



Township Council
 1 Municipal Plaza
 Bloomfield, NJ 07003

Louise M. Palagano
 Municipal Clerk

<http://www.bloomfieldtwpnj.com>

Meeting: 08/11/14 07:00 PM

2014 ACTION ITEM APPROVAL

RESOLUTION - ANIMAL CONTROL SERVICES

BE IT RESOLVED, that the Mayor and Council hereby authorized the Mayor to execute and the Clerk to attest to a contract with Bergen County Humane Enforcement for Animal Control Services in accordance with the request for proposals and the response submitted by Bergen County Humane Enforcement to the request for proposals; and

BE IT FURTHER RESOLVED, that the contract for Animal Control Services with Bergen County Humane Enforcement shall not become be effective until after the layoff plan for the Township's employees is approved by the Civil Service Commission.

* * * * *

I hereby certify that the above resolution was duly adopted by the Mayor and Council of the Township of Bloomfield at a meeting of said Township Council held on August 11, 2014.

 Municipal Clerk of the Township of Bloomfield

 Mayor of the Township of Bloomfield

✓ Vote Record – Resolution						
		Yes/Aye	No/Nay	Abstain	Absent	
<input type="checkbox"/> Adopt	Elias N. Chalet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Deny	Nicholas Joanow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Withdrawn	Carlos Bernard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Table	Wartyna Davis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Not Discussed	Joseph Lopez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> First Reading	Carlos Pomares	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Table with no Vote	Michael J. Venezia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Approve						
<input type="checkbox"/> Veto by Mayor						
<input type="checkbox"/> Discussion						
<input type="checkbox"/> Defeated						
<input type="checkbox"/> Discussion No Vote						

**APPROVED AS TO FORM AND PROCEDURE
 ON BASIS OF FACTS SET FORTH**

 DIRECTOR OR LAW TOWNSHIP ATTORNEY



Bergen County Humane Enforcement

302 2nd Street, Cliffside Park, NJ 07010

T. 201.621.4111

W: www.BCHENJ.org

July 28, 2014

Dear Administrator Ted Ehrenburg:

We are pleased to be afforded the opportunity regarding your inquiry as the Animal Control Agency & Shelter Operations for the Township of Bloomfield. Our company truly understands the need for outstanding professional service at an affordable flat rate price. Our main objectives at Bergen County Humane Enforcement are to provide exceptional response time, job execution, care & custody of the animals in a No Kill facility while administering professional service to both residents and township administrators on a **24/7 days a week basis**.

Some of the highlights in recent years that we have accomplished with some of our participating towns (with no additional costs to the Township) have been the following:

- *Organize & Assist w/ In-Town Rabies Clinic
- *Sponsored/Administered Animal Adoption Event(s)
- *Online Complaint/Volunteer/Info Requests Svc.
- *Established "No Kill" Shelter in Cliffside Park in partnership with community organization(s).
- *Conducted NJ State mandated Animal Canvass/Census in various towns to increase licensing.
- *Trained & assembled East Bergen OEM Shelter Group, CERT, BC CART Volunteer team (*deployed during Hurricane Sandy to set up, staff and maintain Pet Shelter at BCCC & BC Police & Fire Academy*).
- *Initiated T-N-R (cats) Program(s)
- *Animal Awareness School Programs
- *E-Link to Boroughs Website

In working directly with your health department staff we are able to increase animal licensing, raise animal ordinance awareness and education on township policies to its citizens. In working along side the Police Department we are able to effectuate positive solutions thus reducing wasted man hours and assist officers in the field with immediate response time.

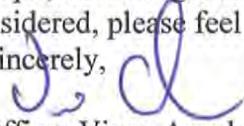
REFERENCES:

- | | | |
|---------------------------|---|--------------|
| 1) Jad Mihalinec | Pal Park Chief Health Administrator & Officer | 201-407-4581 |
| 2) Joseph Rutch | Cliffside Park Borough Administrator | 201-937-9603 |
| 3) Steve Wielkocz | Fort Lee Chief Health Officer/Administrator | 201-638-0752 |
| 4) Dr. Luis Bravo, DVM | Animal Paradise Hospital | 201-941-0782 |
| 5) Dr. Carlos Triano, DVM | Summit Animal Hospital | 201-392-9200 |
| 6) Stew DeVito, Director | East Bergen OEM & NJ State VP OEM | 201-313-2021 |

In partnership with our "**True No Kill**" shelter staff, the officers, volunteers & staff at B.C.H.E. are committed albeit difficult in today's economic climate, to place, foster and adopt out every animal that we rescue.

