

Borough of Closter

295 Closter Dock Road, Closter NJ 07624

201-784-0600 x 304

Shade Tree Commission/Parks & Recreation Departments

REQUEST for QUOTE

DATED: 10/25/2021

Attached 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 affected by the Emerald Ash Borer.

To facilitate the accuracy of identifying the items on this quote list, the Closter Shade Tree Commission trees requested for 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, Safety Pruning and Tree Removal Only.

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.

All wood and debris to be removed by contractor

Specifications for Safety Pruning:

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

Itemized prices for each stump/tree removal/pruning listed on the 2021-2 List must be submitted.

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

All work must be completed on or before January 10, 2022.

Written quotes must be emailed to LWeatherly@closternj.us before November 15th 2021.

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

Borough of Closter - Shade Tree Commission

TREE, STUMP REMOVAL and PRUNING LIST FOR 2021-2

Co. Name/Principal	_____	_____
Address:	_____	_____
	_____	_____
Cell Phone:	_____	_____
Business Phone:	_____	_____

<i>Tree and/or Stump Removal</i>				
<u>Address</u>	<u>Tree & Stump</u>	<u>Tree Only</u>	<u>SIZE</u>	<u>PRICE</u>
57 Eckerson Ave: TREES ON COLUMBUS ROAD	2 trees & stumps			
2 Fairview Ave.	3 trees & stumps Norway 23" DBH, Red 32" DBH, Red 17" DBH			
315 Closter Dock Rd	1 tree & stump			
49 Morrison Street	1 tree & stump 24" Norway			
15 Haring St (located north of 25 Haring)	1 tree & stump 24" Red Maple			
280 Ruckman Rd	1 tree & stump Zelkova 10" DBH			
22 Storig St. (located on Harvey St).	3 trees & stumps 25" DBH, 31" DBH, 29" DBH Red Maples			
366 Closter Dock Rd (located on Westervelt)	1 tree & stump			
58 Fairview Ave	1 dead tree #4 next to dway & stump			
200 High St (located on Division St)	2 trees (#3 & #4) & stumps; located on Division St.			
Across from 63 Old Closter Dock Rd and Near 61 Closter Dock Rd	located near bridge; 3 trees only; no stumps; Ash Trees			
GRAND TOTAL				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/2020

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 ABC INSURANCE COMPANY. ABC ADDRESS (SAMPLE) ABC CITY, STATE, ZIP CODE	CONTACT NAME: ABC PERSON PHONE (A/C, No, Ext): XXX-XXX-XXXX E-MAIL ADDRESS: ABCCOMPANY@.....com	FAX (A/C, No): XXX-XXX-XXXX
	INSURER(S) AFFORDING COVERAGE	
INSURED ABC Corp. ABC Avenue (SAMPLE) Abc City, State, Zip Code	INSURER A: Maxum Indemnity Company	NAIC # 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	01/01/2021	12/31/2021	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						
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	01/01/2021	12/31/2021	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"/> EXCESS LIAB <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR DED RETENTION \$	Y	Y	ELD10006576635	01/01/2021	12/31/2021	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
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CONTRACTOR
HOLD HARMLESS AGREEMENT

Between the Borough of Closter and

Applicant Name: _____ **Date:** _____

Company Name: _____

Address: _____

Telephone Number: _____ **Fax Number:** _____

Type of work to be performed: _____

Address at which the work is to be performed: _____

On the following date(s): _____

To the fullest extent permitted by law,

_____ 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.

The Contractor shall maintain during the term of this agreement, the following insurance coverage with limits not less than the amounts indicated. All insurance policies (except Workers Compensation) shall designate the Borough of Closter, its officers, officials, agents, employees, consultants as additional insureds on a primary and non-contributory basis. Except as modified by the Borough of Closter in writing, the insurance requirements herein shall also apply to Subcontractors and to Sub-subcontractors. The Contractor is responsible for making sure that sub-contractors of all tiers provide Certificates of Insurance evidencing the following insurance coverage prior to commencing their work. Contractor agrees to furnish copies of all Certificates of Insurance outlined herein to the Borough prior to the commencement of any work.

Commercial General Liability insurance coverage, written on an occurrence basis, and must not be altered by any endorsements limiting coverage. Limits of liability shall not be less than the following:

- Each Occurrence: \$1,000,000
- General Aggregate: \$2,000,000
- Products – Comp/Op Aggregate: \$2,000,000

Worker's Compensation as required by statute and Employers Liability with limits of \$500,000 each accident/ \$500,000 Disease Policy Limit/\$500,000 Each Employee.

This Agreement shall remain in full force and effect for any continued additional or proposed date(s) for the work indicated.

The Borough reserves the right to cancel or interrupt the work if representations set forth herein are not adhered to or if the Municipality determines that a situation might lead to personal injury, property damage or violation of the law exists.

In case of any damage or destruction to Borough premises caused by any error, omission, negligent or intentional act of the Contractor, its agents, servants, employees, and/or subcontractors, the Contractor shall repair or replace the damage at its own cost and expense as expeditiously as possible.

The Borough may defend itself at Contractor's expense from any and all claims or lawsuits which may arise out of and/or relating to Contractor's work performed.

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 (Witness to Contractor Signature)

08 21 ER:LW

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"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <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) _____ <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 <i>How to get a TIN</i> 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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> <tr> <td colspan="4"></td><td style="text-align: center;">-</td><td colspan="2"></td><td style="text-align: center;">-</td><td colspan="4"></td> </tr> </table> <p style="text-align: center;">or</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> <tr> <td colspan="4"></td><td style="text-align: center;">-</td><td colspan="6"></td> </tr> </table>	Social security number																								-			-					Employer identification number																								-						
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Part II Certification	
Under penalties of perjury, I certify that:	
1. 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	
2. 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	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.

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