



Board of County Commissioners

Public Works/Economic Development Committee

**RESOLUTION AMENDING RESOLUTION 2021-055
RENEWING CONTRACT FOR BITUMINOUS CONCRETE AND
CONCRETE TESTING AND INSPECTION SERVICES FOR THE
COUNTY OF SALEM AND APPROVING THE
CONTRACTOR CORPORATE NAME CHANGE**

WHEREAS, the County of Salem requested, received and opened sealed bids on December 11, 2020 at 1:00 PM prevailing time for "BITUMINOUS CONCRETE AND CONCRETE TESTING AND INSPECTION SERVICES FOR THE COUNTY OF SALEM". The receipt of bids was duly advertised in accordance with the law and in such case made and provided; and

WHEREAS, a contract was awarded to "MASER CONSULTING, P.A." on March 18, 2020 retroactive to December 18, 2019 for "BITUMINOUS CONCRETE AND CONCRETE TESTING AND INSPECTION SERVICES FOR THE COUNTY OF SALEM" per Resolution No. 2020-114; and

WHEREAS, the County of Salem renewed a Contract in the amount of \$42,029.10 with "MASER CONSULTING, P.A." on January 20, 2021 per Resolution #2021-055; and

WHEREAS, the County of Salem has been notified that its contract with "MASER CONSULTING, P.A." has been assigned to and assumed by "COLLIERS ENGINEERING & DESIGN, INC." by way of an Assignment and Assumption Agreement and now requires approval by the Salem County Board of County Commissioners by way of the execution of a Novation Agreement therein.

NOW, THEREFORE, BE IT RESOLVED that the Salem County Board of County Commissioners hereby approves of the assignment of its aforesaid contracts from "MASER CONSULTING, P.A." to "COLLIERS ENGINEERING & DESIGN, INC."; and

BE IT FURTHER RESOLVED that the Director of this Board of County Commissioners be authorized to execute the presented "NOVATION AGREEMENT" upon the review and approval of the County Solicitor.

A handwritten signature in blue ink, appearing to read "Edward A. Ramsay".

EDWARD A. RAMSAY, County Commissioner
Chair, Economic Development/Public Works Committee

I hereby certify the foregoing to be a true resolution adopted by the Salem County Board of County Commissioners on WEDNESDAY, MARCH 31, 2021.


STACY L. PENNINGTON
Clerk of the Board

RECORD OF VOTE

COMMISSIONER	RESOLUTION MOVED	RESOLUTION SECOND	AYE	NAY	ABSTAIN	ABSENT
G. Ostrum, Jr.		✓	✓			
E. Ramsay	✓		✓			
L. Ware			✓			
R.S. Griscom						✓
B. Laury			✓			

ENG/DFord

NOVATION AGREEMENT

Maser Consulting Inc. (Assignor), a business corporation duly organized and existing under the laws of the State of New Jersey, with its principal office in Red Bank, NJ; and **Colliers Engineering & Design, Inc.** (Assignee), a business corporation duly organized and existing under the laws of the State of New Jersey, with its principal office in Red Bank, NJ and a local office in Mays Landing, NJ; and the County of Salem enter into this Agreement as of **January 1, 2021**.

(a) The parties agree to the following facts:

1. The Client has entered into a certain contract with the Assignor, namely: Contract Numbers:
 - 20C002651H - 2017 County Aid
 - 20C000583H - Watsons Mill Rd & New Bridge Road
 - 19C004632F - 2018 County Aid
 - 19C004633H - State Street
 - 19C004635H - West Mill
 - 19C004637H - Parvins Mill

with an effective date of July 27, 2019 through present, for third party construction inspection and , material testing.

The term "the contract(s)," as used in this Agreement, means the above contract(s) and purchase orders and all other related contracts and purchase orders, including all modifications, made between the Client and the Assignor before the effective date of this Agreement (whether or not performance and payment have been completed and releases executed if the Client or the Assignor has any remaining rights, duties, or obligations under these contracts and purchase orders). Included in the term "the contract(s)" are also all modifications made under the terms and conditions of these contracts and purchase orders between the Client and the Assignee, on or after the effective date of this Agreement.