If given the opportunity we look forward to a long lasting relationship with the Townships Mayor, Council, Health Dept., its distinguished Board members and the citizens of Bloomfield. Thank you again for the opportunity to be considered, please feel free to contact me directly via cell or VA@BCHENJ.org.

Sincerely,


Officer Vince Ascolese
Director B.C.H.E.

OFFICIAL PROPOSAL SHEET – Animal Control Officer (ACO)

The Respondent agrees to Provide Animal Control Services for the Township of Bloomfield for the prices submitted below and in accordance with the "General and Technical Specifications" as detailed and described herein.

Total, all inclusive, annual cost to provide the services detailed and described herein, which shall be paid on a monthly basis, shall be: \$ 120,000.

PROPOSAL SUBMITTED FOR:

COMPANY: Bergen County Humane Enforcement / North Jersey Humane Society

ADDRESS: 302 2nd ST
Cliffside Park, NJ 07010

BID BY: Vincent Ascolese
(Please Print or Type Name)

TITLE: Director DATE: 7/29/14

TELEPHONE: 201-621-4111 FAX: 201-945-0649

TAXPAYER IDENTIFICATION NUMBER: 970-640514/500

Do you have any exceptions to the specifications? Yes ___ No . If yes, the respondent shall list all exceptions on a separate sheet and attach to the front of the Quotation Document.

OFFICIAL PROPOSAL SHEET – Dog Census 2014

The Respondent agrees to Provide Animal Control Services for the Township of Bloomfield for the prices submitted below and in accordance with the "General and Technical Specifications" as detailed and described herein.

Total, all inclusive, annual cost to provide the services detailed and described herein, which shall be paid according to specification language, shall be: \$ 18,000.

PROPOSAL SUBMITTED FOR:

COMPANY:

Bergen County Humane Enforcer / North Jersey Hum Society

ADDRESS:

302 2nd ST.

Cliffside Park, NJ 07010

BID BY:

Vincent Ascoles

(Please Print or Type Name)

TITLE:

Director

DATE:

7/29/14

TELEPHONE:

201-621-4111

FAX:

201-845-0649

TAXPAYER IDENTIFICATION NUMBER:

970 640514/500

Do you have any exceptions to the specifications? Yes ___ No . If yes, the respondent shall list all exceptions on a separate sheet and attach to the front of the Quotation Document.

QUESTIONNAIRE

Please answer the following questions.

List two (2) public agencies presently or previously contracted to whom you provide or have provided the services as herein specified. Include a contact name and telephone number.

1. Palisades Park (Current Provider)
Chief Health Admin Jqd Mihalenic - 201-407-4581
2. Cliffside Park (current Provider)
Boco Administrator Joseph Rutch 201-313-2000

How many employees does your company presently employ? 4+

How many years has your company been providing this service?
4+

Has your company ever failed to complete any contract with regard to any of the services herein described? Yes _____ No . If yes, provide details here: _____

Name and telephone numbers of personnel who can be contacted if problems or emergencies arise:

ACI Vince Ascolese - 201-697-6244 Non-Public
ACO John Rivera - 201-655-

Name and telephone number of an individual who can be contacted at all times if service information is requested: Vince Ascolese 201-697-6244

CONSENT OF INSURANCE COVERAGE

Vince Ascolese NJMS

WHEREAS, *Bergen County Hamare Entertainment* as Principal has submitted a quotation to provide goods and/or services as specified in the subject quotation to the Township of Bloomfield, and whereas, in order for such quotation to be considered, proof of insurance must be submitted therewith;

NOW, THEREFORE, BE IT KNOWN THAT, if the Township of Bloomfield shall accept the quotation of the Principal and the Principal shall enter into a contract with the Township of Bloomfield in accordance with the terms of such quotation, we the undersigned, do hereby state that we will provide the Principal with insurance coverage as set below:

