



## Request for Proposals

Project:

Tree Trimming

Due Date:

Friday July 19, 4:30 P.M. 2024

Location:

Village Hall 25 E. State St., North Aurora, IL 60542

Contact:

Brian Richter, Public Works Director, 331.385.6256



## Advertisement

### Request for Tree Trimming Proposals

The Village of North Aurora will receive proposals for Tree Trimming. The proposals will be received until 4:30 p.m. local time on Friday, July 19, 2024. Proposals shall be emailed to Brian Richter, Public Works Director at [brichter@northaurora.org](mailto:brichter@northaurora.org) or delivered to Village Hall located at 25 East State Street, North Aurora, IL 60542. The subject line of the email shall read Tree Trimming Proposal or shall be clearly written on the envelope, if delivered to Village Hall.

The proposal packet can be downloaded, free of charge, at the Village's website <http://northaurora.org/government/rfp-rfq-bidding.aspx> or can be picked up at 25 East State Street, North Aurora, IL 60542 beginning Monday, July 1, 2024. The Village of North Aurora reserves the right to reject any or all proposals and to waive irregularities and informalities in the proposals received.

Please contact Brian Richter at 331.385.6256 if you have any questions.

**Instructions.**

Complete this proposal and return it as described in the **Advertisement**.

**Scope of Work**

The scope of work shall include parkway tree trimming within the Village of North Aurora starting August of 2024. Trimming shall be performed for both health and safety purposes. The Village intends to trim all the parkway trees over 5 inches in diameter in two separate areas. These areas are illustrated on the attached map. The contractor should drive the areas and become familiar with the trees prior to submitting the proposal. The Village may decrease the scope of work depending on cost.

**Description of Work/Pruning Specifications**

Crown Raising: The removal of lower branches in order to provide clearance for vehicles, pedestrians and vistas. Branches shall be removed as necessary to provide a minimum of fifteen (15) feet clearance over the street and sidewalk, or **as tree size allows**.

All trimming shall improve the appearance of the trees, maintaining the crown shape and symmetry typical of the species at its size and age. Larger locust trees should be raised eighteen (18) feet clearance over the street and sidewalk. Trees shall be evenly raised for the entire diameter of the trees. This includes removal of all suckers and basal sprouts. Trees determined to have been trimmed unevenly will require the Contractor to re-prune the tree. The Village designated trees to be trimmed are over (5) inches Diameter at Breast Height (D.B.H.) and located within Village right-of-way. The contractor will be required to contact the Village of North Aurora Public Works Department to schedule and coordinate the tree trimming program.

**Questions**

Any questions about this project should be directed to Brian Richter, Public Works Director, 331.385.6256, or in writing at [brichter@northaurora.org](mailto:brichter@northaurora.org) All questions must be submitted by e-mail by 3:00 pm Central Standard Time (CST) on July 16, 2024. All responses will be posted to the web site on July 17, 2024.

**Addenda**

Addenda, if issued, will be posted to the web site.

**Tree Locations**

See map on last page. Contractor should do a drive through of the neighbor to determine the number of the trees that need trimming.

**Safety Standards**

All equipment to be used and all work to be performed must be in full compliance with the most current revision of the American National Standards Institute Standard Z-133.1.

**Completion Time**

The Village requires the project be completed no later than September 27, 2024.

**References**

A minimum of 3 current references must be provided. Telephone numbers and contact names for each reference shall be provided. It is preferred that references are from municipalities or other governmental agencies.

**Insurance Requirements:**

The Contractor will be required to meet our standard insurance requirements. Unless otherwise specified the Contractor shall, before commencing work hereunder, procure and thereafter maintain policies of insurance satisfactory to the Village of North Aurora. The contractor shall supply a certificate of insurance with the Village of North Aurora an additionally named insured in the following minimum amounts with specific coverage which includes underground, explosion, and collapse.

Property Damage	\$1,000,000 (each accident)
Bodily Injury	\$ 500,000 (each person) \$1,000,000 (each accident)
Workmen’s Compensation Insurance:	All Liability imposed Workmen’s Compensations stature
Employer’s Liability Insurance	\$100,000
Contractual Liability Insurance	\$500,000
Completed Operations Insurance	\$500,000
Owned, Hired and non-Ownership Vehicle Bodily Injury and Property Damaged to the Following Limits	
Bodily injury, including accidental death	\$ 500,000 (each person) \$1,000,000 (each accident)
Property damage	\$1,000,000 (each accident)

**Schedule of Prices**

The Schedule of Prices should be completed by the contractor in reference to the areas outlined on the tree locations map. The contractor shall provide an individual lump sum price for each tree trimming area. The sum of these three areas should be calculated and place on the Total All Areas line.

