

**MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND
CONTRACT #RFQ 2025-01 – RFQ FOR BACKGROUND CHECK SERVICES
DOCUMENT CHECKLIST**

Required by MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND	Item	Page	Initial each entry, and submit the required form if the box contains an <input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Document Checklist – COMPLETE AND SIGN	i	NKP
<input checked="" type="checkbox"/>	Legal Notice to Bidders – READ	ii	NKP
<input checked="" type="checkbox"/>	Schedule & Project Contacts – READ	iii	NKP
<input checked="" type="checkbox"/>	Project Contacts and Description of Work – READ	iv	NKP
<input checked="" type="checkbox"/>	Instructions to Bidders and Statutory Requirements – READ	1-16	NKP
<input checked="" type="checkbox"/>	Insurance Requirements – READ	5-6	NKP
<input checked="" type="checkbox"/>	Vendor Information Sheet – COMPLETE	17	NKP
<input checked="" type="checkbox"/>	Business Registration Certificate – SUBMIT PRIOR TO AWARD	18	NKP
<input checked="" type="checkbox"/>	Mandatory Equal Employment Opportunity Language – Exhibit A Goods, Professional Service & General Service Contracts - READ	19-20	NKP
<input checked="" type="checkbox"/>	Affirmative Action Compliance Affidavit – Goods, Professional & General Service Contracts – SIGN	21	NKP
<input checked="" type="checkbox"/>	New Jersey Anti-Discrimination Provisions – SIGN	22	NKP
<input checked="" type="checkbox"/>	Americans with Disabilities Act of 1990 Language - READ	23	NKP
<input checked="" type="checkbox"/>	Ownership Disclosure Certification Form – SIGN	24-27	NKP
<input checked="" type="checkbox"/>	Acknowledgment of Principal (select one)– SIGN AND NOTARIZE	28-30	NKP
<input checked="" type="checkbox"/>	Non-Collusion Affidavit – SIGN AND NOTARIZE	31	NKP
<input checked="" type="checkbox"/>	Prohibited Russia-Belarus Activities & Iran Investment Activities – COMPLETE	32-33	NKP
<input checked="" type="checkbox"/>	Experience & Qualifications Questionnaire – COMPLETE	34-35	NKP
<input checked="" type="checkbox"/>	Certification of Bidder's Status on the State Treasurer's List of Debarred, Suspended, and Disqualified Contractors – SIGN	36	NKP
<input checked="" type="checkbox"/>	Certification of Non-Debarment for Federal Government Contracts – SIGN	37-40	NKP
<input checked="" type="checkbox"/>	Acknowledgment of Receipt of Addenda – SIGN	41	NKP
<input checked="" type="checkbox"/>	General Requirements – READ	42-43	NKP
<input checked="" type="checkbox"/>	Proposal Form – COMPLETE AND SIGN	44-45	NKP
<u>AFTER THE AWARD OF THE CONTRACT</u>			
<input checked="" type="checkbox"/>	Signed Agreement – SIGN & SEAL		
<input checked="" type="checkbox"/>	IRS Form W-9 – COMPLETE & SIGN		NKP
<input checked="" type="checkbox"/>	Certificate of Insurance – SUBMIT WITH EXECUTED CONTRACT	5-6	NKP

Corporate Name: **ND Global Consulting Services, Inc.**

Signature: Naveen Kumar Poththuri Date: **09/02/2025**

Print Name: **Naveen Kumar Poththuri** Title: **Founder & Vice President**

**MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND, NEW JERSEY
VENDOR INFORMATION SHEET**

LEGAL NAME OF COMPANY: ND Global Consulting Services, Inc.

FEDERAL TAX ID NUMBER (EIN): 46-4224794

BUSINESS ADDRESS: 2 Brier Hill Ct, #2B Building F East Brunswick, NJ, 08816

MAIN PHONE NUMBER: +1 (646) 921-6217

FAX NUMBER: 718-472-9392

WEBSITE (IF APPLICABLE): www.ndgcs.com

CONTACT PERSON FOR CORRESPONDENCE REGARDING THE PROPOSAL

NAME OF PERSON PREPARING BID: Naveen Kumar Poththuri

TITLE: Founder & Vice President

PHONE: +1 (646) 921-6217 FAX NUMBER: 718-472-9392

E-MAIL ADDRESS: naveen@ndgcs.com

AUTHORIZED CONTACT FOR CORRESPONDENCE (IF DIFFERENT FROM ABOVE)

NAME: _____

TITLE: _____

PHONE: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

PROJECT COORDINATION CONTACT

NAME: Naveen Kumar Poththuri

TITLE: Founder & Vice President

OFFICE PHONE: +1 (646) 921-6217 FAX NUMBER: 718-472-9392

MOBILE (DIRECT) PHONE: +1 (646) 921-6217

E-MAIL ADDRESS: naveen@ndgcs.com

CA-20

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

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

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

ND Global Consulting Services, INC.

3721 S Stonebridge Dr Unit 1101
McKinney TX 75070-1982

FOR PRACTICE IN NEW JERSEY AS A(N): Temporary Help Service

07/01/2025 TO 06/30/2026
VALID

TP006392
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Carri Zair
DIRECTOR

NEW JERSEY
OFFICE OF THE ATTORNEY GENERAL
DIVISION OF CONSUMER AFFAIRS
THIS IS TO CERTIFY THAT THE
REGULATED BUSINESS SECTION
HAS REGISTERED
ND Global Consulting Services, INC.
Temporary Help Service

SIGNATURE
Carri Zair
DIRECTOR

07/01/2025 TO 06/30/2026
VALID

TP006392
License/Registration/Certificate #

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Regulated Business Section
P.O. Box 45028
Newark, NJ 07101

PLEASE DETACH HERE

ND Global Consulting Services, INC.

