

Lawn Mowing and Trimming for Goshen Recreation Dept.

291 Beach Street, Goshen, CT

Katie Hennessy, CPRP

Recreation Director

parkandrec@goshenct.gov

Phone: 860-601-6089

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Release Date: Thursday, March 3rd 2022

Due Date: 4:00 p.m. on Monday April 4th 2022.

A. Scope of Work

Please submit a bid for each area listed below:

1. **Mowing of lawns (see schedule below)** and trimming at **Camp Cochipianee**: 291 Beach Street, Goshen, CT. Each of the following items may be added separately on a case by case basis to the monthly mowing contract if requested by the Recreation Director based on need.
 - a. Soccer field, baseball and track area
 - b. Lawns around Kobylenski Lodge, parking lot, horseshoe/bocce court area
 - c. Lawn alongside Beach Street
 - d. Trimming around benches and any other immovable structures
2. **Mowing monthly** of lawn and trimming at the Town **Skating Rink**: 50 North Street, Goshen, CT
 - a. Mowing of skating rink area
 - b. Weed whacking of areas not able to use the mower with

General Conditions:

- A. Mowing and trimming at a maximum of weekly or as needed based on growth of grass during the period of May (usually following mid-month) into October (usually mid-month) at Camp Cochipianee. Number of mowing and trimming to be performed per month is as follows:
 - a. May 2 times
 - b. June 3 times
 - c. July 4 times
 - d. August 3 times
 - e. September 3 to 4 times
 - f. October 2 timesAdditional mowing may be requested and approved by the Recreation Director.
- B. Recreation Director and Commission have the ability to award 1 or 2 years at their discretion.
- C. Contractor shall supply all safety signs and require employees to perform work under applicable OSHA regulations.
- D. Billings are to be submitted monthly indicating dates work was performed and location.
- E. The Recreation Director shall make routine inspections of work, performance and quality.
- F. All work must be done in a workman like manner.

B. Bidding Procedure

Submit **sealed bids** to the First Selectman's office, Town of Goshen, 42A North Street, Goshen, CT 06756. Clearly mark the outside of your proposal "Lawn Mowing Sealed Bid". **No bids will be accepted after 4:00 p.m. on Monday April 4th 2022.**

The Town of Goshen reserves the right to waive any informality in Bids, to reject any or all Bids, or to accept any proposal that in their judgment will be in the best interest of the Town of Goshen. The Town of Goshen does not discriminate on the basis of sex, race, age, physical disability, religion or national origin.

C. Bid Opening

Bids will be opened publicly and read aloud at the Selectman's meeting starting at **5:00 p.m. on Tuesday April 5 2022** in the Town of Goshen Conference Room at 42 North Street, Goshen, CT 06756.

D. Examination of Bidding Documents

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Bidders are to examine all documents and visit the site to thoroughly acquaint themselves with all aspects of Camp Cochipianee and skating rink grounds. Please contact Katie Hennessy, Recreation Director, at parkandrec@goshenct.gov , or 860-601-6089 to set up time to view site.

E. Bidder Qualifications:

In order to qualify as a bidder for this project, the Contractor shall have been in business for three (3) years and provide three references including name and contact information. Please see Reference Sheet. Bidder shall submit a Certificate of Insurance for Liability and Workers' Compensation as outlined in the Insurance Section below.

F. Insurance Requirements of Contractors

Contractor shall carry the following minimum insurance coverage for the duration of the project.

If awarded the bid for the project, proof of insurance must be provided within 10 working days of notification of the award. No award will be complete until the Town of Goshen receives the properly completed insurance certificate naming the Town of Goshen as an additional insured.

See sample of insurance certificate that is attached.

We understand that the insurance company may not be able to produce the policy endorsement evidencing the coverage within 10 working days. However, we expect to receive this policy endorsement within a reasonable time period or the contract will be void.

1. Statutory Workers Compensation and Employers Liability with limits of \$100,000 each Accident, \$100,000 Disease-each employee and \$500,000 Disease-policy limit.
2. Commercial General Liability (Form 1988 ISO Occurrence Form or equivalent)
Limits: \$1,000,000 - Each Occurrence for Bodily Injury and Property Damage
\$1,000,000 - Products, Completed Operations Aggregate Limit
\$1,000,000 - General Liability Aggregate* Limit
\$1,000,000 - Personal Injury

*General Aggregate MUST include per project endorsement.

The Town of Goshen, its officials, employees and volunteers, MUST be additional insured's with reference to this project on a primary basis. The policy endorsement evidencing this coverage must be provided with the certificate of liability insurance.

The insurer shall waive all rights of subrogation against the Town of Goshen, its officers, employees and volunteers arising from work performed by contractor pursuant to any permit issued by the Town of Goshen.

Umbrella limits over General Liability limits may be used to make up the required limits. The additional insured coverage MUST be provided by the Umbrella to mirror the General Liability coverage.

3. Automobile Liability covering all owned non-owned and hired vehicles.

Limit: \$2,000,000 - Combined Single Limit for Bodily Injury and Property Damage.

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Umbrella limits over Automobile Liability limits may be used to make up the required limits.

If Umbrella Liability is used to make up required limits, the policy shall not reduce or restrict coverage provided by the underlying Commercial General Liability or Automobile Liability insurance policies.

F. Insurance Requirements of Contractors (continued)

Any cancellation or reduction or material changes in insurance coverage will require thirty (30) days' notice to the Town of Goshen by certified mail with return receipt requested.

Insurance carriers providing the required insurance coverage's must have an A.M. Best's financial rating of "A- VII" or better.

