



20140303
Blanket Contract

City of Springfield Blanket Contract Tracer Document

The purpose of this document is to provide continuous responsibility for the custody of **BLANKET CONTRACTS** during the processing period.

INSTRUCTIONS: Upon receipt, please initial and write in the date of receipt. When your department has approved and signed the blanket contract, please initial and date in the forwarding section and deliver to the next department.

| DEPARTMENT | DATE RECEIVED | | DATE FORWARDED TO NEXT DEPT. | |
|-----------------------|---------------|--------|------------------------------|---------|
| | Initials | Date | Initials | Date |
| Office of Procurement | | | Jmm | 7/24/14 |
| Facilities/Parks | | | KMC | 8/4/14 |
| City Comptroller | LL | 8/4/14 | LL | 8/4/14 |
| Law | PP | 8-5-14 | PP | 8-5-14 |
| CAFO | JG | 8/7 | JS | 8/8 |
| Mayor | JG | 8/8 | | |
| Office of Procurement | | | | |
| | | | | |
| | | | | |

Vendor No.: 91151 Blanket Contract No.: 20140303 Blanket Contract Date: 9/1/2013

Blanket Contract Amt.: \$75,000.00 Issue Date: 9/16/2013 Renewal Date: 6/1/2015

Appropriation Code1:
Appropriation Code2:
Appropriation Code3:
Appropriation Code4:

Description of Funding Source:

Bid No.: 14-023 Requisition No.: PO No.:

Vendor Name: TRUGREEN

Blanket Contract Type: RENEWAL

Blanket Contract Purpose: APPLICATION OF FERTILIZER & PESTICIDE

Originating Dept.: DPB&RM-FACILITIES

Expiration Date: 8/31/2015 Amendment Date: Extension Date:

TYPE OF DOCUMENT (Please select at least one):

New Renewal Amendment Extension



July 1, 2014

Trugreen
2160 Westover Road
Chicopee, MA 01022

ATTENTION: Joseph Wood:

SUBJECT: Renewal of BC# 20140303- Application of Fertilizer & Pesticide Services for the City of Springfield- DPB&RM –Facilities- \$75,000.00.

The City of Springfield – Office of Procurement, on behalf of the DPB&RM is hereby exercising its option to renew the third and final year of a three year agreement for the above referenced contract for the period of September 1, 2014- August 31, 2015.

Please sign all copies of this renewal letter and return to the Office of Procurement along with the enclosed Tax Affidavit Certificate. **And an Updated Certificate of Insurance.** Copies of all documents will be forwarded to you after securing all the required signatures.

Sincerely,

Lauren Stabilo
Chief Procurement Officer

Joseph Wood
TRUGREEN
SIGNED THIS 2ND DAY OF July 2014

Peter Fentor
LAW DEPARTMENT
SIGNED THIS 5 DAY OF Aug 2014

W APPROVED AS TO APPROPRIATION: ^{N/A}

Jim Ralph
OFFICE OF THE COMPTROLLER
SIGNED THIS 4 DAY OF August 2014

APPROVED BY:

Paul Hill
DPB&RM-FACILITIES-DIRECTOR
SIGNED THIS 1 DAY OF August 2014

APPROVED BY:

Domenic J. Sarno
DOMENIC J. SARNO, MAYOR
SIGNED THIS 8 DAY OF Aug 2014

REVIEWED BY:

Bob Met
CAFO
SIGNED THIS 8 DAY OF Aug 2014

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

363734669
Federal Identification Number

Individual Social Security Number

State Identification Number

Company: TruGreen

P.O. Box (if any): _____ Street Address Only: 2160 Westover Rd.