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS TP00 6392 . PLEASE USE IT IN ALL
CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS USE THIS SECTION TO REPORT ADDRESS
CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED
BELOW.

**Regulated Business Section
P.O. Box 45028
Newark, NJ 07101**

PRINT YOUR NEW ADDRESS OF RECORD BELOW.

YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON
YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE
AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW MAILING ADDRESS BELOW.

YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY
THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL
CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be
within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

AFFIRMATIVE ACTION COMPLIANCE AFFIDAVIT
N.J.S.A. 10:5-31 and N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

Pursuant to State law, all successful bidders must submit evidence of compliance with affirmative action requirements to the Fund and to the State Division of Purchase & Property Contract Compliance and Audit Unit ("Division"). Prior to contract execution, vendors must submit one of the following:

- A.** A current Letter of Federal Approval showing the vendor has a federally-approved EEO/AA program (valid for one year).

Do you have a federal approval letter? Yes ☐ No ☒

If yes, please submit a photocopy of such approval.

- B.** A valid State Certificate of Employee Information Report (Form M-302).

Do you have this certificate? Yes ☒ No ☐

If yes, please submit a photocopy of such approval.

- C.** Complete and submit Form AA-302 with the \$150 fee to the Division and provide a copy to the Fund. The AA-302 form is available at: www.nj.gov/treasury/contract_compliance/.

The undersigned certifies awareness of and agreement to comply with the affirmative action requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27. Failure to do so will render this bid non-responsive.

COMPANY: ND Global Consulting Services, Inc. SIGNATURE: Naveen Kumar Poththuri

PRINT NAME: Naveen Kumar Poththuri TITLE: Founder & Vice President

DATE: 09/02/2025

CERTIFICATE OF EMPLOYEE INFORMATION REPORT INITIAL

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-2025** to **15-Jul-2028**



A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

ELIZABETH MAHER MUOIO

State Treasurer

ND GLOBAL CONSULTING SERVICES INC**3721 S STONEBRIDGE DR #1101****MCKINNEY TX 75070**

NEW JERSEY ANTI-DISCRIMINATION PROVISIONS
N.J.S.A. 10:2-1 et seq.

Pursuant to *N.J.S.A. 10:2-1*, if awarded a contract, the contractor agrees as follows:

- a. In the hiring of persons for the performance of work under this contract or any subcontract, or for the procurement, manufacture, assembling, or furnishing of any materials, equipment, supplies, or services under this contract, the contractor or any person acting on its behalf shall not discriminate against any qualified individual by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation, or sex.
- b. No contractor, subcontractor, or person acting on their behalf shall intimidate or discriminate against any employee engaged in the performance of work under this contract or engaged in the procurement, manufacture, assembling, or furnishing of such materials or services on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation, or sex.
- c. A penalty of \$50.00 per day per person may be deducted from payments due to the contractor for each calendar day such discrimination or intimidation occurs, in violation of this section.
- d. The Fund may cancel or terminate this contract, and all monies due or to become due may be forfeited, for any violation of this section occurring after notice of a prior violation has been given to the contractor by the Fund.

Nothing in this section shall be construed to prevent a board of education from designating that a contract, subcontract, or procurement of goods, services, or construction be awarded to a small business enterprise, minority business enterprise, or women's business enterprise pursuant to P.L. 1985, c.490 (N.J.S.A. 18A:18A-51 et seq.).

The undersigned contractor certifies awareness of and agrees to comply with these requirements. Failure to do so shall render this bid non-responsive.

COMPANY: **ND Global Consulting Services, Inc.** SIGNATURE: Naveen Kumar Poththuri

PRINT NAME: **Naveen Kumar Poththuri** TITLE: **Founder & Vice President**

DATE: **09/02/2025**

AMERICANS WITH DISABILITIES ACT OF 1990
Equal Opportunity for Individuals with Disability

The contractor and the Municipal Excess Liability Joint Insurance Fund ("Fund") agree that the provisions of Title II of the Americans with Disabilities Act of 1990 ("ADA"), 42 U.S.C. § 12101 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 applicable rules and regulations promulgated pursuant thereto, are hereby incorporated into this contract.

In providing any aid, benefit, or service on behalf of the Fund pursuant to this contract, the contractor agrees that its performance shall be in strict compliance with the ADA. In the event the contractor, its agents, employees, or subcontractors violate or are alleged to have violated the ADA during the performance of this contract, the contractor shall defend the Fund in any action or administrative proceeding commenced pursuant to the ADA.

The contractor shall indemnify, protect, and hold harmless the Fund, its officers, agents, and employees from and against any and all claims, losses, demands, damages, suits, or expenses arising from any such alleged or actual violation. The contractor shall, at its own expense, appear, defend, and pay all legal fees and other costs incurred in connection therewith.

The contractor agrees to abide by the Fund's grievance procedure for any complaints brought under the ADA. If any proceeding results in an award of damages or the Fund incurs expenses to remedy an ADA violation caused by the contractor's actions, the contractor shall promptly satisfy and discharge such obligations at its sole expense.

