

Borough of Closter

295 Closter Dock Road, Closter NJ 07624

201-784-0600 x 304

Shade Tree Commission/Parks & Recreation Departments

REQUEST for QUOTE

July 10, 2019

Enclosed please find a list of items inclusive of tree and stump removal/grinding and tree trimming/pruning for street trees located within the Borough of Closter. This list also contains street trees as well as trees affected by the Emerald Ash Borer which are located in park areas.

To facilitate the accuracy of identifying the items on this quote list, the Closter Shade Tree Commission trees requiring removal are marked with a white X. Trees requiring trimming/pruning are marked with green paint on curb. The attached quote form requires the price-per-item and has three sections – Tree & Stump Removal, Tree Removal Only and Safety Pruning.

Specifications for Stump Removal:

Minimum 12” deep; area to be left flat; NO spreading of grindings on site

Specifications for Tree Removal:

Tree and stump are to be removed. Stumps specs are listed above.

Specifications for Safety Pruning:

Class III pruning shall consist of removal of dead, dying, diseased, decayed and weak branches 2” in diameter or greater.

All wood and debris to be removed by contractor*

Itemized prices for each stump/tree removal/pruning listed on the 2019-1 List must be submitted.

Vendor is responsible for scheduling and obtaining utility mark-outs.

All work must be completed on or before Sunday, September 15th.

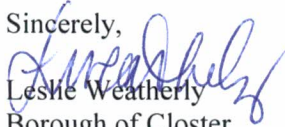
Written quotes must be received by the Borough prior to 11:00 a.m. on Thursday, July 25th in a sealed envelope clearly marked “Tree Service”;
Fax and E-mail will not be accepted

Borough of Closter c/o Leslie Weatherly
295 Closter Dock Road
Closter, New Jersey 07624

A NJ Business Registration Certificate, Signed W-9, current *Certificate of Insurance*, listing the “Borough of Closter as Additional Insured” and Hold Harmless Agreement (*if one is not currently on file with the Borough*) must be provided pending the award of the job. Samples are attached.

The Borough reserves the right to edit, change, add or remove trees and stumps as needed.

Sincerely,


Leslie Weatherly
Borough of Closter

Cc: Shade Tree Commission
Edward Hynes, Administrator/Treasurer

Closter - Shade Tree Commission

TREE, STUMP REMOVAL and PRUNING 2019-1

STUMPS:		
<u>Address</u>	<u>Tree / STUMP</u>	<u>PRICE</u>
Lindbergh Ave (tree is 125' east of McKinley St.)	1 TREE/ LEAVE STUMP Elm 18"	
4 Hawthorne Terrace	1 TREE/REMOVE STUMP (WIRES) Sugar Maple 27"	
100 Chestnut Ave	1 TREE/REMOVE STUMP (WIRES) Red Maple 18"	
95 Pine Street	1 TREE/REMOVE STUMP Sugar 14"	
31 McCain Court	1 TREE/REMOVE STUMP Sweet Gum 33"	
15 Demarest Ave (Union St side)	1 TREE/REMOVE STUMP (WIRES)	
Lindberg Ave (near Piermont Rd)	2 ASH TREES/REMOVE STUMPS 11" DBH n'side Lindberg; 150-200 ft west of Piermont Rd	
19/33 MATTOCKS PLACE	1 TREE/REMOVE STUMP Sugar Maple 35"	
192 Hickory Lane	2 TREES/REMOVE STUMPS Silver Maple 33"	
11 Patton Lane	1 TREE/REMOVE STUMP Hornbeam 6"	
51 First Street	1 TREE/REMOVE STUMP Sugar Maple 22"	
121 Pine Street	1 TREE/REMOVE STUMP Pin Oak 7"	
275 Piermont Rd	1 TREE/REMOVE STUMP (WIRES)	
136 Pine St. (behind house)	1 TREE by brook / LEAVE STUMP	
SUBTOTAL \$ STUMPS		\$ _____
XX		
XX		
SAFETY PRUNE:		
352 Durie Ave (on Everett St)	safety prune dead branches White Oak	
SUBTOTAL \$ PRUNE		\$ _____
TOTAL PRICE PAGE ONE WITHOUT ASH TREES		\$ _____

