

**REQUEST FOR QUALIFICATIONS
FOR
FUND DEFENSE ATTORNEY(s)**

**Issued by the
Camden County Municipal Joint Insurance Fund**

**Date Issued:
October 21, 2025**

**Responses Due by:
November 13, 2025 – 2 PM**

REQUEST FOR QUALIFICATIONS (RFQ) FOR FUND DEFENSE ATTORNEY

I. PURPOSE AND INTENT

Through this Request for Qualifications (RFQ), the Camden County Municipal Joint Insurance Fund (hereinafter the “Fund”) seeks to engage a Service Provider as **Defense Attorney** for the 2026 Fund Year. This contract will be awarded through a fair and open process pursuant to NJSA 19:44A-20.4 et seq. and complies with the best practices recommended by Office of the State Controller.

II. PROPOSAL SUBMISSION

Submit one (1) original paper copy, clearly marked as the “ORIGINAL”, along with one (1) copy. If needed, we will contact responders after the deadline to request an electronic copy of the response, via email. The proposal must be addressed to:

BY MAIL:

Camden County Municipal Joint Insurance Fund
c/o PERMA Risk Management Services
TRIAD 1828 Centre
PO Box 99106
Camden, NJ 08101
Contains Camden JIF RFQ Response

BY FEDEX, UPS, OR COURIER SERVICE

Camden County Municipal Joint Insurance Fund
c/o PERMA Risk Management Services
TRIAD 1828 Centre
2 Cooper Street – 18th Floor
Camden, NJ 08102
Contains Camden JIF RFQ Response

The proposal must be received by November 13, 2025 at 2:00 p.m.

Faxed or E-Mailed proposals will NOT be accepted.

Any inquiry concerning this RFQ should be directed in writing to:

Bradford Stokes, Executive Director
Camden County Municipal Joint Insurance Fund
TRIAD1828 Centre
PO Box 99106
Camden, NJ 08101
bstokes@permainc.com
856-552-6816

This Request for Qualifications is to solicit professional services. All documents and information submitted in response to this solicitation shall be available to the general public as required by the New Jersey Open Public Records Act N.J.S.A. 47:1A-1 et seq. The Fund will not be responsible for any costs associated with the oral or written and/or presentation of the proposals. The Fund reserves the right to reject any and all proposals in whole or in part and waive such informalities as may be permitted by law. The Fund further reserves the right to make such investigations as it deems necessary as to the qualifications of any and all vendors submitting proposals. The fund reserves the right to negotiate contracts for such services and seek amendments to any proposal.

III. GENERAL INFORMATION ON THE FUNCTIONS OF THE FUND

The Fund is organized pursuant to NJSA 40A: 10-36 to provide property/casualty insurance to its member local units. The Fund also provides its members with a comprehensive risk control and claims management program. The Fund is controlled by Board of Fund Commissioners that annually elects an executive committee. The Fund is regulated by the Department of Banking and Insurance and the Department of Community Affairs.

IV. MINIMUM QUALIFICATIONS

As a minimum, the applicant shall have seven years experience as Defense Attorney for a joint insurance fund of the State of New Jersey or ten years experience as a Defense Attorney for governmental entities. The applicant must demonstrate a consistent pattern of successfully controlling litigation. The applicant also must demonstrate a high degree of knowledge concerning (1) the operation of local governmental units in New Jersey, and (2) workers compensation, and Title 59 liability matters involving New Jersey governmental entities.

The responder must designate and provide background information on all attorneys who may be assigned to defend the Fund.

V. MANDATORY CONTENTS OF PROPOSAL

In its proposal, the firm must include the following:

- 1) Contact Information: Provide the name and address of the firm, the name, telephone number, fax number, and e-mail address of the individual responsible for the preparation of the proposal.
- 2) A statement accepting the fee schedule promulgated by the Fund.
- 3) An executive summary of not more than three pages identifying and substantiating why the vendor is best qualified to provide the requested services.
- 4) A staffing plan listing those persons who will be assigned to the engagement if the vendor is selected, including the designation of the person who would be the vendor's officer responsible for all services required under the engagement. This portion of the proposal should include the relevant resume information for the individuals who will be assigned.