The Fund shall, as soon as practicable, provide written notice to the contractor of any claim or proceeding, including copies of all relevant notices, complaints, or pleadings received.

It is understood that any approval by the Fund of services provided by the contractor does not relieve the contractor of its obligations under the ADA or the indemnification provisions of this agreement.

Furthermore, the Fund assumes no obligation to indemnify or hold harmless the contractor for any claim arising from its performance. This clause shall not limit other legal remedies available to the Fund.

The undersigned contractor understands and certifies that failure to comply with the ADA may result in rejection of this bid as non-responsive.

COMPANY: **ND Global Consulting Services Inc.** SIGNATURE: Naveen Kumar Poththuri

PRINT NAME: Naveen Kumar Poththuri TITLE: Founder & Vice President

DATE: 09/02/2025

**STATEMENT OF OWNERSHIP
OWNERSHIP DISCLOSURE CERTIFICATION FORM**

Required pursuant to 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 Included with All Bid and Proposal Submissions

Name of Business: **ND Global Consulting Services, Inc.**

Address of Business: **2 Brier Hill Ct, #2B Building F East Brunswick, NJ, 08816**

Name of person completing this form: **Naveen Kumar Poththuri – Founder & Vice President**

N.J.S.A. 52:25-24.2:

"No corporation, partnership, or limited liability company shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any materials or supplies, unless prior to the receipt of the bid or proposal, or accompanying the bid or proposal of said corporation, said partnership, or said limited liability company there is submitted a statement setting forth 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.

If one or more such stockholder or partner or member is itself a corporation or partnership or limited liability company, the stockholders holding 10 percent or more of that corporation's stock, or the individual partners owning 10 percent or greater interest in that partnership, or the members owning 10 percent or greater interest in that limited liability company, as the case may be, shall also be listed. 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 in this act, has been listed.

To comply with this section, a bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest."

The Attorney General has advised that the provisions of N.J.S.A. 52:25-24.2, which refer to corporations and partnerships apply to limited partnerships, limited liability partnerships, and Subchapter S corporations.

CONTINUED ON NEXT PAGE

THIS FORM IS ONLY REQUIRED IF DENOTED ON THE DOCUMENT CHECKLIST BY AN (X).

STATEMENT OF OWNERSHIP
OWNERSHIP DISCLOSURE CERTIFICATION FORM (CONTINUED)
Required pursuant to N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

This Ownership Disclosure Certification form shall be completed, signed and notarized.

Failure of the bidder/proposer to submit the required information is cause for automatic rejection of the bid or proposal

PART I

Check the box that represents the type of business organization:

- ☐ Sole Proprietorship (skip Parts II and III, sign and notarize at the end)
☐ Non-Profit Corporation (skip Parts II and III, sign and notarize at the end)
☒ 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 IN THIS SECTION ON THE NEXT PAGE)

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)

CONTINUED ON NEXT PAGE

THIS FORM IS ONLY REQUIRED IF DENOTED ON THE DOCUMENT CHECKLIST BY AN (X).

STATEMENT OF OWNERSHIP
OWNERSHIP DISCLOSURE CERTIFICATION FORM (CONTINUED)
Required pursuant to N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

Sign and notarize the form below, and, if necessary, complete the list below. (Please attach additional sheets if more space is needed):

Name: Naveen Kumar Poththuri
Address: 9515 Crescent Ray Dr, Wesley
Chapel, FL 33545 (Pasco County)

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

Name: _____
Address: _____

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

CONTINUED ON NEXT PAGE

STATEMENT OF OWNERSHIP
OWNERSHIP DISCLOSURE CERTIFICATION FORM (CONTINUED)
Required pursuant to N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

PART III (CONTINUED)

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

PART IV

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 MUNICIPAL EXCESS LIABILITY JOINT INSURANCE 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 the MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND to notify the MUNICIPAL EXCESS LIABILITY JOINT INSURANCE 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 MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND to declare any contract(s) resulting from this certification void and unenforceable.

<u>Naveen Kumar Poththuri</u>	<u>09/02/2025</u>
Signature of Authorized Agent	Date
<u>Naveen Kumar Poththuri</u>	<u>Founder & Vice President</u>
Full Name (Printed)	Title

(Corporate Seal, if appropriate)

END OF STATEMENT OF OWNERSHIP

THIS FORM IS ONLY REQUIRED IF DENOTED ON THE DOCUMENT CHECKLIST BY AN (X).

**ACKNOWLEDGEMENT OF PRINCIPAL
(IF A CORPORATION)**

STATE OF FLORIDA)
COUNTY OF PASCO) SS:

BE IT REMEMBERED, that on this 02 day of September in the year 2025, AND before me, the subscriber, a Notary Public of the State of _____ personally appeared who, being by me duly sworn on their oath, doth depose and make proof to my satisfaction that they are the Secretary or Assistant Secretary of ND Global Consulting Services, Inc, the Corporation named in the within Instrument; that Naveen Kumar Poththuri is the President of said Corporation; that the execution, as well as the making of this Instrument has been duly authorized by a proper resolution of the Board of Directors of said Corporation; that the deponent is familiar with the corporate seal of said Corporation; and the seal affixed to said Instrument is such Corporation seal and was thereto affixed and said Instrument signed and delivered by said President, as and for their voluntary act and deed and as and for the voluntary act and deed of said Corporation; in presence of deponent, who thereupon subscribed his/her name thereto as witness.

