



SHADE TREE COMMISSION

295 Closter Dock Road, Closter, NJ 07624

Request for Quote: Municipal Tree Planting

Quotes must be received by **September 22, 2023**
Work is expected to be completed between **October 16 and December 15, 2023**

Specifications

1. Contractor is responsible for securing utility mark-outs prior to planting.
2. Trees are to be two to two & one-half inch (2 – 2 ½") caliper; single stem, balled and burlapped as specified below. NOTE: Tree size may vary amongst different species.
3. Trees must be sourced and grown within 300 miles of Closter, NJ.
4. Trees are to be planted in accordance with A.N.S.I. specs and NJ Forestry standards.
5. Trees are to be handled with care; unloaded not dropped.
6. Wire basket and/or burlap must be cut and removed at time of planting.
7. Root flare must be 1" above surrounding grade.
8. Adventitious roots above root flare, any girdling and "J" roots to be removed at time of planting.
9. Trees must be watered at time of planting with 10-20 gallons of water.
10. 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."
11. Deer guards must be provided and placed on each tree (A.M. Leonard BG48 Rigid Mesh 48") and secured at 3 points using 3-ply organic **biodegradable** twine or rope; white paper tree wrap to be installed on Maples in addition to deer guards.
12. Trees are to be staked **only** when necessary.
13. **Substitutions will not be accepted** without prior, written approval of the Shade Tree Commission.

Warranty Period & Replacement

The contractor shall guarantee all materials and labor performed under this contract for a period of one year from the date of final acceptance.

- Any dead trees and any trees not in vigorous, thriving condition as determined by the Borough during or at the end of the warranty period shall be replaced without cost to the

Borough. A tree shall be considered dead when the main leader has died or 25% of the crown is dead and/or when foliage is not of a normal density, size and color.

- Should a tree be determined dead, its replacement should occur within the one-year period, but not later than the next planting season following the one-year period.
- Replacement shall closely match the same species and shall be subject to all aforementioned specifications.
- The warranty of all replacement trees shall extend for an additional period of one year from the date of their acceptance after replacement. In the event that a replacement tree is not acceptable during or at the end of the said extended guarantee period, the Borough may elect subsequent replacement or credit for each item.

Additional Information

- The Closter Shade Tree Commission will mark the planting sites and provide the contractor with a list of planting sites.
- A NJ Business Registration Certificate, Signed W-9, current Certificate of Insurance, listing the "Borough of Closter as additional insured" and a 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.*

Written quotes must be submitted in a sealed envelope, labeled "STC Municipal Tree Planting" and received by 3:00 p.m. on Friday, September 22, 2023.

Quotes shall be submitted, in writing, to:

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

or email: lweatherly@closternj.us.

We appreciate your interest in our community and look forward to receiving your quote.

Sincerely,

Leslie Weatherly
Shade Tree Commission

cc: Shade Tree Commission
James Winters, Borough Administrator
Erik Lenander, QPA
Enclosures: Pricing Schedule, Insurance & Hold Harmless Agreement Samples



SHADE TREE COMMISSION

ATTACHMENT: PRICING SCHEDULE

Qty	Description	Unit Price	TOTAL
(3)	Quercus bicolor "Sunbreaker" – White Oak	\$	\$
(3)	Nyssa "Afterburner" or "Red Splyndor" –Tupelo	\$	\$
(3)	Tilia americana – Basswood	\$	\$
(3)	Cladrastis kentukea – American Yellowwood	\$	\$
(3)	Parrotia persica – Ironwood	\$	\$
(3)	Carpinus caroliniana – American Hornbeam	\$	\$
TOTAL PRICE (18 trees & planting) quote in numbers:		\$	
TOTAL PRICE (18 trees & planting) quote in words:			

PLEASE NOTE:

- Contractor is responsible for securing utility mark-outs prior to planting.
- Planting must be complete by December 15, 2023

SIGNATURE: _____

Print Name: _____

Name of Firm: _____

Telephone: _____

Email: _____



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	(INSURER(S)) AFFORDING COVERAGE NAIC #
	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	01/01/2023	12/31/2023	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 NON-OWNED AUTOS	Y	Y	BJE983265287	01/01/2023	12/31/2023	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"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	ELD10006576635	01/01/2023	12/31/2023	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"/> 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	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE John Q Agent</p>
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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.

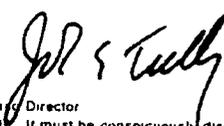
Company or Business Name

Authorized Signature/Title

Print Name of Signature listed above

Witness (Witness to Contractor Signature)

08 21 ER:LW

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

