

**Borough of Closter
Shade Tree Commission
295 Closter Dock Road, Closter, NJ 07624**

**Request for Quote
Municipal Tree Pruning**

October 26, 2018

BASE Scope of Work

The Borough of Closter is requesting quotes for the trimming and pruning of shade trees within the geographical area known as *Closter Voting District Six*. **The boundaries are: west side bounded by Piermont Road, south side bounded by Maple Avenue and Pine Hill Road, north side bounded by Alpine Drive and east side bounded by west side of Anderson Avenue. Piermont Road and the east side of Anderson Avenue (Alpine, NJ) are not included in this scope of work.**

For the purpose of this quote, a shade tree is defined as any portion of a street tree trunk **within fifteen feet (15') of the curb line**. A map of the *Borough's Voting District Six* and the *Closter Business District* is enclosed.

BASIS OF AWARD

One overall contract will be awarded to the lowest responsible quote for all work.

I. SPECIFICATIONS – District Six Pruning

A. Contractor must provide the STC supervisor with the work schedule prior to work being performed. Contractor must text the locations of work to the STC supervisor on a daily basis (morning) and contact the supervisor immediately with questions or concerns in a specific location.

1. Compliance with A.N.S.I. Pruning Standards
2. Crown Raising: Trimming lower branches that block sidewalks or the ability of all vehicles and trucks to approach the curb line
3. Crown cleaning using Class III Pruning (Hazard Pruning) Standards
4. Young tree, defined as tree under 6" caliper, prune to develop a strong scaffold branch structure and central leader when appropriate
5. Cutting of branches that block street lighting and/or signage
6. Removal of all debris and cleanup
7. **Completion of all work on or before February 1, 2019.**

The Borough reserves the right to reject and go out for quotes again based upon budget as well modify the scope of work as needed. The Borough reserves the right to edit, change, add or remove trees and stumps as needed.

In addition to the proposal, a New Jersey Business Registration Certificate, W-9, a Certificate of Insurance specifying the Borough of Closter as *Additional Insured*, and a signed, original Hold Harmless Agreement (samples are enclosed) must be provided if not currently on file with the Borough of Closter.

Written quotes for the scope of work described above must be submitted in a sealed envelope, labeled "STC Municipal Tree Pruning" and received by 11:00 a.m., Thursday, November 8, 2018.

Quotes shall be submitted to the Shade Tree Commission, Attn: Leslie Weatherly, Borough of Closter, 295 Closter Dock Road, Closter, New Jersey 07624. We appreciate your interest in our community and look forward to receiving your quote.

Sincerely,
Leslie Weatherly
Shade Tree Commission
Cc: Shade Tree Commission
Enclosures: Closter Map of District One
Insurance & Hold Harmless Agreement Samples

MUNICIPAL TREE PRUNING

_____ Price

Item I: Closter Voting District Six \$ _____

TOTAL

\$ _____
Total Quote in numbers

\$ _____
Total Quote in words

Item I. specifications are listed on page one of this Request for Quote. Contractor must provide the STC supervisor with the work schedule prior to work being performed. Contractor must text the locations of work to the STC supervisor on a daily basis and contact supervisor immediately with questions regarding a specific location. Compliance with A.N.S.I. pruning standards; **Completion of all work on or before February 1, 2019.**

SIGNATURE: _____

Print Name: _____

NAME OF
FIRM: _____ TELEPHONE: _____

EMAIL: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2018

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 Trinity Brokerage, Inc. 1001 Avenue Of The Americas - Ste 1000 New York, New York 10018212-490-4585	CONTACT NAME: PHONE (A/C, No, Ext): 212-490-4585 FAX (A/C, No): 800-863-9558A E-MAIL: ADDRESS:
INSURED ABC Company Inc. 123 Main St Anywhere, NJ	INSURER(S) AFFORDING COVERAGE INSURER A: ABC Insurance Company INSURER B: DEF Insurance Company INSURER C: INSURER D: SAMPLE 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 INSD 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 GENTL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	P123456	01/01/2018	01/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	P7891011	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE		SAMPLE			EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY EMPLOYEE OR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC123456	01/01/2018	01/01/2019	PER STATUTE / OTHER E L EACH ACCIDENT \$ 100,000 E L DISEASE - EA EMPLOYEE \$ 500,000 E L DISEASE - POLICY LIMIT \$ 100,000

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

The borough of Closter is named as additional insured.

SAMPLE

CERTIFICATE HOLDER

CANCELLATION

Borough Of Closter 295 Closter Dock Road Closter, NJ 07624	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 SAMPLE
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CONTRACTOR
HOLD HARMLESS AGREEMENT

Between the Borough of Closter

And

_____ agrees that it will defend, indemnify
And save Harmless the Borough of Closter, Closter, New Jersey, its Officers,
Agents and Employees from any and all liability, suits, actions, and demands and
all Damages, costs or fees on account of injuries to persons or property, including
accidental Death, arising out of or in connection with the work, or by reason of the
operations under this Agreement.

Signed this _____ day of _____, 20____ as the Binding Act in Deed.

Company or Business Name


Authorized Signature/Title

Print Name of Signature listed above

Witness


9/2/15

must be on file

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE		DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON, N J 08646-0252
TAXPAYER NAME:	TRADE NAME:	
TAXPAYER IDENTIFICATION#:	SEQUENCE NUMBER:	
ADDRESS:	ISSUANCE DATE:	
EFFECTIVE DATE:		
FORM-BRC(08-01)	This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.	

THESE ARE SAMPLES OF THE ONLY ACCEPTABLE BUSINESS REGISTRATION CERTIFICATES.

ONE OF THESE DOCUMENTS MUST BE PROVIDED WITH THE BID OR PRIOR TO AWARD OF THE CONTRACT, REGARDLESS OF THE FACT THAT A COPY MAY ALREADY BE ON FILE WITH THE COUNTY OF OCEAN. THE CERTIFICATE MUST BE DATED PRIOR TO THE RECEIPT OF BIDS.

 STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE	
Taxpayer Name:	TAX REG TEST ACCOUNT
Trade Name:	
Address:	847 ROEBLING AVE TRENTON, NJ 08611
Certificate Number:	1098907
Date of Issuance:	October 14, 2004
For Office Use Only:	
20041014112823533	

must be on file

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.