LEGAL NOTICE

REQUEST FOR QUALIFICATIONS FOR
DEFENSE ATTORNEY FOR THE
PROFESSIONAL MUNICIPAL MANAGEMENT JOINT INSURANCE FUND

NOTICE IS HEREBY GIVEN that pursuant to N.J.S.A. 19:44A-20.4, 20.5 et seq., the Professional Municipal Management Joint Insurance Fund shall pursue a "Fair and Open Process" in awarding a 2027-2029 contract for Defense Attorneys and hereby solicit qualifications in the form of resumes and letter applications. Documentation showing qualifications and compliance with criteria set forth by the Fund and by State Statute shall be submitted. All proposals shall be submitted in a sealed envelope to be received no later than **2:00 PM on Thursday, December 3, 2026.**

Faxed or E-Mailed proposals will NOT be accepted.

Interested parties may receive criteria from the Fund by going to the Fund's website at www.pmmjif.org or by contacting Crystal Chuck at cchuck@permainc.com or at 856-479-2115.

Bradford Stokes, Executive Director
Professional Municipal Management JIF

Professional Municipal Management Joint Insurance Fund

9 Campus Drive, Suite 216
Parsippany, NJ 07054-4412

(201) 881-7632
(201) 881-7633 fax

Pay To: _____

Address: _____

_____

Taxpayer Identification # : _____ Purchase Order #: _____

NOTE: All Bills Must Be Properly Certified Before Payment

DATE	ITEMS	TOTAL
	TOTAL OF THIS BILLING	

Claimant's Certification and Declaration

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount stated therein is justly due and owing and that the amount charged is a reasonable one. I further certify that I am an Equal Opportunity Employer and that I have complied with the Affirmative Action regulations issued by the New Jersey Department of the Treasury.

Vendor's Signature _____ Title _____ Date _____

OFFICERS CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; this certification being based on signed delivery slips or other reasonable procedures.

Signature: _____

Title: _____

APPROPRIATIONS OR ACCOUNTS CHARGED		PAYMENT AUTHORIZED
		Payment approved at a meeting on
		Date
		PAYMENT RECORD