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: 10/11/22

Attached please find a list of items inclusive of tree and stump removal/grinding for street trees located within the Borough of Closter. This list also includes street tree(s) 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. The attached quote form requires the price-peritem and has two sections – Tree & Stump Removal 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

Itemized prices for each stump/tree removal/pruning listed on the 2022-2 List must be submitted.

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

All work must be completed on or before November 30, 2022.

Written quotes must be emailed to LWeatherly@closternj.us before October 26, 2022.

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

A N.J. 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
James Winters, Administrator/Treasurer

Closter Shade Tree	Removal List 2022-2			
Commission	(Oct 2022)			PRICE/ TREE
247 Demarest Avenue	front	ASH Tree	26"DHB REMOVE	
247 Demarest Avenue	ii oite	Sycamore	20 BIIB KENIOVE	
49 Cedar Court	front	Tree	Inspect wants removed	
346 High St	side; LEGION PLACE	PEAR	REMOVE (Damaged)	
On McKinley St near 185			Remove	
Homans	on McKinley	20" ELM	tree/stump	
		6" Okame	Remove	
277 West Street	front	Cherry	tree/stump	
4 Walnut Street	front on end of roadway		Remove 2 trees	
161 Columbus Ave	21" DII. Cham.	DII. Charra	D T - 1 - 1 D	
101 Columbus Ave	21" Blk Cherry	Blk Cherry Sugar	Per Todd B Remove	
65 First Street	24"sugar mpl	Maple	tree/stump	
03 That atreet	24 Sugai IIIpi	Sugar	Remove	
50 First Street	29"sugar mpl	Maple	tree/stump	
3011130301000	25 Sugai IIIpi	iviapic	Remove	
39 Brodil Ct.	24" DBH Pin Oak	Pin Oak	tree/stump	
273 Cedar Lane	7" DBH Ash	Ash	Remove tree	
within 100' of Piermont Rd				
ON HOMANS AVENUE	4" Lilac	Lilac	Remove 2 trees	
	к	Crimson	Remove	
293 Homans Ave	11" Crimson King Maple	King Maple	tree/stump	
		Crimson	Remove	
303 Homans Avenue	11"Crimson King Maple	King Maple	tree/stump	
		Crimson	Remove	
303 Homans Avenue	14" Crimson King Maple	King Maple	tree/stump	
ROW between 323 and 353		Crimson		
Homans Ave	11" Crimson King Maple	King Maple	Remove tree/stump	
		Sugar	Remove	
100 Herbert Avenue	5"DBH Sugar Maple	Maple	tree/stump	
	1	Norway	Remove	
70 Herbert Avenue	21" DBH Norway Maple	Maple	tree/stump	
70 Herbert Avenue	31" DBH Stump		Remove stump	
	24" DBH Norway	Norway	Remove	
84 Herbert Avenue	Maple	Maple	tree/stump	
02.14/	45" DDU 5		Remove	
92 Wainwright Avenue	15" DBH Elm	Elm	tree/stump	

	Total : \$	
COMPANY NAME:	Contact Phone:	
COMPANY REPRESENTATIVE:		



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).