- A. The insurance to be provided shall be underwritten by a company licensed to conduct business in the State of New Jersey.
- B. General Public Liability insurance in an amount no less than \$500,000.00 combined single limit including broad form comprehensive general liability insurance liability endorsement, and \$500,000.00 aggregate property damage per accident; and shall include provisions for thirty (30) days prior written notice to the Township of Bloomfield of any changes, modifications, or cancellation of such coverage. The Township of Bloomfield shall be included as an additional named insured.
- C. Automobile Liability Insurance shall be required of the successful vendor, with a limit of not less than \$500,000.00 single limit bodily injury and/or property damage combined for damages arising out of bodily injuries to, or death of all persons in any one occurrence and for damages to, or destruction of property, including the loss of use thereof in any one occurrence covering owned, non-owned, or hired vehicles.
- D. All policies maintained shall name the Township of Bloomfield as an additional named insured and shall provide for thirty (30) days prior written notice to the Township of Bloomfield of any changes, modifications, or cancellation terms of such policies and we shall provide the Office of the Township Attorney with certificates of insurance evidencing such policies and provisions.
- E. All required insurance coverage must be in effect no later than 12:01 A.M., prevailing time, at the start of the day of the contract and remain in effect for the duration of the contract, including any extensions.

Sworn to and subscribed
Before me on this _____
Day of _____ 20__

NOTARY PUBLIC

My commission expires: _____

PRINCIPAL:

Bergen County Home Entmst
(Bidder's Company Name)

[Signature]
(Authorized Signature on
Behalf of the Principal)

INSURER:

Jeanes Frey Ins Agency
(Insurer's Company Name)

[Signature]
(Authorized Signature on
Behalf of the Insurer)

VENDOR INFORMATION SHEET

In order to assure that all future correspondence is directed to the correct address, assure proper ordering, and to expedite future payments, the following information must be provided with this Request for Quotation:

Name of Business: Bergen County Humane Estorment / NJSMS

Correspondence Address, including zip code:

P.O. Box 1172
Font Lee, NJ 07024

Purchase Order Address, including zip code:

P.O. Box 1172
Font Lee, NJ 07024

Payment Address, including zip code:

Font Lee, NJ 07024
P.O. Box 1172

Telephone Number: 201-621-4111 Ext 4

Facsimile Number: 201-945-0649

Cellular Number: 201-290-7040 Lauren



Bergen County Humane Enforcement

302 2nd Street, Cliffside Park, NJ 07010

T. 201.621.4111 W: www.BCHENJ.org

BERGEN COUNTY HUMANE ENFORCEMENT/ NORTH JERSEY HUMANE SOCIETY will like to provide the Borough of Bloomfield with 24 hour 7 days a week 365 days a year with comprehensive Animal Control, Animal Cruelty Investigations & Animal Shelter Facility Operation Services. The following is a detail oriented breakdown of our experience and accomplishments:

“Animal Control Services”

NAME OF AGENCY: BERGEN COUNTY HUMANE ENFORCEMENT CORP.
NORTH JERSEY HUMANE SOCIETY CORP. (non-profit)

ANIMAL SHELTER: BERGEN COUNTY PROTECT & RESCUE FOUNDATION
(non-profit 501 (C) (3)).

CONTACT INFORMATION:

Main Office H.Q.	302 2 ND STREET, CLIFFSIDE PARK, NJ 07010
MAIN H.Q. #	201-621-4111
ON DUTY CELLPHONE	201-449-3437 (assigned to officer on duty)
Animal Shelter:	201-945-0649
Website (Interactive)	www.BCHENJ.org & BCrescues.org

***EMERGENCY 24 hr. NON-PUBLIC Telephone #'s:**

Director Animal Control Vince Ascolese:	HOME	201-224-5820
	MOBILE	201-697-6244

FEE PROPOSAL: Vendor herein will be referenced as “BCHE and or NJHS” and Township will be referenced as “Bloomfield.”

- \$120,000.00 annual flat fee w/ 2% increase for years 2015 through 2016.
- Bloomfield Township agrees to bring facility up to building & shelter code according to N.J.S.A. Title 8:23-A.
- BCHE/NJHS agrees to all components directives stated in the RFP form Bloomfield specifically all “Technical Specifications” including but not limited (Scope & Description of Services) to line items A. through T.- 4.

