



CITY OF TORRINGTON

PURCHASING DEPARTMENT
140 Main Street, Room 206
Torrington, CT 06790

Pennie Zucco, Purchasing Agent
Phone: (860)-489-2225
Fax (860)-489-2547
Email: pennie_zucco@torringtonct.org

February 26, 2020

Mayor Elinor Carbone
Members of the City Council

RE: BID #PPT-032-030218, Extension of Portable Toilet Rental for the 2020/21 Season

Suburban Sanitation Services, Inc. has requested to extend the above bid contract for the 2020/2021 Season at the same prices and terms as the current contract. The delivery and pick-up dates will coincide with the 2019 Season.

It is the Purchasing Agent's recommendation that the City of Torrington extend the current bid contract to supply the portable toilet rentals for the upcoming year.

Thank you for your consideration on this matter.


Pennie Zucco
Purchasing Agent

cc: B. Simmons

2020 FEB 26 PM 1:54

CLERK FILED RECORD
FEB 26 2020 1:54 PM

SUBURBAN SANITATION SERVICE, INC

18 COLONIAL ROAD

P.O. BOX 307

CANTON, CT 06019

860-673-3078 OR 1-800-899-4337

FAX 860-693-1326 OR WWW.SUBSANSERV.COM


February 20, 2020

City of Torrington
140 Main Street
Torrington, CT 06790

Dear Pennie Zucco,

In reference to the portable toilet rentals for the 2020-2021 season, Suburban Sanitation Service is going to extend the pricing. Attached with this is a Certificate of Insurance.

Sincerely,



Sharon Kilmer

Suburban Sanitation Service, Inc.

PORTABLE TOILET RENTAL FOR 2018/2019 SEASON

PRICING	SUBURBAN SANIT. SVCS.	UNITED SITE SERVICES
	Canton, CT	BRANFORD, CT
Monthly Rental w/cleaning	\$77.25/mo.	\$119.00/mo.
Monthly Rental Handicap	\$102.25/mo.	198.00/mo.
Daily Rental Fee (special Events)	\$77.25/mo.	\$85.00/mo.
Daily Rental fee (handicap unit) (special events)	\$102.25	\$125.00/mo.
Additional weekday cleaning charge (requested by City)	\$47.25	\$25.00
Additional weekend/holiday cleaning charge (req. by city)	\$227.25	\$50.00
Emergency/Vandalism Service call charge (weekdays)	\$47.25	\$50.00
Emergency/Vandalism Service call charge (weekend/holiday)	\$227.25	\$150.00
Emergency/vandalism guaranteed response time	2-4 hours	6 hours
Max. liability for destroyed or stolen unit regular	\$600.00	\$1,500.00
Max. liability for destroyed or stolen unit handicapped	\$1,600.00	\$1,500.00
Delivery charge per unit reg.	included	included
Pick-up charge per unit	included	included



SUBUSAN-01

MVERHAGEN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/12/2020

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 have ADDITIONAL INSURED provisions or 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 Hollis D. Segur Inc. 156 Knotter Drive Cheshire, CT 06410	CONTACT NAME: Melissa Verhagen		
	PHONE (A/C, No, Ext): (203) 699-4500	FAX (A/C, No):	
	E-MAIL ADDRESS: mtv@hdsegur.com		
INSURED Suburban Sanitation Service Inc ETAL 18 Colonial Road P O Box 307 Canton, CT 06019	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Firemen's Insurance Company of Washington, DC		21784
	INSURER B: Golden Bear Insurance Company		39861
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	CPA528532213	2/1/2020	2/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		CAA528532313	2/1/2020	2/1/2021	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 5,000		GBX32595	2/1/2020	2/1/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	WPA528532513	2/1/2020	2/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - PER EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Equipment Floater		CPA528532213	2/1/2020	2/1/2021	Per schedule on file 1,455,951

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Torrington is named as additional insured as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

City of Torrington, Purchasing Dept
140 Main Street
Room 206
Torrington, CT 06790

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

Melissa J. Verhagen