Naveen Kumar Poththuri

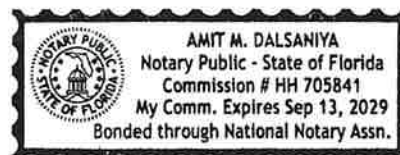
Signature of Secretary or
Signature of Assistant Secretary

Subscribed and sworn to before me this

2 day of SEP, 2025

Amit M. Dalsaniya
Notary Public

Commission Expires: SEP 13TH 2029
(Notary Stamp/Seal)



THIS FORM IS ONLY REQUIRED IF DENOTED ON THE DOCUMENT CHECKLIST BY AN (X).

NON-COLLUSION AFFIDAVIT

STATE OF FLORIDA)
COUNTY OF PASCO) SS:

I, Naveen Kumar Poththuri residing in McKinney, TX
(name of affiant) (name of municipality)
in the County of Collin and State of Texas

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

I am Founder & Vice President of the firm of ND Global Consulting Services, Inc
(title or position) (name of firm)

the bidder making this Proposal for the proposal entitled
RFQ 2025-01 – RFQ for Background Check Services, and that I executed the said proposal with
(title of bid proposal)

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 in this affidavit are true and correct, and made with full knowledge that the MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said project.

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

Naveen Kumar Poththuri
Signature

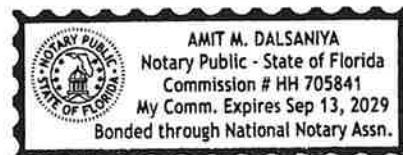
Naveen Kumar Poththuri
Type or Print name

Subscribed and sworn to before me this

2 day of sep, 2025

A-m [Signature]
Notary Public

Commission Expires: SEP 13TH 2029
(Notary Stamp/Seal)



PROHIBITED RUSSIA-BELARUS ACTIVITIES & IRAN INVESTMENT ACTIVITIES

[Required pursuant to P.L. 2022, c. 3, N.J.S.A. 52:32-55 et seq., and N.J.S.A. 40A:11-2.1]

Person or Entity: **ND Global Consulting Services, Inc.**

Part 1: Certification

COMPLETE PART 1 BY CHECKING ONE OF THE THREE BOXES BELOW

Pursuant to law, any person or entity that is a successful bidder or proposer, or otherwise proposes to enter into or renew a contract, for goods or services must complete the certification below prior to contract award to attest, under penalty of perjury, that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list or Chapter 25 list as a person or entity engaging in prohibited activities in Russia, Belarus or Iran. Before a contract for goods or services can be amended or extended, a person or entity must certify that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list. Both lists are found on Treasury's website at the following web addresses:

The OFAC list is available at: <https://sanctionssearch.ofac.treas.gov>
www.nj.gov/treasury/purchase/pdf/Chapter25List.pdf

As applicable to the type of contract, the above-referenced lists must be reviewed prior to completing the below certification. A person or entity unable to make the certification must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran. The person or entity must cease engaging in any prohibited activities and provide an updated certification before the contract can be entered into. If a vendor or contractor is found to be in violation of law, action may be taken as appropriate and as may be 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.

CONTRACT AWARDS AND RENEWALS

- ☒ I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate appears on the N.J. Department of Treasury's lists of entities engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3 or in investment activities in Iran pursuant to P.L. 2012, c. 25 ("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. (Skip Part 2 and sign and complete the Certification below.)

CONTRACT AMENDMENTS AND EXTENSIONS

- ☐ I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate is listed on the N.J. Department of the Treasury's lists of entities determined to be engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3. 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. (Skip Part 2 and sign and complete the Certification below.)

PROHIBITED RUSSIA-BELARUS ACTIVITIES & IRAN INVESTMENT ACTIVITIES (continued)

[Required pursuant to P.L. 2022, c. 3, N.J.S.A. 52:32-55 et seq., and N.J.S.A. 40A:11-2.1]

IF UNABLE TO CERTIFY

- ☐ I am unable to certify as above because the person or entity and/or a parent entity, subsidiary, or affiliate is listed on the Department's Russia-Belarus list and/or Chapter 25 Iran list. I will provide a detailed, accurate, and precise description of the activities as directed in Part 2 below, and sign and complete the Certification below. Failure to provide such will prevent the award of the contract to the person or entity, and appropriate penalties, fines, and/or sanctions will be assessed as provided by law.

Part 2: Additional Information

PLEASE PROVIDE FURTHER INFORMATION RELATED TO PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS AND/OR INVESTMENT ACTIVITIES IN IRAN.

You must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran in the space below and, if needed, on additional sheets provided by you.

(Use additional sheets, if necessary)

Part 3: Certification of True and Complete Information

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto, 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 Municipal Excess Liability Joint Insurance Fund is relying on the information contained herein and hereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Municipal Excess Liability Joint Insurance Fund to notify the Municipal Excess Liability Joint Insurance 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. 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 Municipal Excess Liability Joint Insurance Fund and that the Municipal Excess Liability Joint Insurance Fund at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Naveen Kumar Poththuri Title: Founder & Vice President
Signature: Naveen Kumar Poththuri Date: 09/02/2025

Rev. 08/2025 – MEL Compliance Form for P.L. 2012, c.25 & P.L. 2022, c.3

EXPERIENCE & QUALIFICATIONS QUESTIONNAIRE

This questionnaire must be completed and submitted as part of the proposal. **Failure to complete this form or to provide any of the requested information may result in rejection of the proposal.** If additional space is required, attach separate sheets clearly labeled with the corresponding question number.