City/State/Zip Code: Chicopee MA 01022

Telephone Number: 413-593-3204 EXT 2 Fax Number: 413 593 5985

List address(es) of all other property owned by company in Springfield: _____

Please Identify if the bidder/proposer is a:

Corporation _____

Individual _____ Name of Individual: _____

Partnership _____ Names of all Partners: _____

Limited Liability Company _____ Names of all Managers: _____

Limited Liability Partnership _____ Names of Partners: _____

Limited Partnership Names of all General Partners: _____

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

FEDERAL TAX CERTIFICATION

I, Joseph M Wood (authorized agent) certify under the pains and penalties of perjury that TruGreen (Bidder/Proposer) to my best knowledge and belief, has/have complied with all United States Federal taxes required by law.

TruGreen Bidder/Proposer/Contracting Entity Joseph Wood Authorized Person's Signature Date: 7/3/14

CITY OF SPRINGFIELD TAX CERTIFICATION

I, Joseph Wood (authorized agent) certify under the pains and penalties of perjury that TruGreen (Bidder/Proposer) to my best knowledge and belief, has/have complied with all City of Springfield taxes required by law (has/have entered into a Payment Agreement with the City).

TruGreen Bidder/Proposer/Contracting Entity Joseph Wood Authorized Person's Signature Date: 7/3/14

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C §49A, I, Joseph M Wood (authorized agent) certify under the pains and penalties of perjury that TruGreen (Bidder/Proposer) to my best knowledge and belief, has/have complied with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

TruGreen Bidder/Proposer/Contracting Entity Joseph Wood Authorized Person's Signature Date: 7/3/14

Notary Public

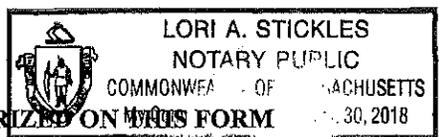
STATE OF Massachusetts , 2014

County of Hampden , ss.

Then personally appeared before me [name] Joseph Wood [title] Business development of [company name] TruGreen, being duly sworn, and made oath that he/she has read the foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge, and stated the foregoing to be his/her free act and deed and the free act and deed of [company name] TruGreen.

Lori A. Stickles
Notary Public

My commission expires: 11/30/2018



YOU MUST FILL THIS FORM OUT COMPLETELY AND, SIGNATURES MUST BE NOTARIZED ON THIS FORM AND YOU MUST FILE THIS FORM WITH YOUR BID/CONTRACT. TAX AFFIDAVITS THAT ARE NOT SIGNED AND NOTARIZED WILL BE REJECTED.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
07/11/2014

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 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).

| PRODUCER Aon Risk Services Central, Inc. Chicago IL Office 200 East Randolph Chicago IL 60601 USA | CONTACT NAME: PHONE (A/C. No., Ext): (866) 283-7122 FAX (A/C. No.): 800-363-0105 E-MAIL ADDRESS: | | | | | | | | | | | | | | |
|--|--|--|-------------------------------|--------|---------------------------------|-------|---|-------|---------------------------------------|-------|--|-------|------------|--|------------|
| | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: New Hampshire Ins Co</td> <td>23841</td> </tr> <tr> <td>INSURER B: National Union Fire Ins Co of Pittsburgh</td> <td>19445</td> </tr> <tr> <td>INSURER C: Commerce & Industry Ins Co</td> <td>19410</td> </tr> <tr> <td>INSURER D: The Insurance Co of the State of PA</td> <td>19429</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: New Hampshire Ins Co | 23841 | INSURER B: National Union Fire Ins Co of Pittsburgh | 19445 | INSURER C: Commerce & Industry Ins Co | 19410 | INSURER D: The Insurance Co of the State of PA | 19429 | INSURER E: | | INSURER F: |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: New Hampshire Ins Co | 23841 | | | | | | | | | | | | | | |
| INSURER B: National Union Fire Ins Co of Pittsburgh | 19445 | | | | | | | | | | | | | | |
| INSURER C: Commerce & Industry Ins Co | 19410 | | | | | | | | | | | | | | |
| INSURER D: The Insurance Co of the State of PA | 19429 | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |
| INSURED TruGreen Limited Partnership 860 Ridge Lake Boulevard Memphis TN 38120-9434 USA | | | | | | | | | | | | | | | |