This information should include, at a minimum, a description of the person's relevant professional experience, years and type of experience, and number of years with the vendor.

The responder must complete the Political Disclosure statement, Non-Collusion Certificate, Statement of Ownership Disclosure and Iran Investment Activities attached as Exhibits A, B, C & D.

- 5) A description of the vendor's experience in performing services of the type described in this RFQ. Specifically identify client size and specific examples of similarities with the scope of services required under this RFQ.
- 6) A description of resources of the vendor (i.e., background, location, experience, staff resources, financial resources, other resources, etc.).
- 7) The location of the office, if other than the vendor's main office, at which the vendor proposes to perform services required under this RFQ. Describe your presence in New Jersey. Specifically, the vendor must state in its proposal whether or not the vendor is registered as a small business enterprise ("SBE") with the New Jersey Commerce and Economic Growth Commission New Jersey's Set-Aside Program.
- 8) Provide references including the contact names, titles and phone numbers.
- 9) In its proposal, the vendor must identify any existing or potential conflicts of interest, and disclose any representation of parties or other relationships that might be considered a conflict of interest with regard to this engagement, or the Fund.
- 10) Contract will be in accordance with NJAC 17:44-2.2 - which requires all vendors to maintain all documentation related to the services provided for a period of five years from the date of final payment. Records to be made available to the state office of comptroller upon request.

VI. INTERVIEW & CLARIFICATION

The Fund reserves the right to interview any or all of the applicants submitting a proposal. Although interviews may take place, the proposal should be comprehensive and complete on its face. The Fund reserves the right to request clarifying information subsequent to submission of the proposal.

VII. SELECTION PROCESS AND CRITERIA

All proposals will be reviewed to determine responsiveness. Non-responsive proposals will be rejected without evaluation. For vendors that satisfy the minimum requirements, the Fund will evaluate proposals based on the following evaluation criteria, separate or combined in some manner, and not necessarily listed in order of significance:

- (a) The vendor's general approach to providing the services required under this RFQ.
- (b) The vendor's documented experience in successfully completing contracts of a similar size and scope to the engagement addressed by this RFQ
- (c) The qualifications and experience of the vendor's management, supervisory or other key personnel assigned to the engagement, with emphasis on documented experience in successfully completing work on contracts of similar size and scope to the services required by this RFQ.
- (d) The overall ability of the vendor to mobilize, undertake and successfully complete the engagement within the timeline. This criterion will include, but not be limited to, the following factors: the number and qualifications of management, supervisory and other staff proposed by the vendor to perform the services required by this RFQ; the availability and commitment to the engagement of the vendor's management, supervisory and other staff proposed; the vendor's contract management plan, including the vendor's contract organizational chart.

Exhibit A

SERVICE PROVIDER POLITICAL CONTRIBUTION DISCLOSURE CERTIFICATION

Service provider business entity: _____

Date the contract or engagement is to be authorized: _____

1) Names and home addresses of all persons (a) holding 10% or more of the issued and outstanding stock of the service provider business entity, (b) entitled to receive the benefit of 10% or more of the revenues and/or profits of the service provider business entity and (c) any other individual who will have a significant role in servicing this engagement:

Name

Address

2) List all reportable contributions made during the 12 month period preceding the date that the contract or engagement is legally authorized to any official, candidate, joint candidates committee or political party representing elected officials or candidates as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r) of any member local unit insured by the Camden County Municipal Joint Insurance Fund. (**List of members attached.**).

Local Unit	Contributor	Date	Recipient	Amount

Service Provider Affirmation

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify the above is complete and accurate. The undersigned is fully aware that if I or any of the persons listed above have misrepresented in whole or part this affirmation and certification, I and/or the service provider business entity will be liable for any penalty permitted under law.

Signed: _____ Date: _____

Title: _____

Print Name: _____

If necessary, attach additional sheets.

