Borough of Closter SHADE TREE COMMISSION

295 Closter Dock Road, Closter, New Jersey 07624

FALL 2021 Closter Shade Tree Commission TREE PLANTING QUOTE

July 22, 2021

The Closter Shade Tree Commission is requesting quotes for the 2021-1 Fall tree planting.

- a. Trees are to be of one and one half (1 ½) to two and one half (2 ½) inch caliper; single stem, balled & burlaped. NOTE: Tree size will vary amongst different species.
- b. Wire baskets must be removed during planting
- c. All trees will be planted and finished with a <u>minimum</u> three inch (3") layer of hard wood or bark mulch; no mulch "volcanoes" around tree base, only "donuts"
- d. Trees are to be planted in accordance with **A.N.S.I.** specs
- e. Trees are to be staked *only* when necessary
- f. Root flare must be one inch (1") above surrounding grade
- g. Planting must occur in October 15th November 30, 2021.
- h. Planting must be completed by December 1, 2021.
- i. Contractor is responsible for securing utility mark-outs prior to planting
- j. Deer guards <u>must be provided and placed on each tree</u> (A.M. Leonard BG48 Rigid Mesh 48") White paper tree wrap to be installed on Maples in addition to deer guards.
- k. Trees must be sourced and grown within 300 miles of Closter, New Jersey
- 1. Substitutions will not be accepted without prior, written approval of the Shade Tree Commission
- m. Trees are to be guaranteed for a period of one year from the date of job completion

Street Trees: Price for total quantity of 50 of the following species must be submitted on the attached sheet.

All trees must be a minimum $1\frac{1}{2} - 2\frac{1}{2}$ inch caliper as specified by species:

- 10 Quercus alba White Oak 1½-2" inch caliper
- 8 Nyssa Wildfire Tupelo 1½"-2" inch caliper
- 8 Celtus occidentalis Hackberry 2"-2.5" inch caliper
- 8 Zelkova "Musashino" Fastig Zelkova 2"-2.5" inch caliper
- 8 Parrotia persica Ironwood 2"-2.5" inch caliper
- 8 Amalancier laevis "Snowflakes" Singlestem Shadblow 1.5"-2" inch caliper

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

NOTE: Submission of written quotes extended to Friday, September 17, 2021

Written quotes must be received by 11:00 a.m. on Friday, September 3, 2021 in an envelope clearly marked "Tree Planting" - Shade Tree Commission, Attn: Leslie Weatherly, Borough of Closter, 295 Closter Dock Road, Closter, New Jersey 07624. Or Email: 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

:lw

cc: Shade Tree Commission Erik Lenander, QPA Edward Hynes, Borough Administrator

Attachments

SHADE TREE COMMISSION – Fall 2021-1 Trees & Planting TREES & PLANTING 2021-1 Project (total 50 Trees)

	Quantity	Price Each
STC Street Trees:		
Quercus alba – White Oak 1.5"-2" caliper	10	\$
Nyssa Wildfire – Tupelo 1.5"-2" caliper	8	\$
Celtis occidentalis -"Hackberry" 1.5"-2.5" caliper	8	\$
Zelkova Musashino: Fastig – Zelkova 2"-2.5" caliper	8	\$
Parrotia persica "Ironwood" 2"-2.5" caliper	8	\$
Amalancier laevis "Snowflakes" singlestem Shadblow 1	.5"-2" caliper 8	\$
TOTAL <u>50</u>		
Total Price <u>50</u> Trees & Planting:	\$	
		Quote in numbers
	\$	
	(Quote in words

PLANTING:

* Trees are to be of one and one half (1 $\frac{1}{2}$) to two and one half inch (2 $\frac{1}{2}$) caliper, single stem, balled & burlaped. Size varies amongst species.

** Trees are to be planted within the Borough of Closter locations that have been designated by the Borough through its Shade Tree Commission. Trees are to be handled with care; unloaded not dropped. Trees must be planted according to NJ Forestry Standards in addition to the specs on page one. Root flare to be 1" above grade. Trees will be staked when necessary and mulched with three inch (3") hardwood or bark mulch; deer guards to be installed at time of planting. Trees must be watered at time of planting. Basket and/or burlap is to be cut and removed at time of planting. Adventitious roots above root flare to be removed at time of planting. Contractor is responsible for utility markouts prior to planting to insure all utilities are marked accordingly.