G. Award of Contract and Rejection of Bids

The Town reserves the right to accept any bid or to reject any or all bids and the right to award in the manner that is most beneficial to the Town of Goshen. Nothing in the bidding requirements or the contract documents shall be interpreted as restricting these rights.

Award of bid will be announced on [Thu, April 18th, 2022 at 7:00pm](#) at the Town of Recreation Office during the Recreation Commission regular meeting.

Questions concerning these bid specifications and procurement process should be directed to Katie Hennessy, Recreation Director in email format no later than 12pm Friday, April 1st, 2022 to parkandrec@goshenct.gov. All responses will be sent to all prospective vendors.

H. Bid Form:

To be handed in with Reference sheet.

2022 season
7/1/22-6/30/23
(one year)

Price per scheduled
mowing/trimming for Camp Coch
Grounds \$ _____

Price per monthly
mowing/trimming for Skating
Rink Area \$ _____

Name of Company, Corporation,
Partnership or Individual: _____

Address: _____

Telephone: _____

Fax: _____

E-Mail: _____

Name of Authorized Signer: _____

Signature of Authorized Signer: _____

Date: _____

I. Reference Sheet

To be filled out, signed and returned with bids. References will be contacted about workmanship for service provided.

A. Reference #1:

- a. **Name:** _____
- b. **Phone # and Email:** _____
- c. **Service Provided:** _____

B. Reference #2:

- a. **Name:** _____
- b. **Phone # and Email:** _____
- c. **Service Provided:** _____

C. Reference #3:

- a. **Name:** _____
- b. **Phone # and Email:** _____
- c. **Service Provided:** _____

J. Supplemental Agreement

The Contractor named below is an independent contractor and neither the Contractor nor its employees nor the Contractor's subcontractors under any circumstances, will be considered servants or agents of the Town of Goshen and the Town will be at no time legally responsible for any negligence or other wrong doing by the Contractor, its servants or agents or the Contractor's subcontractors. The Town will not withhold from the contract payments to the Contractor for any federal or state unemployment taxes, federal or state income taxes, Social Security tax, or any other amounts for benefits to the Contractor. The lump sum or unit charges for the services provided does not represent gross wages and further the Town will not provide the Contractor any insurance coverage or other benefits, including Workers' Compensation, normally provided by the Town for its employees.

STATE OF CONNECTICUT)
) SS:
COUNTY OF)

Signed: _____

Print Name:_____

Title: _____

Company: _____

Address: _____

Subscribed and sworn to before me on

This _____ day of _____, 2022.

Notary Public

K. Hold Harmless Agreement

The Contractor named below agrees that it will indemnify and hold harmless the Town of Goshen and its respective officers, agents and employees from any loss, costs, damages, expenses, judgments and liability whatsoever kind or nature howsoever the same may be caused resulting directly or indirectly by any negligent act or omission of the contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable resulting in bodily injury including sickness and death, personal injury or damage to property directly or indirectly, including the loss of use resulting there from as permitted by law, unless and to the extent caused by the Town of Goshen's negligence or its willful acts.

L. Non Collusion Affidavit

The undersigned certifies, under penalty of perjury, that to the best of his/her knowledge and belief:

1. The prices in this bid have been arrived at independently without collusion, consultations, communication, or agreement with any other bidder or competitor on any matter whosoever for the purpose of restricting competition;
2. Except as may be required by law, prices quoted in this bid have not been knowingly disclosed by the bidder, directly or indirectly, to any other bidder or competitor, nor will they be so disclosed prior to the opening of bids;
3. No attempt has been made nor will be made by the bidder to induce any other person, partnership, or corporation to submit or to refrain from submitting a bid on this project.

PRINCIPAL: _____

FIRM NAME: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

DATE: _____

SIGNATURE: _____

M. Certificate of Liability Insurance Sample

ACORD CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YYYY) 7/30/2008		
PRODUCER Name, address and phone number of contractor's insurance agent			THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.					
INSURED Name and address of contractor			INSURERS AFFORDING COVERAGE		NAIC #			
INSURER A: Carrier Name (Bests rating)			INSURER B: "A" "VII" or better		INSURER C:			
INSURER D:			INSURER E:		INSURER F:			
COVERAGES 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR	ADDL	LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X			GENERAL LIABILITY <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"/> PROJECT <input type="checkbox"/> LOC	Policy Number	XX/XX/XXXX	XX/XX/XXXX	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PROPERTY (Per contract) \$ 100,000 MED EXP (anyone person) \$ 10,000 PERSONAL AND ADJ INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOUND AGG \$ 2,000,000
A				AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Policy Number	XX/XX/XXXX	XX/XX/XXXX	COMBINED SINGLE LIMIT (Per accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
				GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	Policy Number	XX/XX/XXXX	XX/XX/XXXX	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A				EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$100,000	Policy Number	XX/XX/XXXX	XX/XX/XXXX	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
A				WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED If yes, describe under SPECIAL PROVISIONS below OTHER	Policy Number	XX/XX/XXXX	XX/XX/XXXX	<input checked="" type="checkbox"/> W/C STATL TOBY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 100,000 EL DISEASE - EA EMPLOYEE \$ 100,000 EL DISEASE - POLICY LIMIT \$ 500,000
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS Town of Goshen, its agents, employees, elected officials and volunteers as additional insured for general liability. Contractor and its general liability insurer waive all rights of subrogation against the Town of Goshen arising from work on the following project: (insert either address of specific work site or "all permit work in the town")								
CERTIFICATE HOLDER					CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE			

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