BCHE/ NJHS fee responsibilities encompasses the following but not limited to:

- Retaining ACO Michael Spinella during duration of contract, additional ACO's. All current employees will be given an opportunity to meet with our Executive Director for a review process.
- ACO's will work daily alongside with Shelter Operation personnel under N.J.S.A. Title 8:23.A while implementing a No kill animal policy.
- Continuing Education: All essential personnel will be provided with continuing education courses. All fees associated with Police Academy/Private Training to be paid by our Agency.
- BCHE/NJHS personnel will work collectively with Shelter personnel and if provided the opportunity will have offices on the 2nd floor of Animal Shelter facility.
- Technology upgrades: office equipment, software, web design & advertising.
- Animal Control & Animal Cruelty Investigations Services for Bloomfield.
- Patrol streets on a daily basis for animal related issues, impound strays.
- Investigate animal bites/impound animals under NJ Vicious Dog Law N.J.S.A 4-19-19.
- Maintain proper animal records, inspection reports & submit monthly animal reports and or requested documentation records.
- All ACO's will issue summonses for violations of State and local laws and or regulations and make appearances in Municipal Court when required.
- Animal Control will support reinstating a community based trained volunteer program.
- Capture & transport stray & domestic animals to shelter facility, conduct exam of animal and perform intake procedures.
- Conduct animal bite/exposure investigations when applicable (notice of bite and confinement of animal) notify health officials(as per NJSA 26:478), monitor animal, update all parties involved and when necessary, personally transport specimen to the NJDHHS lab for request for rabies examination in Trenton, NJ.
- Organize and assist in-town rabies clinics.
- Assist health officers with investigations regarding all animal related issues.
- Educational Outreach programs will include but not limited to school programs, youth based organizations, I.E. (Girl/Boy scouts) programs and also senior citizen based programs.

BLOOMFIELD TOWNSHIP will be responsible for the following:

1. Maintain structural, mechanical & electrical components at animal shelter facility.
2. Completion of 2nd floor of animal shelter.
3. Animal licensing.
4. Provide all animal canvassing materials.

BLOOMFIELD, BCHE & NJHS will collectively work on the following:

1. Construction & completion of 2nd floor of animal shelter.
2. Promoting adoption, special events, educational outreach programs.

CONTRACT COST/PAYMENT SCHEDULE:

- The Contract cost will be \$120,000.00 initial year to the Township of Bloomfield with 2% annual increase for additional two (2) years.
- * If contracted by the Township of Bloomfield BCHE/NJHS will submit a separate price to perform the annual dog census. Price will be based upon amount of households within the Township.
- ** BCHE/NJHS would be open for discussion to certain concessions in exchange for other considerations brought forth by either Bloomfield or BCHE/NJHS.

** (Please see contract for very specific information regarding services)*

X Joel
Director Animal Control Services

X Vince Ascolese
Print Name

7/29/14
Date

X _____
Bloomfield Twp. Rep.

X _____
Print Name

Date

**ACO/ACI
CERTIFICATIONS**

This is to certify that

Vincent Ascolese

has successfully satisfied the requirements to determine his or her qualifications and is certified pursuant to P. L. 1983, Chapter 525 and amendments thereto as a
CERTIFIED ANIMAL CONTROL OFFICER

Faye E. Sorhage

Dr. Faye E. Sorhage
State Public Health Veterinarian

02323
Number

12/22/10
Date

STATE OF NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

This is to Certify that

Vincent Ascolese

Having successfully satisfied the requirements to determine his or her qualifications is hereby certified pursuant to P.L. 1983, Chapter 525 and amendments thereto as a

CERTIFIED ANIMAL CONTROL OFFICER

12/22/2010
DATE

02323
NUMBER

Faye E. Sorhage

FAYE E. SORHAGE, VMD, MPH
State Public Health Veterinarian

This is to certify that

Vincent P. Ascolese
has successfully satisfied the requirements to determine
his or her qualifications and is certified pursuant to
P. L. 1997, Chapter 247 and amendments thereto as a
CERTIFIED ANIMAL CRUELTY INVESTIGATOR