Area 1 Blue	\$ 6864.00
Area 2 Red	\$ 8064.00
<b>Total All Areas</b>	<b>\$ 14928.00</b>

**Proposal**

The contract shall be deemed as being awarded when formal notice shall have been duly served upon the intended awardee by an officer of the Village of North Aurora duly authorized to give such notice.

I. Company contact information

Company name: Beary Landscaping Management Inc

Company address: 15001 W 159th St  
Lockport, IL 60491

Printed Contact name: John Pfalzgraf

Contact address: 15001 W 159th St

Contact phone #: 331-312-1856

Contact email: jpfalzgraf@bearylandscaping.com

II. Tree Trimming

I have read the scope provided in this request for proposals and agree to perform all of the work identified to successfully complete the Tree Trimming at the compensation identified in the **Schedule of Prices** on page 4 of this document.

I John Pfalzgraf verify that I am authorized to  
(print name)  
provide the above pricing on behalf of Beary Landscaping Management, Inc.  
(company name)

And will hold the above pricing for a period of 90 days from the proposal due date.

  
\_\_\_\_\_  
Signature

07/19/24  
Date

**List of Subcontractors**

The sub-contractors and suppliers listed below will be involved in this contract work in the assignments listed. We understand that any deviation from this list must be requested and approved in writing ten (10) days before the start of the work that is involved.

**Sub-Contractors**

**Work Assignment**

None	
None	
None	

**Contractor Agreement**

To: The Village of North Aurora  
25 E. State Street  
North Aurora, IL 60542

The undersigned, in compliance with your advertisement for proposals for work as specified, and related documents prepared by or at the direction of the Village of North Aurora, Owner, and having examined the locations and being familiar with all conditions surrounding the Work, including availability of labor and material, does hereby proposed to furnish materials, labor, equipment and services and pay for same and shall perform all work required for the completion of the Project, in accordance with the contract documents and at the price stated.

The undersigned certifies this proposal for the project described in the **Scope of Work** and to be in accordance with the contract documents.

In no event shall any delays or extensions of time be construed as cause or justification for payment of extra compensation to the contractor. Any claims for an increase of the contract time shall be made in writing to the Village within seven (7) days of the cause.

Signed:  \_\_\_\_\_

Print Name: John Pfalgraf

Title: Tree Care Specialist/Arborist

Date: 07/18/24

(State of Illinois) SS County of Will County

I, the undersigned, a notary public in and for the State and County aforesaid, hereby certify that

John Pfalgraf appeared before me this day in person and, being first duly sworn an oath, acknowledged that he/she executed the foregoing certification as his/her free act and deed.

Dated: 07/19/2024

Notary Public: Kim M. Partekkel







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2024

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> Marsh & McLennan Agency LLC 20 North Martingale Road Schaumburg IL 60173	<b>CONTACT NAME:</b> Sharon Panos <b>PHONE (A/C, No, Ext):</b> (847) 809-8714 <b>E-MAIL ADDRESS:</b> Sharon.Panos@MarshMMA.com		<b>FAX (A/C, No):</b> (847) 440-9123													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Westfield Insurance</td> <td>24112</td> </tr> <tr> <td>INSURER B : New Hampshire Ins</td> <td>23841</td> </tr> <tr> <td>INSURER C : Berkley National Insurance Com</td> <td>38911</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 : Westfield Insurance	24112	INSURER B : New Hampshire Ins	23841	INSURER C : Berkley National Insurance Com	38911	INSURER D :		INSURER E :		INSURER F :
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**COVERAGES** **CERTIFICATE NUMBER: 741268692** **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CMM008498R	3/1/2024	3/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CMM008498R	3/1/2024	3/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		CMM008498R	3/1/2024	3/1/2025	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
B	<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 checked="" type="checkbox"/> N <input type="checkbox"/> N/A		WC014195960	3/1/2024	3/1/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Leased & Rented		MNP108938750	3/1/2024	3/1/2025	Limit \$500,000

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

<b>CERTIFICATE HOLDER</b>  Sample	<b>CANCELLATION</b>  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 

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## MUNICIPAL REFERENCES

• **City of Lockport 2008-current**

921 S. State Street, Lockport, IL

Contact: Jenise Lopez (815) 838-0549, JLopez@lockport.org

Landscape maintenance for 7 locations and various landscape projects throughout city

• **City of Joliet 2021 - current**

150 W. Jefferson St, Joliet, IL

Contact: Jim Teiber (815) 414-8755, jteiber@joliet.gov

Mowing and bed maintenance of 60 city sites

• **Village of Mokena 2011-current**

11004 Carpenter Street, Mokena, IL

Contact: Mark Detloff (708) 479-3900, MDetloff@mokena.org

Landscape maintenance of 89 sites incl. parkways, medians, retention ponds and village properties