

**Borough of Closter**  
**SHADE TREE COMMISSION**  
295 Closter Dock Road, Closter, New Jersey 07624

**2022 TREE PLANTING QUOTE**

August 17, 2022

**The Closter Shade Tree Commission is requesting quotes for the 2022 Tree Planting.**

- a. Planting must be completed between October 20<sup>th</sup> – December 15, 2022. Contractor is responsible for securing utility mark-outs prior to planting.
- b. Trees are to be either one & one-half to two inch (1 ½-2”) or two to two & one-half inch (2-2 ½”) caliper; single stem, balled and burlaped as specified below. NOTE: Tree size will vary amongst different species.
- d. Trees must be sourced and grown within 300 miles of Closter, NJ
- e. Trees are to be planted in accordance with A.N.S.I specs and NJ Forestry standards
- f. Trees are to be handled with care; unloaded not dropped
- g. Wire Basket and/or Burlap must be cut and removed at time of planting.
- h. Root flare must be 1” above surrounding grade.
- i. Adventitious roots above root flare to be removed at time of planting
- j. Trees must be watered at time of planting
- k. All trees will be planted and finished with a **minimum** three inch (3”) **layer of hard wood or bark mulch**; *no mulch “volcanoes” around tree base, only “donuts”*
- l. Deer guards must be provided and placed on each tree (A.M. Leonard BG48 Rigid Mesh 48”); white paper tree wrap to be installed on Maples in addition to deer guards
- m. Trees are to be staked only when necessary
  - l. ***Substitutions will not be accepted without prior, written approval*** of the Shade Tree Commission
- n. Trees are to be guaranteed for a period of one year from the date of job completion

**Warranty Period & Replacement:** Warranty period for all plant material shall be for one year. Warranty period begins at the date of final acceptance of the project by the Borough. Replace, without cost to Borough, and as soon as weather conditions permit in spring and fall of one year period, all dead trees and all trees not in vigorous, thriving condition as determined by the Borough during and at the end of the warranty period. Trees shall be free of dead or dying branches and branch tips, and shall bear foliage of a normal density, size and color. Replacement shall closely match the same species and shall be subject to all requirements of this specification.

**The Closter Shade Tree Commission will mark the planting sites *prior* to planting. The Contractor will be provided a list identifying the planting locations.**

**Written quotes must be received by 3:00pm on Friday, September 16, 2022 in an envelope clearly marked “STC Tree Planting”** - Shade Tree Commission, c/o Leslie Weatherly, Borough of Closter, 295 Closter Dock Road, Closter, New Jersey 07624. **Or Email: [lweatherly@closternj.us](mailto:lweatherly@closternj.us)**

A NJ Business Registration Certificate, Signed W-9, current Certificate of Insurance, listing the “Borough of Closter as additional insured” and signed Hold Harmless Agreement must be provided prior to the award of the job. Sample documents are attached as well as the Hold Harmless Agreement. ***The Borough reserves the right to edit, change, add or remove trees as needed.***

Sincerely,  
Leslie Weatherly  
Borough of Closter

cc: Shade Tree Commission  
Erik Lenander, QPA  
James Winters, Borough Administrator  
Attachments

**Shade Tree Commision –2022 Trees & Planting**

**TREES & PLANTING 2022 Project (total 18 Trees)**

	Quantity	Price Each
<b><i>STC Street Trees:</i></b>		
Quercus bicolor “Sunbreaker” – White Oak 2.0”-2.5” caliper	3	\$ _____
Nyssa “Afterburner” or Red Splyndor” – Tupelo 2.0”-2.5” caliper	3	\$ _____
Celtis occidentalis -“Prarie Pride”or “Chicagoland” 2.0”-2.5” caliper	3	\$ _____
Zelkova “City Sprite” 2”-2.5” caliper	3	\$ _____
Parrotia persica “Ironwood” 2”-2.5” caliper	3	\$ _____
Amalancier laevis “Spring Flurry” singlestem Shadblow 1.5”-2” caliper	3	\$ _____

**TOTAL** **18**

**Total Price 18 Trees & Planting:** \$ \_\_\_\_\_  
Quote in numbers

\$ \_\_\_\_\_  
Quote in words

***Contractor is responsible for utility markouts prior to planting to insure all utilities are marked accordingly.***

**Planting must be complete by December 15, 2022**

**SIGNATURE:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**NAME OF FIRM:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**:lw 8/16/22**





# 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 FAX (A/C, No): XXX-XXX-XXXX E-MAIL ADDRESS: ABCCOMPANY@.....com	
INSURED ABC Corp. ABC Avenue (SAMPLE) Abc City, State, Zip Code	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	BDG-3015529-03	01/01/2022	12/31/2022	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	<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	BJE983265287	01/01/2022	12/31/2022	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 DED RETENTION \$	Y	Y	ELD10006576635	01/01/2022	12/31/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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

**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 <b>one</b> 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) ▶ _____ <b>Note.</b> 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.

<b>Social security number</b>												
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<b>OR</b>												
<b>Employer identification number</b>												
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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.

<b>Sign Here</b>	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](http://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)

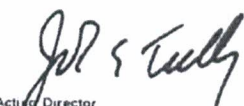
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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:	 <small>John S. Tully</small> <small>Acting Director</small>	
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.

 <b>STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE</b>	
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	