Planting must be complete by December 1, 2021.

SIGNATURE:		
Print Name:NAME OF		
FIRM:	TELEPHONE:	_
EMAIL:		
:lw 7 14 21		



CERTIFICATE OF LIABILITY INSURANCE

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.

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 PERSON** NAME: ABC INSURANCE COMPANY. XXX-XXX-XXXX FAX (A/C, No): xxx-xxx-xxxx (A/C, No. Ext): ABC ADDRESS (SAMPLE) ABCCOMPANY@......com ADDRESS: ABC CITY, STATE, ZIP CODE INSURER(S) AFFORDING COVERAGE NAIC# Maxum Indemnity Company 26743 INSURER A : INSURED **Endurance American Specialty** 436130 INSURER B : ABC Corp. INSURER C: Endurance American Specialty 436130 ABC Avenue INSURER D Abc City, State, Zip Code **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. ADDL SUBR POLICY EFF POLICY EXP (MM/DD/YYYY) TYPE OF INSURANCE **POLICY NUMBER** INSD WVD COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED CLAIMS-MADE OCCUR 100,000 \$ PREMISES (Ea occurrence) 5,000 \$ MED EXP (Any one person) Α Υ BDG-3015529-03 01/01/2021 12/31/2021 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER \$ 2,000,000 GENERAL AGGREGATE X POLICY LOC 2,000,000 PRODUCTS - COMP/OP AGG \$ OTHER AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 ANY AUTO BODILY INJURY (Per person) \$ 500.000 ALL OWNED AUTOS SCHEDULED В Υ Υ BJE983265287 01/01/2021 12/31/2021 BODILY INJURY (Per accident) \$ 1,000,000 AUTOS NON-OWNED AUTOS PROPERTY DAMAGE HIRED AUTOS 100,000 \$ (Per accident) \$ UMBRELLA LIAB OCCUR \$ 5,000,000 **EACH OCCURRENCE** C **EXCESS LIAB** ELD10006576635 01/01/2021 | 12/31/2021 5,000,000 CLAIMS-MADE AGGREGATE DED RETENTIONS \$ WORKERS COMPENSATION X | PER STATUTE AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$ E.L. EACH ACCIDENT N N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 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 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Borough of Closter New Jersey 295 Closter Dock Road

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Closter, NJ 07624

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 perfor	rmed:
On the following date(s):	
To the fullest extent permitted by law,	
agn Harmless the Borough of Closter, Closter, New Jo from any and all liability, suits, actions, and demand of injuries to persons or property, including accident the work, or by reason of the operations under this	ds and all Damages, costs or fees on account atal Death, arising out of or in connection with

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 this	day of	, 20 as the Binding Act in Deed
Company or Busi	ness Name	
		Authorized Signature/Title
		Print Name of Signature listed above
Witness (Witness to	Contractor Sig	nature)

08 21 ER:LW

(Rev. December 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.							
page 2.	2 Business name/disregarded entity name, if different from above							
s on	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
tion t	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnersh	(qi	Exempt payee code (if any)					
Print or type	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.		Exemption from FATCA reporting code (if any)					
F	☐ Other (see instructions) ▶		(Applies to accounts maintained outside the U.S.)					
ecific	5 Address (number, street, and apt. or suite no.)	Requester's name a	and address (optional)					
See Sp	6 City, state, and ZIP code							
	7 List account number(s) here (optional)							
Par	Taxpayer Identification Number (TIN)							
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoi	id Social sec	curity number					
reside entitie	up withholding. For individuals, this is generally your social security number (SSN). However, for ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i> in page 3.] - [] - []					
<u> </u>			identification number					
		.	-					
Par	t II Certification							
Under	r penalties of perjury, I certify that:							
	e number shown on this form is my correct taxpayer identification number (or I am waiting for a	number to be is:	sued to me); and					
2. I aı	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b)	I have not been n	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 Signature of Here U.S. person ▶ Date ▶

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: TAXPAYER IDENTIFICATION#: SEQUENCE NUMBER: ADDRESS: ISSUANCE DATE: 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