1. Number of years in business under present name and address: 12 years (Established 2013)

2. If less than five (5) years, list all previous business names and addresses:

Not applicable – ND Global has operated continuously under its current name since 2013.

3. Within the last five (5) years, has the business or any officer/partner failed to complete a contract awarded to them?

☐ Yes ☒ No

If yes, provide details on a separate page.

4. Have any liens or lawsuits been filed against the company within the last five (5) years?

☐ Yes ☒ No

If yes, provide details on a separate page.

5. List any similar services for which you are currently under contract but have not yet started work:

Awarded OMH – Rabbi Services Nov 2025 (background check and compliance verification)

Background check, compliance, and pre-employment screening for

NJ & NY staffing contracts (part-time and full-time, statewide).

6. List all major subcontractors proposed for this contract and describe their responsibilities:

No subcontractors are proposed. ND Global Consulting Services, Inc.

will perform all work in-house.

7. Provide at least three (3) references for similar services provided:

Reference #1

Name: Ebony Douglas, MBA

Phone: (954) 807-3371

Address: 2200 N. Commerce Pkwy Suite 200 Weston, Florida 33326

Equipment/Service Provided: Provided temporary staffing for clinical leadership roles, including background checks to ensure compliance and readiness for immediate placement

Contract Amount: Approx. \$750,000 annually

EXPERIENCE & QUALIFICATIONS QUESTIONNAIRE (CONTINUED)

Reference #2

Name: Jonelle Washington

Phone: (813) 395-6802

Address: 7068 Fort King Rd Zephyrhills, FL 33541

Equipment/Service Provided: ND Global provided licensed healthcare staff with full background checks to ensure compliance and readiness for placement.

Contract Amount: Approx. \$580,000 annually

Reference #3

Name: Dr. Nikkichelle Tanks

Phone: (404) 565-2249

Address: 5526 Old National Hwy, Suite B, Atlanta, GA 30349

Equipment/Service Provided: ND Global supported client contracts by providing pre-employment background checks, compliance verification, and credential validation for healthcare staff.

Contract Amount: \$425,000 annually

Acknowledgment:

It is understood and agreed that the submission of this Experience & Qualifications Questionnaire is made solely at the risk, cost, and expense of the respondent. It is further acknowledged that the Municipal Excess Liability Joint Insurance Fund (the "Fund") accepts this information solely for the purpose of evaluating the respondent's qualifications to submit a proposal. No rights, claims, or causes of action—whether legal or equitable—shall arise against the Fund based on the acceptance, review, use, or rejection of this questionnaire, or any determination regarding the respondent's eligibility to submit a proposal.

ND Global Consulting Services, Inc.

Company

ND Global Consulting Services, Inc.

Company Name

2 Brier Hill Ct, #2B Building F

East Brunswick, NJ, 08816

Address

646-921-6217

Telephone Number

Naveen Kumar Potthuri **09/02/2025**

Signature

Date

**CERTIFICATION OF BIDDER'S STATUS ON THE
STATE TREASURER'S LIST OF DEBARRED,
SUSPENDED AND DISQUALIFIED CONTRACTORS**

I, Naveen Kumar Poththuri, of the City/Township/Borough/Village (circle one) of McKinney, in the State of Texas, being of full age and duly sworn according to law, depose and say:

I am the Founder & Vice President (title) of the firm of ND Global Consulting Services, Inc., the bidder submitting the proposal for the attached named project, and I am duly authorized to make this certification on behalf of the bidder.

I hereby certify that the bidder is not currently listed on the State of New Jersey Department of the Treasury's List of Debarred, Suspended and Disqualified Bidders.

I further certify that if, at any time prior to or during the term of the contract (including any guarantee or warranty periods), the bidder is added to such list, I will immediately notify the Municipal Excess Liability Joint Insurance Fund of such listing.

I understand that, pursuant to *N.J.A.C. 7:1D-2.1 et seq.* and *N.J.A.C. 7:26C-5.2*, a contractor may be debarred, suspended, or disqualified from contracting with the State of New Jersey and its instrumentalities, including the Fund, for certain violations or conduct as defined in those regulations or applicable law.

By: Naveen Kumar Poththuri
(Signature of Authorized Representative)

Print Name: Naveen Kumar Poththuri

Title: Founder & Vice President

Date: 09/02/2025

**CERTIFICATION OF NON-DEBARMENT
FROM FEDERAL GOVERNMENT CONTRACTS**

N.J.S.A. 52:32-44.1 (P.L. 2019, c.406)

This certification shall be completed, certified to, and submitted to the contracting unit prior to contract award, except for emergency contracts where submission is required prior to payment.

