



## 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

July 7, 2022


Mayor Elinor Carbone  
Members of the City Council

**RE: RFP #TTR-031-063021 Extension of Tree Trimming and Removal Service for City Departments**

Mr. Dan Duncan of Asplundh Tree Expert Company, Willow Grove, PA has requested a one-year extension of the current contract for Tree Trimming and Removal Services for the City of Torrington. Under the standard terms and conditions of the RFP, extension of contracts for five consecutive years as long as the same rates as well as the terms and conditions are in effect. This would apply to FY22/23.

It is the recommendation of Bill Mayers, Public Works Superintendent as well as myself that City Council authorize the Mayor to extend the Tree Trimming and Removal Services contract to Asplundh Tree Expert Company, Willow Grove, PA (branch location East Windsor, CT) for fiscal year 22/23.

Thank you for your consideration on this matter.

  
Pennie Zucco  
Purchasing Agent

cc: B. Mayers; R. Drew



City of Torrington  
Public Works Department

July, 11,2022

Pennie Zucco,  
Purchasing Agent  
City of Torrington CT

Re: Extension Letter Asplundh Tree Expert, LLC

Hi Pennie,

The Public Works Department would request an extension of TTR-03-063021, Tree Trimming and Removal with Asplundh Tree Expert, LLC. This extension would cover July 2022 to June 2023.

Respectfully,

Bill Mayers

Public Works Superintendent



**ASPLUNDH TREE EXPERT, LLC**

11E PASCO DRIVE, EAST WINDSOR, CT 06088 • PHONE: 860 292 8700 • FAX: 860 386 0829

July 7, 2022

Ms. Pennie Zucco  
City of Torrington  
140 Main St. Room 26  
Torrington, Ct 06790

Dear Pennie,

Asplundh Tree Expert, LLC would request an extension of TTR-03-063021, Tree Trimming and Removal Service for City Departments. This extension would cover July 2022 to June 2023.

The fees, Terms and Conditions would be extended at the same price.

Please contact me at your earliest convenience at 860-292-8700 to discuss the matter.

Sincerely,

A handwritten signature in blue ink, appearing to read "Dan Duncan", written in a cursive style.

Dan Duncan  
Vice President  
Asplundh Tree Expert Company



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

6/30/2022

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).

<b>PRODUCER</b> Aon Risk Services Central, Inc. Philadelphia PA Office One Liberty Place, Suite 1000 Philadelphia, PA 19103		Aon Risk Services Central, Inc. 4 Overlook Point Lincolnshire, IL 60069		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 215-255-2000 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>	
				<b>INSURER(S) AFFORDING COVERAGE</b>	
				<b>INSURER A:</b> Greenwich Insurance Company	
				<b>INSURER B:</b> XL Insurance America, Inc.	
				<b>INSURER C:</b>	
				<b>INSURER D:</b>	
				<b>INSURER E:</b>	
				<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 2145100124 **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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			RGD300136205	8/1/2022	8/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> \$10,000 Med Pa <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			RAD943783705 (AOS) RAD943786805 (VI)	8/1/2022	8/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<input type="checkbox"/> <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 <input type="checkbox"/>	N/A	RWD300135805 (AOS) RWR300135905	8/1/2022	8/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

City of Torrington  
140 Main St. Room 26  
Torrington, CT 06790

## 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.

AUTHORIZED REPRESENTATIVE

*Aon Risk Services Central, Inc.*