

TOWNSHIP OF UNION BOARD OF EDUCATION
2369 MORRIS AVENUE
UNION, NEW JERSEY 07083

**PROFESSIONAL SERVICES CONTRACT BETWEEN
THE TOWNSHIP OF UNION BOARD OF EDUCATION AND**

This document shall serve as a form of agreement (hereinafter "Agreement") between the independent contractor, TRINITY Regional Medical Center Dept of Behavioral Health (hereinafter "Contractor") and the Township of Union Board of Education (hereinafter "Board") also collectively known as the "Parties".

Nature of Engagement – Services shall be those identified in the Notice to Bidders, Bid Specifications and as assigned by the Director of Special Services (hereinafter "Board Representatives" as appropriate. The Contractor shall provide any reports and/or updates to the Board Representatives as requested.

Duration of this Agreement – This agreement shall commence on 9/1/2015 and terminate on 6/30/2016. The Board of Education may cancel this Agreement upon thirty (30) days written notice to the other.

Scheduling – Training seminars will be scheduled between the Contractor and the Board Representatives at such locations as designated by the Board Representatives.

Independent Contractor – The Contractor shall in all respects be considered an Independent Contractor as that term is defined in Federal and State Law and regulations. It is expressly understood that no employer-employee relationship exists between the parties by virtue of this Agreement.

Insurance – The Contractor shall provide to the Board proof of insurance in the following form and minimum limits:

Professional Liability	1,000,000
Workers' Compensation	500,000
General Liability	1,000,000

All insurance policies shall name the Township of Union Board of Education as additional insured and proof of said policy shall be provided on the standard ACORD form.

Indemnification – To the fullest extent permitted by law, the Contractor shall indemnify, defend and hold harmless the Board for any and all claims which may arise as a result of this engagement and the services provided hereunder.

Billing – Invoices shall be provided to the appropriate Board Representatives for approval by the Board. Payments shall be made in accordance with the attached Schedule "A".

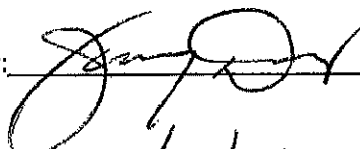
Jurisdiction/Forum – The parties agree that any disputes which may arise from the implementation of this agreement shall be referred to Binding Arbitration and not to the courts.

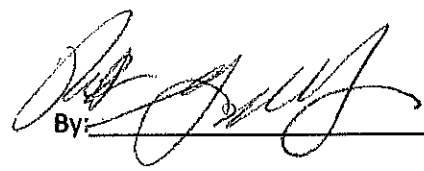
Required State Forms – The Contractor shall provide and attach hereto the following documents:

1. Affirmative action approval form (Certificate of Employee Information Report)
2. NJ Business Registration Certificate
3. W-9
4. Insurance Certificate

Requisite Authority – The undersigned representatives of the parties have the requisite authority from their respective entities to sign this Agreement and legally bind said respective Parties.

TOWNSHIP OF UNION
BOARD OF EDUCATION

By: 
Dated: 7/23/15

By:  DR. Rodger R. Goddard
Dated: 7/8/15



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/25/2015

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 MARSH USA, INC. 445 SOUTH STREET MORRISTOWN, NJ 07960-6454 100849--15-16	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
INSURED Trinitas Regional Medical Center 225 Williamson Street Elizabeth, NJ 07207	INSURER A: Princeton Insurance Company NAIC # 42226	
	INSURER B: N/A NAIC # N/A	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** NYC-008154129-04 **REVISION NUMBER:** 4

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	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: _____			CH00000031	06/09/2015	06/09/2016	EACH OCCURRENCE	\$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
A	Hospital Professional Liability			CH00000031	06/09/2015	06/09/2016	Each Medical Incident	1,000,000
							Annual Aggregate	3,000,000

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

Union Board of Education is an Additional Insured with respect to professional services in the area of student support for the 2015-2016 school year.

CERTIFICATE HOLDER

CANCELLATION

Township of Union Board of Education 2369 Morris Avenue Union, NJ 07083	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 of Marsh USA Inc. Cathy VanOrden <i>Catherine A. VanOrden</i>
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