COVERAGES **CERTIFICATE NUMBER:** 570054590351 **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. **Limits shown are as requested**

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|---|-----------|----------|---|-------------------------|-------------------------|---|---|
| C | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pesticide or Herbicide Applicator Cov <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | GL6819489 | 01/01/2014 | 01/01/2015 | EACH OCCURRENCE | \$3,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$3,000,000 |
| | | | | | | | MED EXP (Any one person) | \$5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$3,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$5,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$3,000,000 |
| | | | | | | | | |
| B | <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 | | | CA 7062774 AOS | 01/01/2014 | 01/01/2015 | COMBINED SINGLE LIMIT (Ea accident) | \$5,000,000 |
| | | | | CA 7062775 VA | 01/01/2014 | 01/01/2015 | BODILY INJURY (Per person) | |
| | | | | CA 7062776 MA | 01/01/2014 | 01/01/2015 | BODILY INJURY (Per accident) | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION | | | | | | EACH OCCURRENCE | |
| | | | | | | | AGGREGATE | |
| A | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | WC043408954 AOS SIR applies per policy terms & conditions | 01/01/2014 | 01/01/2015 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT | \$1,000,000 \$1,000,000 \$1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: TruGreen Limited Partnership - Branch No. 4855. City of Springfield Park and Rec. is included as Additional Insured under the General Liability and Automobile Liability policies if required by written contract. Waiver of Subrogation applies to the General Liability, Automobile Liability and Workers' Compensation policies if required by written contract with City of Springfield Park and Rec.

| | |
|---|--|
| CERTIFICATE HOLDER City of Springfield Park and Rec. 200 Trafton Rd. Springfield MA 01108 USA | 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 <i>Aon Risk Services Central, Inc.</i> |
|---|--|

Holder Identifier : 4855-

Certificate No : 570054590351





ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|-----------|---|--|
| AGENCY Aon Risk Services Central, Inc. | | NAMED INSURED TruGreen Limited Partnership | |
| POLICY NUMBER See Certificate Number: 570054590351 | | | |
| CARRIER See Certificate Number: 570054590351 | NAIC CODE | EFFECTIVE DATE: | |

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance**

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|-------------------------------|--------|
| INSURER | |
| INSURER | |
| INSURER | |
| INSURER | |

ADDITIONAL POLICIES If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|----------|----------------------|-----------|----------|---|------------------------------------|-------------------------------------|--------|
| | WORKERS COMPENSATION | | | | | | |
| A | | N/A | | WC043408955 IL, KY, NC, NH, UT, VT SIR applies per policy terms & conditions | 01/01/2014 | 01/01/2015 | |
| A | | N/A | | WC043408956 GA, VA SIR applies per policy terms & conditions | 01/01/2014 | 01/01/2015 | |
| A | | N/A | | WC043408957 NJ, PA SIR applies per policy terms & conditions | 01/01/2014 | 01/01/2015 | |
| A | | N/A | | WC043408958 ME SIR applies per policy terms & conditions | 01/01/2014 | 01/01/2015 | |
| A | | N/A | | WC043408959 CA SIR applies per policy terms & conditions | 01/01/2014 | 01/01/2015 | |
| A | | N/A | | WC043408960 FL SIR applies per policy terms & conditions | 01/01/2014 | 01/01/2015 | |
| D | | N/A | | WC043408961 MA SIR applies per policy terms & conditions | 01/01/2014 | 01/01/2015 | |
| A | | N/A | | WC043408962 WI SIR applies per policy terms & conditions | 01/01/2014 | 01/01/2015 | |
| A | | N/A | | WC 043408962 ND, WA, WY - EPLI ONLY SIR applies per policy terms & conditions | 01/01/2014 | 01/01/2015 | |
| | | | | | | | |
| | | | | | | | |