

**TOWN OF FARMINGTON  
LEGAL NOTICE**

The Town of Farmington is seeking proposals for the grinding of brush pile at the Town Transfer Station located at 420 Hook Road. Proposal requirements and documents are available on the Town's website at [www.townoffarmingtonny.com](http://www.townoffarmingtonny.com) or at the Town Hall, 1000 County Road 8, Farmington, NY, 14425.

Proposals must be received by the Farmington Town Clerk at the Farmington Town Hall, 1000 County Road 8, Farmington, no later than Friday, June 7, 2024, at 11 a.m.

Michelle Finley, MMC, RMC  
Farmington Town Clerk

Request for Proposal – May 15, 2024

The Town of Farmington annually has a contractor grind a brush pile at The Town Transfer Station located at 420 Hook Road. This is normally accomplished in the fall.

**Minimum Requirements:**

1. Contractor to provide grinder and at least one operator.
2. Contractor to remove from the site all processed material.
3. Contractor agrees to re-grind existing pile of chips and leave for the Town of Farmington
4. Contractor will coordinate with the Town of Farmington Highway Superintendent who will provide a loader and excavator for assistance and loading of grinder and trucks.
5. This quotation will be for a 1-year contract and a price for a second optional year.
6. Contractor to provide all required insurance coverage. **See appendix A.** Certificate of Liability Insurance must list the Town of Farmington as an additional insured. Proof of Workers Compensation coverage and Disability coverage or an exemption certificate from the Workman's Compensation Board must be included.
7. Contractor to include a signed non-collusive document.
8. Highway Superintendent Tim Ford is the contact for any questions. 315-986-5540

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## Appendix A

1. Notwithstanding any terms, conditions, or provisions, in any other writing between the parties, the contractor hereby agrees to effectuate the naming of the Municipality as an additional insured on the contractor's insurance policies, with the exception of workers' compensation and N.Y. State Disability insurance.
2. The policy naming the Municipality as an additional insured shall:
  - a. Be an insurance policy from an A.M. Best rated "Secure" or better insurer, authorized to conduct business in New York State. A New York licensed insurer is preferred. The decision to accept specific insurers lies exclusively with the Municipality.
  - b. State that the organization's coverage shall be primary and non-contributory coverage for the Municipality, its Board, employees, and volunteers.
  - c. Additional insured status shall be provided by standard or other endorsements that extend coverage to the Municipality for both on-going and completed operations. The decision to accept an endorsement rest solely with the Municipality. A completed copy of the endorsements must be attached to the certificate of insurance.
3.
  - a. The certificate of insurance must describe the specific services provided by the contractor (e.g., roofing, carpentry, plumbing) that are covered by the liability policies.
  - b. At the Municipality's request, the contractor shall provide a copy of the declaration page of the liability and umbrella policies with a list of endorsements and forms. If so requested, the contractor will provide a copy of the policy endorsements and forms.
  - c. A fully completed New York Construction Certificate of Liability Insurance Addendum (ACORD 855 2014/05) must be included with the certificates of insurance.
4. The contractor agrees to indemnify the Municipality for any applicable deductibles and self-insured retentions.
5. Required Insurance:
  - a. **Commercial General Liability Insurance**  
\$1,000,000 per occurrence/ \$2,000,000 general and products/completed operations aggregates. The general aggregate shall apply on a per-project basis.
  - b. **Automobile Liability**  
\$1,000,000 combined single limit for owned, hired and borrowed and non-owned motor vehicles.
  - c. **Workers' Compensation, Employers Liability and NYS Disability Insurance**  
Statutory Workers' Compensation, Employers' Liability Insurance and NYS Disability Insurance for all employees. Proof of coverage must be on the approved specific form, as required by the New York State Workers' Compensation Board. ACORD certificates are not acceptable.
6. Contractor acknowledges that failure to obtain such insurance on behalf of the Municipality constitutes a material breach of contract and subjects it to liability for damages, indemnification, and all other legal remedies available to the Municipality. The contractor

is to provide the Municipality with a certificate of insurance, evidencing the above requirements have been met, prior to the commencement of work or use of facilities.

7. The Municipality is a member/owner of the NY Municipal Insurance Reciprocal (NYMIR). The contractor further acknowledges that the procurement of such insurance as required herein is intended to benefit not only the Municipality but also NYSIR, as the Municipality's insurer.

## NON-COLLUSIVE BIDDING CERTIFICATION

By submission of this RFP/bid, each company and each person signing on behalf of any bidder certifies, and, in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:

- 1 The prices in this RFP/bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.
- 2 Unless otherwise required by law, the prices which have been quoted in this RFP/bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and
- 3 No attempt has been made or will be made by the bidder to induce any other person, partnership, or corporation to submit or not to submit a bid for the purpose of restricting competition.

**SIGN HERE:**

\_\_\_\_\_  
**Individual or Legal Name of Firm or Corporation**

**ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_

**BY:**

\_\_\_\_\_  
**Signature of Representative of Firm or Corporation**

**DATED:**

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