Camden County Municipal Joint Insurance Fund Members

Borough of Audubon
Borough of Audubon Park
Borough of Barrington
Borough of Bellmawr
Borough of Berlin
Berlin Township
Borough of Brooklawn
Camden City Parking Authority
Camden City
Cherry Hill Township
Cherry Hill Fire District
Borough of Chesilhurst
Borough of Clementon
Borough of Collingswood
Borough of Gibbsboro
Gloucester City
Gloucester Township
Haddon Township
Borough of Haddonfield
Borough of Haddon Heights
Borough of Hi-Nella
Borough of Laurel Springs
Borough of Lawnside
Borough of Lindenwold
Borough of Magnolia
Borough of Medford Lakes
Borough of Merchantville
Borough of Mount Ephraim
Borough of Oaklyn
Township of Pennsauken
Borough of Pine Hill
Borough of Runnemede
Borough of Somerdale
Borough of Tavistock
Voorhees Township
Winslow Township
Winslow Township Fire District
Borough of Woodlynne

Exhibit B

NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY

ss:

I _____ of the City of _____

in the County of _____ and the State of _____

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

I am _____

Of the firm of _____

the bidder making the Proposal for the above named project, and that I executed the said Proposal with full authority so to do; 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 **Camden County Municipal 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

(Name of Contractor) (N.J.S.A. 52:34-15)

(Also type or print name of affiant under signature)

Subscribed and sworn to before me this

Day of _____ 20__.

Notary Public of

My commission expires:

Exhibit C

STOCKHOLDER DISCLOSURE CERTIFICATION

N.J.S.A. 52:25-24.2 (P.L. 1977 c.33)

FAILURE OF THE BIDDER/RESPONDENT TO SUBMIT THE REQUIRED INFORMATION IS CAUSE FOR AUTOMATIC REJECTION

CHECK ONE:

☐ I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

☐ I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Check which business entity applies:

☐ Partnership ☐ Corporation ☐ Sole Proprietorship

☐ Limited Partnership Corporation ☐ Limited Liability Partner ☐ Limited Liability

☐ Subchapter S Corporation ☐ Other _____

Complete if the bidder/respondent is one of the 3 types of Corporations:

Date Incorporated: _____ Where incorporated: _____

Business Address:

Street Address City State Zip

Telephone # Fax# Email

Listed below are the names and addresses of all stockholders, partners or individuals who own 10% or more of its stock of any classes, or who own 10% or greater interest therein.

Name Home Address

Name Home Address

Name Home Address

CONTINUE ON ADDITIONAL SHEETS IF NECESSARY: ☐ Yes ☐ No

Signature: _____ Date: _____

Printed Name and Title: _____

Sworn and subscribed
before me this _____
day of _____ 20__

Exhibit D

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Page 1 of 2

Bid Name: _____

Bid Due Date: _____

Bidder: _____

PART 1:

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the NJ Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director of the NJ Department of Treasury finds a person or entity to be in violation of the principles which are the subject of this law, he/she shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the person or entity.

I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed above for which I am authorized to bid/renew:

☐ is not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran, AND

☐ is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above-referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the Camden County Municipal Joint Insurance Fund under penalty of perjury. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2 is required to be completed if both certification boxes in PART 1 were not certified.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaged in the investment activities in Iran outlined above by completing the section below.

PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED ADDITIONAL ROOM, ADD ADDITIONAL PAGES.

Name _____ Relationship to Bidder/Offeror _____

Description of Activities _____

Duration of Engagement _____ Anticipated Cessation Date _____

PART 3: CERTIFICATION SIGNATURE:

Certification: 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 **Camden County Municipal Joint Insurance Fund** is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the **Camden County Municipal Joint Insurance Fund** to notify the **Camden County Municipal 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, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the **Camden County Municipal Joint Insurance Fund** and that the **Camden County Municipal Joint Insurance Fund** at its option may declare any contract(s) resulting from this certification void and unenforceable. Parts 1 and 3 or Parts 2 and 3 must be completed and signed to be responsive to the specifications. Failure to complete Parts 1 and 3 or Parts 2 and 3 will render the bid non-responsive and the bid shall not be considered for an award.

Signature

Print Name

Title

Date