PART I: VENDOR INFORMATION	
Individual or Organization Name	ND Global Consulting Services, Inc.
Physical Address of Individual or Organization	3721 South Stonebridge Drive #1101 McKinney, TX 75070
Unique Entity ID (if applicable)	P9XQGG2DCZ26
CAGE/NCAGE Code (if applicable)	87FJ9
Check the box that represents the type of business organization:	

- ☐ Sole Proprietorship (skip Parts II and III, sign and notarize at the end)
☐ Non-Profit Corporation (skip Parts II and III, sign and notarize at the end)
☒ For-Profit Corporation (any type) ☐ Limited Liability Company (LLC)
☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership (LLP)
☐ Other (be specific): _____

PART II – CERTIFICATION OF NON-DEBARMENT: Individual or Organization			
<p>I hereby certify that the individual or organization listed in Part I is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in federal contracts by any federal agency. I further acknowledge that I am authorized to execute this certification on behalf of the above-named organization; that the Municipal Excess Liability Joint Insurance Fund is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award by Municipal Excess Liability Joint Insurance Fund to notify the Municipal Excess Liability Joint Insurance 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 Municipal Excess Liability Joint Insurance Fund, permitting the Municipal Excess Liability Joint Insurance Fund to declare any contract(s) resulting from this certification void and unenforceable.</p>			
Full Name (Print):	Naveen Kumar Poththuri	Title:	Founder & Vice President
Signature:	<i>Naveen Kumar Poththuri</i>	Date:	09/02/2025

CERTIFICATION CONTINUED ON THE NEXT PAGE

**CERTIFICATION OF NON-DEBARMENT
FOR FEDERAL GOVERNMENT CONTRACTS (CONTINUED)**

PART III – CERTIFICATION OF NON-DEBARMENT: Individual or Entity Owning Greater than 50 Percent of Organization	
Section A (Check the Box that applies)	
<input checked="checked" type="checkbox"/>	Below is the name and address of the stockholder in the corporation who owns more than 50 percent of its voting stock, or of the partner in the partnership who owns more than 50 percent interest therein, or of the member of the limited liability company owning more than 50 percent interest therein, as the case may be.
Name of Individual or Organization	Naveen Kumar Poththuri
Physical Address	9515 Crescent Ray Dr, Wesley Chapel, FL 33545
OR	
<input type="checkbox"/>	No one stockholder in the corporation owns more than 50 percent of its voting stock, or no partner in the partnership owns more than 50 percent interest therein, or no member in the limited liability company owns more than 50 percent interest therein, as the case may be.
Section B (Skip if no Business entity is listed in Section A above)	
<input type="checkbox"/>	Below is the name and address of the stockholder in the corporation who owns more than 50 percent of the voting stock of the organization's parent entity, or of the partner in the partnership who owns more than 50 percent interest in the organization's parent entity, or of the member of the limited liability company owning more than 50 percent interest in organization's parent entity, as the case may be.
Stockholder/Partner/Member Owning Greater Than 50 Percent of Parent Entity	
Physical Address	
OR	
<input checked="checked" type="checkbox"/>	No one stockholder in the parent entity corporation owns more than 50 percent of its voting stock, no partner in the parent entity partnership owns more than 50 percent interest therein, or no member in the parent entity limited liability company owns more than 50 percent interest therein, as the case may be.

CERTIFICATION CONTINUED ON THE NEXT PAGE

**CERTIFICATION OF NON-DEBARMENT
FOR FEDERAL GOVERNMENT CONTRACTS (CONTINUED)**

Section C – Part III Certification			
<p>I hereby certify that no individual or organization that is debarred by the federal government from contracting with a federal agency owns greater than 50 percent of the Organization listed above in Part I or, if applicable, owns greater than 50 percent of the organization's parent entity, if applicable. I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the Municipal Excess Liability Joint Insurance Fund is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award Municipal Excess Liability Joint Insurance Fund to notify the Municipal Excess Liability Joint Insurance 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 Municipal Excess Liability Joint Insurance Fund, permitting the Municipal Excess Liability Joint Insurance Fund to declare any contract(s) resulting from this certification void and unenforceable.</p>			
Full Name (Print):	Naveen Kumar Poththuri	Title:	Founder & Vice President
Signature:	<i>Naveen Kumar Poththuri</i>	Date:	09/02/2025

Part IV – CERTIFICATION OF NON-DEBARMENT: Contractor – Controlled Entities	
Section A	
<input type="checkbox"/>	Below is the name and address of the corporation(s) in which the Organization listed in Part I owns more than 50 percent of voting stock, or of the partnership(s) in which the Organization listed in Part I owns more than 50 percent interest therein, or of the limited liability company or companies in which the Organization listed above in Part I owns more than 50 percent interest therein, as the case may be.
Name of Business Entity	Physical Address
Add additional sheets if necessary	
OR	
<input checked="" type="checkbox"/>	The Organization listed above in Part I does not own greater than 50 percent of the voting stock in any corporation and does not own greater than 50 percent interest in any partnership or any limited liability company.

