



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	7/9/15
Facilities/Parks	Kmc	7/20/15	MPD	7/28/15
City Comptroller	LKL	7/28/15	LKB	7/28/15
Law	MP	7/28/15	MP	7/28/15
CAFO	HLP	7/28/15	HLP	7/30/15
Mayor	eg	7/30/15	eg	7/31/15
Office of Procurement				

Vendor No.: 91151 Blanket Contract No.: 20140303 Blanket Contract Date: 9/1/13

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

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: 8/31/2016 Amendment Date: Extension Date:

TYPE OF DOCUMENT (Please select at least one):

New Renewal Amendment Extension



July 1, 2015

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 Sept. 1, 2015- August 31, 2016.

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 Liability 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

REVIEWED BY:

[Signature]
LAW DEPARTMENT

^{WIA}
APPROVED AS TO APPROPRIATION:

[Signature] 7/28/15
OFFICE OF THE COMPTROLLER

APPROVED BY:

[Signature]
DPB&RM-FACILITIES-DIRECTOR

APPROVED BY:

[Signature]
DOMENIC J. SARNO, MAYOR
SIGNED THIS 31st DAY OF July 2015

REVIEWED BY:

[Signature]
CAFO

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

36 373 4669
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:

413-246-9150

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:

X

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 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: 7/7/15

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: 7/7/15

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C §49A, 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 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: 7/7/15

Notary Public

STATE OF MASS, County of Hampden, ss.

7/7/15

Then personally appeared before me [name] JOSEPH WOOD, [title] BUSINESS DEVELOPMENT PER of [company] 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.

Jean L Bathgate, Notary Public, 8/6/21

My commission expires:



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)
12/23/2014

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:		
INSURED TruGreen Limited Partnership 860 Ridge Lake Boulevard Memphis TN 38120-9434 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: National Union Fire Ins Co of Pittsburgh		19445
	INSURER B: Commerce & Industry Ins Co		19410
	INSURER C: New Hampshire Ins Co		23841
	INSURER D: The Insurance Co of the State of PA		19429
	INSURER E: INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 570056305353 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<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:		GL4267832 SIR applies per policy terms & conditions	01/01/2015	01/01/2016	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
A	AUTOMOBILE LIABILITY		CA 487-56-59 AOS	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000
A	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS		CA 487-56-60 VA	01/01/2015	01/01/2016	BODILY INJURY (Per person)
A	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CA 487-56-61 MA	01/01/2015	01/01/2016	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
C	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 N	WC011953152 AOS SIR applies per policy terms & conditions	01/01/2015	01/01/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$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. Office of Procurement 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 office of Procurement.

CERTIFICATE HOLDER

CANCELLATION

Office of Procurement
 Attn: Terri Maggi
 36 court St. Room 307
 Springfield MA 01103 USA

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

Holder Identifier : 4855-

Certificate No : 570056305353



ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Central, Inc.		NAMED INSURED TruGreen Limited Partnership	
POLICY NUMBER See Certificate Number: 570056305353			
CARRIER See Certificate Number: 570056305353	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						
C		N/A		WC011953153 IL, KY, NC, NH, UT, VT SIR applies per policy terms & conditions	01/01/2015	01/01/2016	
C		N/A		WC011953154 GA, VA SIR applies per policy terms & conditions	01/01/2015	01/01/2016	
C		N/A		WC011953155 NJ, PA SIR applies per policy terms & conditions	01/01/2015	01/01/2016	
C		N/A		WC011953156 CA SIR applies per policy terms & conditions	01/01/2015	01/01/2016	
C		N/A		WC011953157 FL SIR applies per policy terms & conditions	01/01/2015	01/01/2016	
D		N/A		WC011953159 MA SIR applies per policy terms & conditions	01/01/2015	01/01/2016	
C		N/A		WC011953160 ND, OH, WA, WI, WY SIR applies per policy terms & conditions	01/01/2015	01/01/2016	
C		N/A		WC011953158 ME SIR applies per policy terms & conditions	01/01/2015	01/01/2016	