <b>INSURER B:</b> Selective Casualty Insurance Company <b>INSURER C:</b> New Jersey Manufacturers Insurance Company <b>INSURER D:</b> United States Liability Insurance Company <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b>	
		14376	
		12122	
		25895	

**COVERAGES****CERTIFICATE NUMBER:** CL23102604631**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"/> <b>COMMERCIAL GENERAL LIABILITY</b>			U76815230AEM	10/25/2023	10/25/2024	EACH OCCURRENCE	\$ 5,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							MED EXP (Any one person)	\$ 10,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY	\$ 5,000,000	
	OTHER:						GENERAL AGGREGATE	\$ 5,000,000	
							PRODUCTS - COMP/OP AGG	\$ 5,000,000	
							Pollution	\$ 5,000,000	
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>			S 2384546	10/25/2023	10/25/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
							\$		
	<input type="checkbox"/> <b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$	
	<input type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE	\$	
	DED							\$	
	RETENTION \$							\$	
C	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			W39217-5-22	03/19/2023	03/19/2024	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N / A				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)

For informational purposes

**CERTIFICATE HOLDER****CANCELLATION**

EVIDENCE OF INSURANCE	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 <i>Juliana Bordinelli</i>

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