2. Effective on **January 1, 2021**, the Assignor will transfer to the Assignee certain assets of the Assignor relating to Assignor's contracted services which provides same to commercial, government and industrial end users, which assets includes those pertaining to the contract, by virtue of an Assignment & Assumption Agreement between the Assignor and the Assignee.
3. The Assignee will assume all obligations and liabilities of the Assignor under the contract by virtue of the above transfer.
4. The Assignee is in a position to fully perform all obligations that may exist under the contract.
5. It is consistent with the Client's interest to recognize the Assignee as the successor party to the contracts.
6. Evidence of the above transfer has been filed with the Client.

(b) In consideration of these facts, the parties agree that by this Agreement –

1. The Assignor confirms the transfer to the Assignee and waives any claims and rights against the Client that it now has or may have in the future in connection with the contracts.
2. The Assignee agrees to be bound by and to perform each contract in accordance with the conditions contained in the contracts. The Assignee also assumes all obligations and liabilities of, and all claims against, the Assignor under the contracts as if the Assignee were the original party to the contracts.
3. The Assignee ratifies all previous actions taken by the Assignor with respect to the contracts, with the same force and effect as if the action had been taken by the Assignee.
4. The Client recognizes the Assignee as the Assignor's successor-in-interest in and to the contracts. The Assignee by this Agreement becomes entitled to all rights, titles, and interests of the Assignor in and to the contracts as if the Assignee were the original party to the contracts. Following the effective date of this Agreement, the term "Contractor", as used in the contracts, shall refer to the Assignee.
5. Except as expressly provided in this Agreement, nothing in it shall be construed as a waiver of any rights of the Client against the Assignor.
6. All payments and reimbursements previously made by the Client to the Assignor, and all other previous actions taken by the Client under the contracts, shall be considered to have discharged those parts of the Client's obligations under the contracts. All payments and reimbursements made by the Client after the date of this Agreement in the name of or to the Assignor shall have the same force and effect as if made to the Assignee, and shall constitute a complete discharge of the Client's obligations under the contracts, to the extent of the amounts paid or reimbursed.
7. The Assignor and the Assignee agree that the Client is not obligated to pay or reimburse either of them for, or otherwise give effect to, any costs, taxes, or other expenses, or any related increases, directly or indirectly arising out of or resulting from the transfer of this Agreement, other than those that the Client in the absence of this transfer or Agreement would have been obligated to pay or reimburse under the terms of the contracts.
8. The Assignor guarantees payment of all liabilities and the performance of all obligations that the Assignee—
 - i. Assumes under this Agreement; or
 - ii. May undertake in the future should this contract be modified under their terms and conditions. The Assignor waives notice of, and consents to, any such future modifications.
9. The contract shall remain in full force and effect, except as modified by this Agreement which can be signed in counterparts. Each party has executed this Agreement as of the day and year first above written.

(Signatures follow)

(Remainder of this page is intentionally blank)

CLIENT

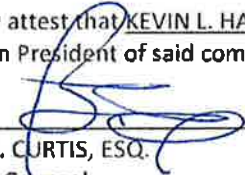
By: _____

MASER CONSULTING INC.

By: 

KEVIN L. HANEY
President & CEO

I hereby attest that KEVIN L. HANEY, who signed this certificate on behalf of MASER CONSULTING INC. was then President of said company.



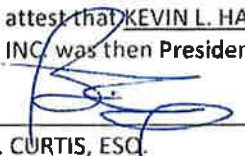
BRIAN E. CURTIS, ESQ.
General Counsel

COLLIERS ENGINEERING & DESIGN, INC.

By: 

KEVIN L. HANEY
President & CEO

I hereby attest that KEVIN L. HANEY, who signed this certificate on behalf of COLLIERS ENGINEERING & DESIGN, INC. was then President of said company.



BRIAN E. CURTIS, ESQ.
General Counsel

(End of Novation Agreement)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
FILING CERTIFICATE (CERTIFIED COPY)

Corporation Name: COLLIERS ENGINEERING & DESIGN, INC.
Business Id: 0100275246
Certificate Number: 6000131556

I, THE TREASURER OF THE STATE OF NEW JERSEY, DO HEREBY CERTIFY, THAT THE ABOVE NAMED BUSINESS DID FILE AND RECORD IN THIS DEPARTMENT A NAME CHANGE ON November 16, 2020 AND THAT THE ATTACHED IS A TRUE COPY OF THIS DOCUMENT AS THE SAME IS TAKEN FROM AND COMPARED WITH THE ORIGINAL(S) FILED IN THIS OFFICE AND NOW REMAINING ON FILE AND OF RECORD.

IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY
HAND AND AFFIXED MY OFFICIAL SEAL AT
TRENTON, THIS
November 17, 2020 A.D.



Elizabeth Maher Muoio
ELIZABETH MAHER MUOIO
STATE TREASURER

VERIFY THIS CERTIFICATE ONLINE AT

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

**New Jersey Division of Revenue & Enterprise Services
Certificate of Amendment for Domestic Corporations
NJSA 14A:9-2
New Jersey Profit Corporation Act**

State of New Jersey
Department of the Treasury
Division of Revenue & Enterprise Services
Business Amendments
Filed

Validation Number: 4119089523
11/16/20 18:09:31

Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

This Domestic Corporation filed with the Division of Revenue and Enterprise Services to amend its Certificate of Formation. The filer is responsible for ensuring strict compliance with NJSA 14A:9-2.

1. Name of Domestic Corporation: MASER CONSULTING INC.
2. Business ID Number: 0100275246
3. Date of the Filing of the Original Certificate: 10/15/1985
4. Amendments:

Article 1, Business Name is amended as follows:

Previous Name: MASER CONSULTING INC.
Amended Name: COLLIERS ENGINEERING & DESIGN, INC.

6. Adoption Proceedings:

Shares Outstanding at Time of Adoption: 1500000
Voting For: 322025
Voting Against: 0
Date of Adoption: 11/16/2020

The undersigned represent(s) that this filing complies with State law as detailed in NJSA 14A:9-2 and that they are authorized to sign this form on behalf of the NJ Domestic Corporation on November 16, 2020.

Signature

KEVIN HANEY, PRESIDENT

**NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
CERTIFICATE OF ALTERNATE NAME**

**COLLIERS ENGINEERING & DESIGN, INC.
0100275246**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-name did on the 17th of November, 2020, file and record in this department a Certificate of Alternate Name.

1. **Business Name:** COLLIERS ENGINEERING & DESIGN, INC.
2. **New Jersey Business Entity ID:** 0100275246
3. **Alternate Name:**

Name: MASER CONSULTING

Activity To Be Conducted Using Alternate Name
ENGINEERING AND LAND SURVEYING SERVICES

Alternate Name is Valid Until: 11/17/2025

Signature and Title

KEVIN HANEY, PRESIDENT



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
17th day of November, 2020*

*Elizabeth M. Muoio
State Treasurer*

Certificate Number : 4119218826

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p style="font-size: large; font-weight: bold;">Colliers Engineering & Design, Inc.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </p> <p style="font-size: x-small;"> Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. </p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: x-small;">(Applies to accounts maintained outside the U.S.)</p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p style="font-size: large;">331 Newman Springs Road Suite 203</p>	<p>Requester's name and address (optional)</p>
	<p>6 City, state, and ZIP code</p> <p style="font-size: large;">Red Bank, NJ 07701</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

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

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

Social security number											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>											
OR											
Employer identification number											
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2	2		2	6	5	1	6	1	0		

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	<p>Signature of U.S. person ▶ <i>Michelle L Lyons</i></p>	<p>Date ▶ 1/26/21</p>
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General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/08/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC 18000 Horizon Way Mount Laurel, NJ 08054		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: somersetsclsupport@mma-ne.com		FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED *Colliers Engineering & Design Inc. Maser Consulting Inc. Colliers Engineering & Design CT, P.C. 331 Newman Springs Rd., Suite 203 Red Bank, NJ 07701		INSURER A : National Union Fire Ins Co PittsburghPA		19445	
		INSURER B : Travelers Property Casualty Co of Amer		25674	
		INSURER C : New Hampshire Insurance Company		23841	
		INSURER D : Allied World Specialty Insurance Co.		16624	
		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 SUBR INSR 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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL9925559	03/01/2020	03/01/2021	EACH OCCURRENCE: \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence): \$100,000 MED EXP (Any one person): \$25,000 PERSONAL & ADV INJURY: \$1,000,000 GENERAL AGGREGATE: \$4,000,000 PRODUCTS - COMP/OP AGG: \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		CA4773685	03/01/2020	03/01/2021	COMBINED SINGLE LIMIT (Ea accident): \$2,000,000 BODILY INJURY (Per person): \$ BODILY INJURY (Per accident): \$ PROPERTY DAMAGE (Per accident): \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0		ZUP31N1005A20NF	05/01/2020	03/01/2021	EACH OCCURRENCE: \$10,000,000 AGGREGATE: \$10,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N N/A	WC025893715	03/01/2020	03/01/2021	<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
D	Excess Umbrella		03123183	05/01/2020	03/01/2021	\$15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
***NAMED INSURED INCLUDE: Maser Consulting Connecticut PC; Maser Consulting P.A.; Colliers International Group Inc.**