CERTIFICATION CONTINUED ON THE NEXT PAGE

**CERTIFICATION OF NON-DEBARMENT
FOR FEDERAL GOVERNMENT CONTRACTS (CONTINUED)**

Section B (skip if no business entities are listed in Section A of Part IV)			
<input type="checkbox"/>	Below are the names and addresses of any entities in which an entity listed in Part III A owns greater than 50 percent of the voting stock (corporation) or owns greater than 50 percent interest (partnership or limited liability company).		
Name of Business Entity Controlled by Entity Listed in Section A of Part IV		Physical Address	
Add additional Sheets if necessary			
OR			
<input checked="" type="checkbox"/>	No entity listed in Part III A owns greater than 50 percent of the voting stock in any corporation or owns greater than 50 percent interest in any partnership or limited liability company.		
Section C – Part IV Certification			
I hereby certify that the Organization listed above in Part I does not own greater than 50 percent of any entity that is debarred by the federal government from contracting with a federal agency and, if applicable, does not own greater than 50 percent of any entity that in turn owns greater than 50 percent of any entity debarred by the federal government from contracting with a federal agency. I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the Municipal Excess Liability Joint Insurance Fund is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award by Municipal Excess Liability Joint Insurance Fund to notify the Municipal Excess Liability Joint Insurance 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 Municipal Excess Liability Joint Insurance Fund, permitting the Municipal Excess Liability Joint Insurance Fund to declare any contract(s) resulting from this certification void and unenforceable.			
Full Name (Print):	Naveen Kumar Poththuri	Title:	Founder & Vice President
Signature:	<i>Naveen Kumar Poththuri</i>	Date:	09/02/2025

END OF CERTIFICATION

THIS FORM IS ONLY REQUIRED IF DENOTED ON THE DOCUMENT CHECKLIST BY AN (X).

**MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND
ACKNOWLEDGMENT OF RECEIPT OF ADDENDA**

[Required pursuant with N.J.S.A 40A:11-23.2(e)]

The undersigned Bidder hereby acknowledges receipt of the following Addenda:

Addendum Number	Dated	Acknowledge Receipt (Bidder Initial)
ADDENDUM #1	08/22/2025 11:30 AM EDT	NDP

☐ No addenda were received.

Acknowledged for: ND Global Consulting Services, Inc.
(Name of Bidder/Company)

By: Naveen Kumar Poththuri
(Signature of Authorized Representative)

Name: Naveen Kumar Poththuri
(Print or Type)

Title: Founder & Vice President

Date: 09/02/2025

**MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND
CONTRACT #RFQ 2025-01 – RFQ FOR BACKGROUND CHECK SERVICES
PROPOSAL FORM**

Firm Name: ND Global Consulting Services, Inc.

Address: 2 Brier Hill Ct, #2B Building F East Brunswick, NJ, 08816

Principal Contact: Naveen Kumar Poththuri Title: Founder & Vice President

Phone: +1 (646) 921-6217

Email: naveen@ndgcs.com

Certification and Acknowledgement

- A. The undersigned certifies that the firm will provide all services as described in accordance with the terms and requirements of this RFQ.
- B. The undersigned confirms possession of the qualifications and authority to bind the firm.
- C. The undersigned affirms the accuracy of all information provided in this proposal.

Fee Schedule

A. Part-Time Summer Employees & Volunteers

(Interacting with minors — lifeguards, counselors, coaches, etc.)

Description	Price Per Search
National Database Criminal History Search	\$5.00
National Sex Offender Search	\$3.00
Social Security Trace/Validation	\$1.75

B. Full-Time Supervisory Positions (Programs Involving Minors)

Description	Price Per Search
National Database Criminal History Search	\$5.00
National Sex Offender Search	\$3.00
Social Security Trace/Validation	\$1.75
Education Verification	\$9.00 per call per subject
Employment Verification	\$9.00 per call per subject
Credit Check	\$18.00
Motor Vehicle Record	\$6.00
Reference Check	\$9.00 per call per subject

CONTINUED ON NEXT PAGE

**MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND
CONTRACT #RFQ 2025-01 – RFQ FOR BACKGROUND CHECK SERVICES
PROPOSAL FORM (CONTINUED)**

C. Additional Requirements

- Web-based process for employers to initiate checks
- Written documentation of data security
- 96-hour maximum turnaround time
- Three-year fixed pricing
- Ability to print and save reports
- Required Certificate of Insurance
- Experience with NJ municipal/county entities preferred

D. Small Business Status

☒ YES

☐ NO

If YES, please indicate applicable designation: SWMVB (Small, Women, Minority, Veteran Business Enterprise)

Have any exceptions to the specifications been taken?

☐ YES

☒ NO

If YES, have you attached them to your proposal?

☐ YES

☒ NO

Naveen Kumar Potlathuri

09/02/2025

Signature of Authorized Agent

Date

(Corporate Seal)



hereby grants

National Women's Business Enterprise Certification

to

ND Global Consulting Services Inc

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).
This certification affirms the business is woman-owned, operated and controlled and is valid through the date herein.

Certification Granted: February 18, 2025

Expiration Date: February 18, 2026

WBENC National Certification Number: WBE2500496

WBENC National WBE Certification was processed and validated by Women's Business Council - Southwest, a WBENC Regional Partner Organization.

Authorized by Bliss Coulter, President & CEO
Women's Business Center



NAICS: 561320
UNSPSC: 80111603, 80111604, 80111605, 80111606, 80111607, 80111707, 80111708, 80111716





NEW YORK STATE **MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE ("MWBE")** **CERTIFICATION**

Empire State Development's Division of Minority and Women's Business Development grants a

Minority Business Enterprise (MBE)

pursuant to New York State Executive Law, Article 15-A to:

ND Global Consulting Services Inc.