Faye E. Sorhage

Dr. Faye E. Sorhage, V.M.D., M.P.H.
State Public Health Veterinarian

Number
495

Date
5-10-13

VPH-5
SEP-12

STATE OF NEW JERSEY DEPARTMENT OF HEALTH

This is to Certify that

VINCENT P. ASCOLESE

Having successfully satisfied the requirements to
determine his or her qualifications is hereby
certified pursuant to P.L. 1997, Chapter 247
and amendments thereto as a

CERTIFIED ANIMAL CRUELTY INVESTIGATOR

5/10/13

DATE

495

NUMBER

Faye E. Sorhage

FAYE E. SORHAGE, VMD, MPH
State Public Health Veterinarian

State of New Jersey
Department of Health
This is to certify that

Johnathon O. Rivera

has successfully satisfied the requirements to determine his or her qualifications and is certified pursuant to P. L. 1983, Chapter 525 and amendments thereto as a CERTIFIED ANIMAL CONTROL OFFICER

3-13-14 02745
Date Number
Colin T. Campbell
Colin T. Campbell, D.V.M., C.P.M.
State Public Health Veterinarian

STATE OF NEW JERSEY DEPARTMENT OF HEALTH

This is to Certify that

JOHNATHON O. RIVERA

Having successfully satisfied the requirements to determine his or her qualifications is hereby certified pursuant to P.L. 1983, Chapter 525 and amendments thereto as a

CERTIFIED ANIMAL CONTROL OFFICER

3/13/14
DATE
02745
NUMBER

Colin T. Campbell

COLIN T. CAMPBELL, DVM, CPM
State Public Health Veterinarian

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
AND SENIOR SERVICES

This is to Certify that

MICHELE J. SHIBER

Having successfully satisfied the requirements to
determine his or her qualifications is hereby
certified pursuant to P.L. 1983, Chapter 525
and amendments thereto as a

CERTIFIED ANIMAL CONTROL OFFICER

8/6/10
DATE

02289
NUMBER

Faye E. Sorhage

FAYE E. SORHAGE, VMD, MPH
State Public Health Veterinarian

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

This is to Certify that

CLAIRE B. GOLDEN

Having successfully satisfied the requirements to
determine his or her qualifications is hereby
certified pursuant to P.L. 1983, Chapter 525
and amendments thereto as a

CERTIFIED ANIMAL CONTROL OFFICER

12/6/13

DATE

02705

NUMBER

Colin T. Campbell

COLIN T. CAMPBELL, DVM, CPM
State Public Health Veterinarian

**INSURANCE
CERTIFICATIONS**



CERTIFICATE OF LIABILITY INSURANCE

OP ID: J2

DATE (MM/DD/YYYY)
07/29/2014

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 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 Jeanne S. Frey Ins. Agency Inc 2713 Rt. 23, P.O. Box 289 Newfoundland, NJ 07435		CONTACT NAME: Jeanne S Frey PHONE (A/C, No, Ext): 973-697-0345 FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: BERGE-1	
INSURED Bergen County Humane Enforcement, Inc. 22 Shore Rd. Edgewater, NJ 07020	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Essex Insurance Company		23043
	INSURER B : Liberty Mutual		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES**CERTIFICATE NUMBER:****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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
X	GENERAL LIABILITY			3DS4451	01/17/2014	01/17/2015	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ Excluded	
							PERSONAL & ADV INJURY	\$ Excluded	
							GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ Excluded	
	GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC								
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
	<input type="checkbox"/> HIRED AUTOS							\$	
	<input type="checkbox"/> NON-OWNED AUTOS							\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$	
	<input type="checkbox"/> OCCUR							\$	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	<input type="checkbox"/> DEDUCTIBLE							\$	
	<input type="checkbox"/> RETENTION \$							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC713505	09/27/2013	09/27/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$ 100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N	N/A				E.L. DISEASE - EA EMPLOYEE	\$ 100,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate Holder named as additional insured

CERTIFICATE HOLDER**CANCELLATION**

BLOOMFI Township of Bloomfield 1 Municipal Plaza Bloomfield, NJ 07003	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Jeanne S. Frey</i>

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Customer Service
800-444-4487
800-556-0014 (fax)

Mailing address
Progressive
P.O. Box 94739
Cleveland, OH 44101-4739

Tuesday, July 29, 2014 3:26:32 PM
Total Number of Pages:04

Requested policy documents

To: va@bchenj.org
Fax number:

Message:

Progressive
P.O. Box 94739
Cleveland, OH 44101
1-800-895-2886

PROGRESSIVE[®]

Policy number: 07759740-3

Underwritten by:
Drive New Jersey Insurance Company
July 29, 2014
Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
BERGEN COUNTY HUMANE ENFORCEMENT PO BOX 1172 FORT LEE, NJ 07024	BERGEN COUNTY HUMANE ENFORCEMENT PO BOX 1172 FORT LEE, NJ 07024	PROG COMMERCIAL PO BOX 94739 CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jan 10, 2014

Policy Expiration Date: Jan 10, 2015

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$50,000/\$100,000/\$25,000
Uninsured/Underinsured BI/PD	\$10,000

Description of Location/Vehicles/Special Items

Scheduled autos only

2001 FORD F350 1FTSF30L41EB13652	
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded
2003 GMC YUKON/DENALI 1GKEK63U53J342015	
Medical Expense	\$250,000
Income Continuation Benefit	BASIC
Funeral Expense Benefit	BASIC
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded

Certificate number

21014CMA740



PROGRESSIVE
PO BOX 94739
CLEVELAND, OH 44101

PROGRESSIVE[®]

Named insured

BERGEN COUNTY HUMANE
ENFORCEMENT
PO BOX 1172
FORT LEE, NJ 07024

Policy number: 07759740-3

Underwritten by:
Drive New Jersey Insurance Company
July 28, 2014
Policy Period: Jan 10, 2014 - Jan 10, 2015
Page 1 of 3

progressive.com

Online Service

Make payments, check billing activity, print
policy documents, or check the status of a
claim.

1-800-895-2886

For customer service and claims service,
24 hours a day, 7 days a week.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page Your coverage has changed

Your coverage began on January 10, 2014 at 12:01 a.m. This policy expires on January 10, 2015 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852NJ (07/11), 1652NJ (04/13), 4852NJ (03/07), 4881NJ (07/11) and Z228 (01/11).

The named insured organization type is a corporation.

Tort election

No Limitation on Lawsuit tort option selected.

Policy changes effective July 26, 2014

Premium change:	-\$517.00
Changes:	The auto coverage schedule has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,279
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured/Underinsured Motorist Bodily Injury	\$25,000 each person/\$50,000 each accident		185
Uninsured/Underinsured Motorist Property Damage	\$10,000 each accident	\$500	43
Personal Injury Protection(PIP) - Medical Expense	\$250,000 each person	\$250	1,376
Extended Medical Payments	\$10,000 each person		6
PIP - Non-Medical Expense (Extra PIP)	Named insured/spouse		1
Income Continuation Benefits	\$100 each week/\$5,200 total		
Essential Services Benefits	\$12 each day/\$4,380 total		1
Funeral Expense Benefit	\$1,000		1
Death Benefits	Base		1
Comprehensive			321
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			739
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$5,953
NJ Property Liability Ins Guaranty Assoc Surcharge			54
Total 12 month policy premium and fees			\$6,007

Rated driver

- VINCENT ASCOLESE

Auto coverage schedule

- 2001 Ford F350** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
 VIN: 1FTSF30L41EB13652 Garaging Zip Code: 07020 Radius: 50

Liability Premium	Liability	UM/UIM BI	UM/UIM PD				
	\$1,750	\$82	\$19				
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium			Auto Total
	\$1,000	\$133	\$1,000	\$376			\$2,360

- 2003 GMC Yukon/Denali** Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)
 VIN: 1GKEK63U53J342015 Garaging Zip Code: 07020 Radius: 50

Liability Premium	Liability	UM/UIM BI	UM/UIM PD	PIP	Extended	Income Loss	Essential
	\$1,529	\$103	\$24	\$1,376	\$6	\$1	\$1
Liability Premium	Funeral	Death					
	\$1	\$1					
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium			Auto Total
	\$1,000	\$188	\$1,000	\$363			\$3,593

Premium discounts

Policy
07759740-3	Business Experience and Package
Vehicle
2003 GMC Yukon/Denali	Anti-Lock Brakes, Anti-Theft Device 3, Five MPH Bumper and Traction Control

Company officers

David L. Pratt
President

Dane A. Shalho
Secretary

**BUSINESS
CERTIFICATE**

03/16/11

Taxpayer Identification# 970-640-514/500

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-9292.