Evidence of Insurance

CERTIFICATE HOLDER *Colliers Engineering & Design Inc. Maser Consulting Inc. Colliers Engineering & Design CT, P.C. 331 Newman Springs Rd., Suite 203 Red Bank, NJ 07701	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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Engineers
Planners
Surveyors
Landscape Architects
Environmental Scientists

Corporate Headquarters
331 Newman Springs Road, Suite 203
Red Bank, NJ 07701
T: 732.383.1950
F: 732.383.1984
www.maserconsulting.com

RE: Name Change
Maser Consulting Inc. -to- Colliers Engineering & Design, Inc.
FEIN: 22-2651610

As Maser Consulting (“Maser”) continues to grow and move forward with our new collaboration with The Colliers Group, we are taking the next step in this process and changing our name to “Colliers Engineering & Design, Inc.” Many of you are already aware of this news. Our new name will give us even greater exposure in our existing markets, as well as in new and emerging markets.

Since we are a professional services firm, there are a number of licensing and registration requirements to be met as part of our name change and this process has already started. But, with 35 offices across 13 states and with active projects and/or services being performed in 46 states overall, this name-change process will be ongoing for a few more months.

You should know, however, that there will be NO changes whatsoever to either parties’ rights, remedies, duties, and/or insurance coverages under Maser’s existing Agreement(s). There will also be NO change in the project management teams, project accounting, or project staff providing services under these Agreement(s), and we have retained our same FEIN for tax and accounting purposes as well. You will continue to receive from us as Colliers Engineering & Design the same superior services you have received from us as Maser Consulting.

The email communication you have received from your Maser contact, which this letter accompanies, also includes several other documents which we believe will assist you in your review and in your revision of your internal records in this matter, such as:

- (1) our name change and “doing business as” approval issued by the State of NJ, the State in which our firm is incorporated;
- (2) our updated W9 form, identifying that we have, in fact, retained the same FEIN that was assigned to us as Maser Consulting; and
- (3) our general form of Novation agreement for your review and revision, as may be needed.

As we move forward with this name change process we will be providing to you an updated Certificate of Insurance for continuing coverage as would be applicable to any and all Agreement(s) between us.



Please let us know what other information and documentation you may need to review and approve in order to assist you in revising your internal records to reflect our name change, so we can make this process as smooth as possible for you.

We look forward to continuing to work with you and your organization and further strengthening and expanding our relationship. Thank you.

Very truly yours,

MASER CONSULTING INC.

A handwritten signature in black ink, appearing to read 'K. Haney', is written over a horizontal line. Below the line, the text 'Kevin L. Haney, CEO & President' is printed in a standard sans-serif font.

Kevin L. Haney, CEO & President



MASECON-01

C.JOHNSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/22/2020

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

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PRODUCER Ames & Gough 859 Willard Street Suite 320 Quincy, MA 02169	CONTACT NAME: PHONE (A/C, No, Ext): (617) 328-6555		FAX (A/C, No): (617) 328-6888
	E-MAIL ADDRESS: boston@amesgough.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A : Berkley Insurance Company A+, XV			32603
INSURED *Colliers Engineering & Design Inc. Maser Consulting Inc. Colliers Engineering & Design CT, P.C. 331 Newman Springs Rd., Suite 203 Red Bank, NJ 07701	INSURER B :		
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Prof. Liability			AEC-9035050-03	2/25/2020	2/25/2021	Per Claim Limit	1,000,000
A				AEC-9035050-03	2/25/2020	2/25/2021	Aggregate Limit	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) All Coverages are in accordance with policy terms and conditions.
*Named Insured Include: Maser Consulting Connecticut PC; Maser Consulting P.A.; Colliers International Group Inc.

Evidence of Insurance

CERTIFICATE HOLDER

CANCELLATION

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