Certification Awarded on: November 7, 2024
Expiration Date: November 7, 2029
File ID#: 72911





October 29, 2024

Naveen Poththuri CEO ND GLOBAL
CONSULTING SERVICES INC 3721 S
Stonebridge Drive , #1101 McKinney, TX
75070

Joint Commission ID #: 712397
Program: Health Care Staffing Services Certification
Certification Activity: 60-day Evidence of Standards
Compliance
Certification Activity Completed Date : 10/25/2024

Dear Mr. Poththuri:

The Joint Commission is pleased to grant your organization a Passed Certification decision for all services reviewed under the applicable manual(s) noted below:

Comprehensive Certification Manual for Health Care Staffing Services Certification

This certification cycle is effective beginning October 12, 2024 and is customarily valid for up to 24 months. Please note, The Joint Commission reserves the right to shorten the duration of the cycle.

Should you wish to promote your certification decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your certification decision on the Find Accredited Organizations page of our website.

Congratulations on your achievement.

Sincerely,

Ken Grubbs, DNP, MBA, RN
Executive Vice President and Chief Nursing Officer
Division of Accreditation and Certification Operations

Certificate of Registration



This is to certify that the Quality Management System of

ND Global Consulting Services Inc.

3721 South Stonebridge Drive #1101, McKinney, TX 75070, USA

is in accordance with the requirements of the following standard

ISO 9001:2015

(Quality Management System)

SCOPE

Providing Regulatory Services, Commissioning, Qualification, Validation and Temperature mapping Services, Quality Compliance Services, Product Development- CDMO (Contract Development and Manufacturing Operations for APIs and Formulations), Software SDLC Validation Services, Training, and Staffing Services to Medical Devices, Pharmaceutical and Biotechnology Companies.

Certificate Number : 031123010128

(IAF Code: 34,35,37)

Initial Registration Date : 03-Nov-2023

1st Surveillance Date : 03-Oct-2024

2nd Surveillance Date : 03-Oct-2025

Certificate Expiry Date : 02-Nov-2026

To verify certificate, visit at :

www.arscert.com

<https://uafaccreditation.org>

<https://www.iafcertsearch.org/>

Issued by ARS Assessment Private Limited

Abhishek
Managing Director



CB-MS-3923



UAF Address : 400, North Center Dr, STE 202, Norfolk, VA 23502, United States of America :

This certificate remains the property of ARS and must be returned to ARS on Cancellation or Suspension of the certificate. Validity of the certificate is subject to successful completion of surveillance audits. Further clarification regarding the scope of this certificate and the applicability of standard may be obtained by consulting the Organisation on info@arscert.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/25/2025

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

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

PRODUCER Barrow Group 110 E. Crogan Street Lawrenceville GA 30046	CONTACT NAME: Natasha Bobbit PHONE (A/C, No, Ext): (800) 874-4798 E-MAIL ADDRESS: nbobbit@barrowgroup.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Co INSURER B: QBE Insurance Corporation INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 18058 39217
INSURED ND Global Consulting Services, Inc. 3721 South Stonebridge Drive #1101 McKinney TX 75070		

COVERAGES**CERTIFICATE NUMBER:** 2025 COI**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2685469-001	05/27/2025	05/10/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2685469-001	05/10/2025	05/10/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			PHUB914998-001	05/27/2025	05/10/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	202002428	04/19/2025	04/19/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability			PHPK2685469-001	05/27/2025	05/10/2026	\$2,000,000 Ea Occ \$5,000,000 Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)Employee Benefits Liability \$1,000,000/\$1,000,000
Crime \$1,000,000

Cyber Liability PHSD1875977-000 09/30/2024 - 09/29/2025 \$1,000,000

CERTIFICATE HOLDER**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

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**Request for Taxpayer
Identification Number and Certification**

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) ND Global Consulting Services, Inc.	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 3721 South Stonebridge Drive, Suite #1101	Requester's name and address (optional)
6 City, state, and ZIP code McKinney, TX 75070		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

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

Social security number									
			-				-		
or									
Employer identification number									
4	6		-	4	2	4	7	9	4

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 <i>Naveen Kumar Potlathensi</i>	Date 09/02/2025
------------------	--	------------------------

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

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-NEC (nonemployee compensation).
- 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), and 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.

Caution: If you don't 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; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. 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).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

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

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

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 (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

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 their 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 their 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, but are not limited to, 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, as described in item 4 under “*By signing the filled-out form*” 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.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. 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 are no longer 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.

• **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 for 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 you filed with your application.

• **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or “doing business as” (DBA) name on line 2.

• **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** 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.

• **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. Enter any business, trade, or DBA name on line 2.

• **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner’s name on line 1. The name of the owner 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. 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, enter it on line 2.

Line 3a

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

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or	Individual/sole proprietor.
• Sole proprietorship	
• LLC classified as a partnership for U.S. federal tax purposes or	Limited liability company and enter the appropriate tax classification:
• LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

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 on 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 territory, 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 territory.
- 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 as defined under section 581.
- 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 ¹	Generally, exempt payees 1 through 5. ²
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

¹ See Form 1099-MISC, Miscellaneous Information, and its instructions.

² 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) entered 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 territory, 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, enter "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 ITIN. Enter it in the entry space for the Social security number. 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). 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. You may also get this form by calling 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/EIN. Go to 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 to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "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, you will generally 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. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

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 ¹
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 ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

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 ⁴
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
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 Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

¹ 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.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ 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.)

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

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

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 return 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 a questionable credit report, contact the IRS Identity Theft Hotline at 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 877-777-4778 or TTY/TDD 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. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Go to 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 territories for use in administering their laws. The information may also 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, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.