I wish you continued success in your business endeavors.

Sincerely,



James J. Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

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

TAXPAYER NAME:

BERGEN COUNTY HUMANE ENFORCEMENT CORPORA

ADDRESS:

22 SHORE ROAD
EDGEWATER NJ 07020-1539

EFFECTIVE DATE:

03/11/11

TRADE NAME:

SEQUENCE NUMBER:

1624847

ISSUANCE DATE:

03/16/11



Director
New Jersey Division of Revenue

FORM-BRC

(04-081) D205846V

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



MAYOR
Gerald A. Calabrese

BOROUGH ADMINISTRATOR
Joseph Rutch

BOROUGH CLERK
Sercan Zoklu, RMC

Municipal Complex
525 Palisade Avenue
Cliffside Park, New Jersey 07010
Tel. (201) 945-3456 • Fax. (201) 945-9823

COUNCIL
Donna Spoto
Bernard Fontana
Lawrence Bongard
Thomas Calabrese
Dana Martinotti
Kenneth Corcoran



"ON TOP OF THE PALISADES"

May 22, 2012

To Whom It May Concern:

I am writing to you with reference to Mr. Vincent Ascolese of the Bergen County Humane Enforcement, who business address is 302 2nd Street, Cliffside Park, New Jersey 07010.

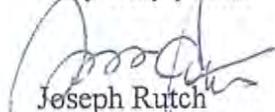
Since 2010, I have known Vincent in his professional capacity. The Bergen County Humane Enforcement and Vincent Ascolese has not only been an invaluable asset to the residents of the Cliffside Park, but also to the Administration, Police and Health Departments.

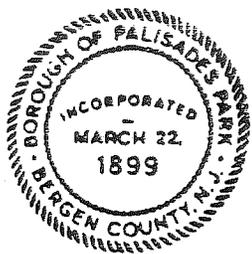
BCHE has an excellent response time and they are always willing to go the extra mile to assist whenever needed. In addition, the Borough has saved thousands of dollars in taxpayer monies through contracting with the BCHE.

Recently on May 15, 2012, for the first time in over 14 years, the BCHE assisted with a Rabies/Animal Adoption Clinic at no extra charge in our Fire House. The BCHE has always been professional, courteous and responsive with the Borough of Cliffside Park.

Please do not hesitate to contact me if you have any questions or if I can provide any further information.

Very truly yours,


Joseph Rutch
Borough Administrator



Board of Health
Borough of Palisades Park

275 Broad Avenue
Palisades Park, New Jersey 07650
Telephone 201-585-4105 • Fax 201-944-6748/201-585-4107
E-mail: ppbdhealth@aol.com

James M. Rotundo
Mayor

Jad Mihalinec, M.A., H.O.
Health Officer/ Administrator

July 3, 2012

To whom it may concern:

RE: Vincent Ascolese, Humane Enforcement

Please be advised that I have known Vincent Ascolese for many years and strongly recommend him for the position of a Director of Animal Control Services for the Township of Teaneck.

Vincent serves the Borough of Palisades Park as an Animal Control Officer and is a highly motivated and extremely competent individual.

He has assumed many leadership roles; particularly in the area of community rabies control, cruelty cases, rescue and impoundments of stray domestic animals, quarantine services, wildlife rescue, feral and dangerous animal trapping, care for injured and sick stray animals, 24 hour per day/every day of the year coverage, disaster plan, maintenance of lost & found file for dogs, adoption services, community education services and many more.

His experience in Municipal Government, administration of Animal Control Services and ability to effectively communicate with the public is another valuable asset.

Again, I strongly urge you to seriously consider his application for the position in your town.

If you have any question, please feel free to contact my office at 201-585-4106 or my cell at 201-407-4581

Very Truly Yours,

JAD Mihalinec
HEALTH OFFICER/ADMINISTRATOR

Borough of Cliffside Park



MAYOR

Gerald A. Calabrese

BOROUGH ADMINISTRATOR

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BOROUGH CLERK

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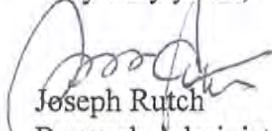
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