C	ertifi	cate holder in	lieu	of such endor	seme	ent(s)							
PRODUCER CONTACT ABC PERSON													
ABC INSURANCE COMPANY.						PHONE (A/C, N	o. Ext): XXX-XX	x-xxxx	FAX (A/C, No):	XXX-XX	cx-xxxx		
(CAMPLE)					E-MAIL ADDRE	10000	MPANY@	com					
AB	C CI	TY, STATE, ZIF	P CC	DDE				/ LD D I I LD		URER(S) AFFOR	DING COVERAGE		NAIC#
		,						INSURER A: Maxum Indemnity Company					26743
INSL	RED								RB: Endurar				436130
	ILL	ABC Cor	m						RC: Endurar				436130
		ABC Col				,	(SAMPLE)			ice American	Specialty		430130
						(OAMIT LL)	INSURE					
		ADC City	, Sta	ite, Zip Code				INSURER E :					
								INSURE	RF:				
_		AGES	T114				E NUMBER: 363 RANCE LISTED BELOW HAY	/F DEE	N IOOUED TO		REVISION NUMBER: 1	IE DOI	101/ 050100
IN C	DICA ERTI	ATED. NOTWIT	HST E IS	ANDING ANY RE	PERT	AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE	OR OTHER I	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR LTR		TYPE OF I	NSUF	RANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	X	COMMERCIAL GE	NER	AL LIABILITY					, , , , , ,	,,,,,,	EACH OCCURRENCE	s 1,00	00,000
		CLAIMS-MAD	DE	OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)		,000
											MED EXP (Any one person)	\$ 5,00	
Α					Υ	Υ	BDG-3015529-03		01/01/2022	12/31/2022	PERSONAL & ADV INJURY		00,000
	GEN	L AGGREGATE LI	MIT A	PPLIES PER:							GENERAL AGGREGATE	-	00,000
	X	POLICY PR	RO-	LOC							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
		OTHER:	.01								THOUSE COMMISSION	\$	
	AUT	OMOBILE LIABILIT	Υ								COMBINED SINGLE LIMIT	\$ 3,00	00.000
		ANY AUTO									(Ea accident) BODILY INJURY (Per person)	\$ 500	10/18/2000
В		ALL OWNED SCHEDULED			Y	Υ	BJE983265287		01/01/2022	12/31/2022	BODILY INJURY (Per accident)	\$ 1.00	
		AUTOS AUTOS NON-OWNED AUTOS				AND			PROPERTY DAMAGE	\$ 100,000			
		HIRED AUTOS AUTOS									(Per accident)	\$,000
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	s 5,00	00,000
С	X	EXCESS LIAB	•	CLAIMS-MADE	Y	Υ	ELD10006576635		01/01/2022	12/31/2022	AGGREGATE	•	00,000
		DED RETE	ENTIC								AGGREGATE	\$ 5,50	50,000
		KERS COMPENSA	TION								PER STATUTE OTH-	Ψ	
		EMPLOYERS' LIAE PROPRIETOR/PART		EXECUTIVE TIN							E.L. EACH ACCIDENT	s	
D	OFFI	CER/MEMBER EXCI	LUDE	D? N	N/A						E.L. DISEASE - EA EMPLOYEE		
	If yes	s, describe under CRIPTION OF OPER	DATIC	ONE bolow							E.L. DISEASE - POLICY LIMIT	s	
	DES	CRIPTION OF OPE	KATIC	DIA2 pelow							E.L. DISEASE - POLICY LIMIT	D.	
DES	CRIPT	ION OF OPERATIO	NS/L	OCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	e, may b	e attached if more	space is require	ed)		
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													
	STATE DE LITTE DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION												
		_		loster New Jerse	еу			THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL E Y PROVISIONS.		
Closter, NJ 07624				AUTHORIZED REPRESENTATIVE									
Cioster, NJ 07024					John Q Agent								

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 per	rformed:
On the following date(s):	
To the fullest extent permitted by law,	
	agrees that it will defend, indemnify And save
from any and all liability, suits, actions, and dea	w Jersey, its Officers, Agents and Employees mands and all Damages, costs or fees on account cidental Death, arising out of or in connection with 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: \$1,000,000General 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 thisday 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 Sign	nature)

08 21 ER:LW

Form (Rev. December 2014) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

lille	arrial nevertue Service						
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line be	blank.					
(2 Business name/disregarded entity name, if different from above						
be	3 Check appropriate box for federal tax classification; check only one of the following seven boxes Individual/sole proprietor or	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)					
single-member LLC 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. Other (see instructions) Check the appropriate box in the line above for code (if any (Applies to accorporation))					from FATCA	repor	ting
Pri	☐ Other (see instructions) ►			(Applies to accou	unts maintained	outside th	he U.S.)
	5 Address (number, street, and apt. or suite no.)	Reques	ster's name a	and address (optional)		
	6 City, state, and ZIP code						
	7 List account number(s) here (optional)						
P	Part I Taxpayer Identification Number (TIN)						
	ter your TIN in the appropriate box. The TIN provided must match the name given on line 1		Social se	curity numbe	r		
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</i>							
	on page 3.	to get a	or				
				Employer identification number			
guidelines on whose number to enter.				-			
P	art II Certification						
	der penalties of perjury, I certify that:						
	The number shown on this form is my correct taxpayer identification number (or I am waitin	ng for a numb	er to be is	sued to me	; and		
5	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	I am a U.S. citizen or other U.S. person (defined below); and						
4. T	The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA rep	porting is cor	rect.				
bec inte gen	rtification instructions. You must cross out item 2 above if you have been notified by the I cause you have failed to report all interest and dividends on your tax return. For real estate the erest paid, acquisition or abandonment of secured property, cancellation of debt, contributionerally, payments other than interest and dividends, you are not required to sign the certificat tructions on page 3.	transactions, ions to an inc	item 2 doe	es not apply rement arra	r. For mortingement (I	tgage IRA), a	and

General Instructions

Signature of

U.S. person ▶

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

Sign

Here

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:

Date ▶

- 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 TRENTON, N J 08646-0252 TAXPAYER NAME: TRADE NAME: TAXPAYER IDENTIFICATION#: SEQUENCE NUMBER: ADDRESS: ISSUANCE DATE: PS Tub **EFFECTIVE DATE:**

THESE ARE SAMPLES OF THE **ONLY** ACCEPTABLE BUSINESS REGISTRATION CERTIFICATES.

Acting
This Certificate is NOT assignable or transferable

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.



FORM-BRC(08-01)

STATE OF NEW IERSEV

it must be conspicuously displayed at above address

BUSINE	SS 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	