

6/11/2020 9:03 AM  
RECEIVED FOR RECORD  
TORRINGTON TOWN CLERK



**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

June 10, 2020

Mayor Elinor Carbone  
Members of the City Council

**RE: RFP #TTR-031-092217 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 FY20/21.

It is the recommendation of Superintendent of Streets & Parks, Bill Mayers 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 20/21.

Thank you for your consideration on this matter.

  
Pennie Zucco  
Purchasing Agent

cc: B. Mayers; R. Drew



**ASPLUNDH TREE EXPERT, LLC**

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

June 10, 2020

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-031-092217, Tree Trimming and Removal Service for City Departments.

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 over a light blue horizontal line.

Dan Duncan  
Vice President  
Asplundh Tree Expert Company

## TREE TRIMMING AND REMOVAL SERVICE FOR CITY DEPARTMENTS

VENDOR	Asplundh Tree Expert Co.	Zaharek's Landscaping LLC
	Willow Grove, PA	Torrington, CT
Non-collusion	yes	yes
Addendum	yes	yes
Tree Removal/DBH12" or less	\$150.00	\$500.00
Tree Removal/DBH 13" - 24"	\$650.00	\$900.00
Tree Removal/DBH 25" - 36"	\$1,850.00	\$2,100.00
Tree Removal/DBH 37" plus	\$2,300.00	\$3,500.00
Tree Removal Urgent Request	\$136.00/ST hourly	\$450.00/hourly
	\$187.00/OT hourly	
	\$232.00/Sun. -Holidays	
Tree Pruning Routine Request	\$136.00/ST hourly	\$250.00/hourly
	\$187.00/OT hourly	
	\$232.00/Sun. -Holidays	
Tree Pruning Urgent Request	\$136.00/ST hourly	\$350.00/hourly
	\$187.00/OT hourly	
	\$232.00/Sun. -Holidays	
Hazard Tree Assessment	\$75.00/hourly	\$80.00/hourly
Stump Grinding/site restoration	\$125.00/hourly	\$437.50/hourly





# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

6/10/2020

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).

<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</b> (A/C, No, Ext): 215-255-2000 <b>FAX</b> (A/C, No): <b>E-MAIL</b> <b>ADDRESS:</b>														
<b>INSURED</b> Asplundh Tree Expert LLC 708 Blair Mill Road Willow Grove, PA 19090		<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Greenwich Insurance Company</td><td>22322</td></tr><tr><td>INSURER B: XL Insurance America, Inc.</td><td>24554</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Greenwich Insurance Company	22322	INSURER B: XL Insurance America, Inc.	24554	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**

CERTIFICATE NUMBER: 2145061701

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 SUBR INSD WVD	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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		RGD300136202	8/1/2019	8/1/2020	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 500,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	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		\$
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A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> \$10,000 Med Pay		RAD943783702 (AOS) RAD943786802 (VI)	8/1/2019	8/1/2020	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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B	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 <input type="checkbox"/> N/A	RWD300135802 (AOS) RWR300135902	8/1/2019	8/1/2020	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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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.