CLOSTER Emerald Ash Borer Street Trees – Take Down List 2019 – 1

Date Added	Location	Size	Distance to Curb	Infestation level	Wire Present	Remove Stump	PRICE
2/18/19	221 Schraalenburgh Rd (Union St. Side)	21"	9.5'	Throughout	Yes	Yes	
2/18/19	34 Cedar Lane	13"	6'	Entire	No	Yes	
2/18/19	22 Cedar Lane	13"	6'	Upper	No	Yes	
2/7/19	79 Demarest Ave (Center St Side)	24"	8'	Entire	No	Yes	
2/7/19	81 Poplar St (Demarest Ave Side)	34"	9 ½'	Entire	No	Yes	
2/7/19	19 Whitney St	45"	3'	Entire	No	Yes	
2/7/19	247 Demarest Ave	24"	9'	Entire	No	Yes	
2/7/19	61 Closter Dock Rd	14"		Entire	No	Yes	
		12"		Entire	No	Yes	
		15"		Entire	No	Yes	
2/18/19	52 Closter Dock Rd	12"	6'	Not Visible	No	Yes	
2/7/19	Across from 17 West St	24"		Entire	No	Yes	
		Twin 15" + 15"		Entire	No	Yes	
2/7/19	Across from 45 West St	Twin-Stalk 18"		Heavy Entire	No	Yes	
2/7/19	Across 59 West St	13"		Heavy	No	Yes	
2/7/19	Across 93 West St	21"		Heavy	No	Yes	
2/7/19	Across 101 West St	26"		Heavy	No	Yes	
2/7/19	Across 131 West St	15"		Heavy	No	Yes	
		10"		Entire	No	Yes	
2/18/19	Across from town Lot West St	19"		Entire	No	Yes	
2/7/19	West St across from Wellington St	18"		Entire	No	Yes	
2/7/19	63 John St	21"	8'	Entire not Heavy	No	Yes	
2/18/19	10 Railroad Ave	17"	9'		No	Yes	
		12"	10'		No	Yes	
2/18/19	30 Walnut St	12"	2'		No	Yes	
		10"	2'		No	Yes	
2/18/19	85 High St	21"	9'	Throughout	No	Yes	
2/7/19	Hagen Park Durie & Tenakill St	11"			No	Yes	
2/7/19	Across from 22 Tenakill St	18"			No	Yes	
2/7/19	Across from 36 Tenakill St	10"			No	Yes	
2/7/19	Across from 457 Durie	34"	7'	Throughout	Yes	Yes	
2/7/19	779 Closter Dock Rd (Anderson Ave side)	Lgr one is 10'			Yes	Yes	

TOTAL NUMBER OF ASH TREES: _____

TOTAL PRICE ASH TREES: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/012019

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 New York, New York 10018 (SAMPLE)	CONTACT NAME: R Keating PHONE (A/C, No, Ext): 212-490-4585 E-MAIL ADDRESS: rich@trinity-brokerage.com	FAX (A/C, No): 800-863-9558	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED ABC Corp. 140 First Avenue Yonkers, NY 10704 (SAMPLE)	INSURER A: Maxum Indemnity Company		26743
	INSURER B: Endurance American Specialty		436130
	INSURER C: Endurance American Specialty		436130
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 363

REVISION NUMBER: 1

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	BDG-3015529-03	09/09/2018	09/09/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$	
B	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	Y	Y	BJE983265287	09/09/2018	09/09/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 100,000 \$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	Y	ELD10006576635	09/12/2018	09/12/2019	<input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$	
D	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				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

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

The Borough of Closter NJ is named as additional insured per written contract. Coverage is primary and not contributory with any other insurance carried by the additional insured. Completed Operations and Blanket Additional Insured Endorsements to apply.

(SAMPLE)

CERTIFICATE HOLDER**CANCELLATION**

Borough of Closter New Jersey
 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
 John Q Agent

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

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:	 Acting Director	
FORM-BRC(08-01)	<small>This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.</small>	

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:	1093907
Date of Issuance:	October 14, 2004
For Office Use Only:	
	20041014112823533

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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ 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.	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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
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 ▶
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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.