



Request for Quotes
Town of Union
Lawn Cutting & Snow Removal Services

The Town of Union Department of Code Enforcement is seeking proposals for providing lawn cutting and snow removal services for properties within the Town of Union. By Town Code, the Code Department can order the cutting of lawns by a private contractor and bill the property owner. In a typical year the Town has approximately 40-50 lawn cutting and 10-20 snow shoveling work orders. Occasionally, excessive garbage will have to be picked up and disposed of. At the time of the issuance of a work order for the cutting of grass, it will be at least eleven inches high. Estimates should be based on this situation along with the need to remove the yard waste. In addition, the contractor must clean-up any grass clippings on the sidewalk area and may not discharge grass onto a public street. In the case of snow removal, at the time of the work order it is extremely likely that the snow will be compacted and requires the use of salt.

Contractor shall email a picture of the completed work or notify the Code Office when the work is completed. Each bidder must provide a written summary explanation of the quantity and quality of its equipment and work force, together with expected response times. Each bidder shall provide a detailed list of prior similar projects or work orders, including the name, address, business telephone and cellular telephone of contact person so that the Town of Union can check on responsibility of the bidder.

Submittal should include the labor, machine and disposal costs for each property.

The contractor selected will be expected to respond to a request to perform the work within 2 business days. The Town will be invoiced for the work within 2 weeks from the date of the work. The successful contractor and any subcontractors will have to provide the Town of Union certificates of insurance as follows:

- a. General Liability Insurance Policy in the amount of \$1,000,000 per occurrence / \$2,000,000 aggregate applied on a per location/project basis. Coverage should be primary & non contributory.

-Policy must include Waiver of Subrogation in favor of the Town

The Town of Union shall be named an additional insured with completed operations endorsement. All said insurance policies shall contain the following clause: "In the event of any material alteration, non-renewal, or cancellation of this policy, at least thirty (30) days notice thereof shall be given to Town of Union Comptroller at her office at 3111 E. Main Street, Endwell, NY 13760."

- b. Firm shall also furnish the Town with certificate of insurance indicating that he/she/they are covered by Workers' Compensation and New York State Disability Benefits Law Coverage.
- c. Umbrella Liability policy in the amount of \$1,000,000 with coverage to follow form of the underlying coverages.
- d. Automotive Liability Insurance policy in the amount of one million dollars (\$1,000,000.00) single limit for bodily injury and property damage. Policy must include Waiver of Subrogation in favor of the Town. Coverage should apply to all owned, non-owned and hired vehicles. All said insurance policies shall contain the following clause: "In the event of any material alteration, non-renewal, or cancellation of this policy, at least thirty (30) days notice thereof shall be given to the Town of Union Comptroller at her office at 3111 E. Main Street, Endwell, NY 13760."
- e. All coverage should be placed with a licensed insurance carrier with an AM Best rating of A- or better.

Please return this form by May 2, 2022 to:

John Freer
 Town of Union
 Code Enforcement
 3111 E. Main Street
 Endwell, NY 13760
 607-786-2921
 Fax 607-786-2320
 jfreer@townofunion.com

Bidder must initial each of the following statements to acknowledge their understanding of the requirements:

- _____ Perform the work within 2 business days.
- _____ Remove the yard waste.
- _____ Clean-up any grass clippings on the sidewalk area.
- _____ May not discharge grass onto a public street.

Submitted by:

Firm _____ Contact Name _____

Address _____ Phone Number _____

Authorized Signature _____ Print name _____ Date _____

