



CITY OF GRIFFIN, GEORGIA

RESPONSE SUBMITTAL

BID #15-007

For

TREE TRIMMING AND REMOVAL SERVICES

Submitted by:

Name of Company: Southern Pride Tree Care & Removal
Mailing Address: 328 Patillo Rd.
City/State/Zip: Jackson GA. 30233
Phone (including area code): 706-601-3972
E-mail: treecuttersof4@yahoo.com

Submittal Deadline:
Tuesday, January 6, 2014 at 2:00 P.M.

BID 15-007 TREE TRIMMING AND REMOVAL SERVICES
BID RESPONSE ACKNOWLEDGEMENT

The Supplier has examined, carefully studied and hereby acknowledges the Specifications and any Addenda and agrees to provide the required services in accordance with this proposal. **The Supplier agrees to all specification items listed unless specifically noted on the Exceptions page.** The Supplier further certifies that they are not currently debarred from submitting proposals by any agency of the State of Georgia or the federal government.

Specifications Acknowledgement _____
Addendum No. _____ dated _____ Acknowledgement Rye
Addendum No. _____ dated _____ Acknowledgement _____
Addendum No. _____ dated _____ Acknowledgement _____

Suppliers must acknowledge the Specifications and any issued addenda. Bids which fail to acknowledge the Supplier's receipt of any addendum will result in the rejection of the bid if the addendum contained information which substantively changes the City's requirements.

BID RESPONSE SIGNATURE

Please indicate organization type: Individual Partnership ☒ Corporation

NAME OF COMPANY: Southern Pride Tree Care & Removal

MAILING ADDRESS: 328 Patillo Rd.

CITY /STATE/ZIP: Jackson GA 30233

PHONE (including area code): 706-601-3972

E-MAIL: treecuttersof4@yahoo.com

Ricci L. Estes Owner
AUTHORIZED SIGNATURE TITLE

Ricci Linn Estes Owner
NAME (PRINTED) TITLE (PRINTED)

RESPONDING WITH 'NO BID'

Our company has elected to submit a 'NO BID' response for the following reason: _____

AUTHORIZED SIGNATURE TITLE

NAME (PRINTED) TITLE (PRINTED)

If you elect to submit a 'No Bid', you may email this page to cfay@cityofgriffin.com or fax to 678-692-0402 at any time prior to deadline.

ITB 15-007

PRICE SUBMITTAL: Tree Trimming & RemovalCompany Name Southern Pricole Tree Bid Price Valid Through 90 days
Care & Removal**PRICE STRUCTURE** – Complete the following and include associated information specifics for the cost quoted.**Tree Pruning:**Groundsmen \$ 10.00 /hrForeman \$ 20.00 /hrEquipment \$ 75.00 /hrOperator \$ 15.00 /hr**Note:** the above classifications and rates are representative of the duties performed at the job site, not the crew member's title (if the equipment operator is filling in for a groundsman, that pay rate is to be that of a groundsman).**Tree Removal (including the grinding of stump)**

DIAMETER-BREAST-HEIGHT	UNIT PRICE A: (hazardous)	UNIT PRICE B: (standard)	COMMENT
2" and under	Saplings with diameter of 2" or less when measured 54" (breast height) from ground are considered 'brush' and will be maintained by the City		
3" to 15"	<u>150.00</u>	<u>100.00</u>	
16" to 24"	<u>450.00</u>	<u>350.00</u>	
25" to 36"	<u>950.00</u>	<u>700.00</u>	
37" to 48"	<u>1875.00</u>	<u>1500.00</u>	
49" to 60"	<u>2350.00</u>	<u>1900.00</u>	
61" to 72"	<u>3600.00</u>	<u>3000.00</u>	
Over 60" (per inch)	<u>\$54.00</u>	<u>\$49.00</u>	Price per caliper inch for inches over 60

Note: A hazardous tree is defined as being in the immediate vicinity of power lines or proximity to houses. Standard refers to all other trees.

Define your crew composition and identify conditions that require different crew make-up: _____

My crew is capable of removing any tree needed, we have all necessary equipment needed to do a safe and professional removal of any potentially hazardous trees, trees around power lines, trees on structures, etc. / We're also equip with professional climbing crew, with all needed safety gear to professionally do the job.

List the equipment to be used in the performance of these duties that is owned by your company (if listed below, check the equipment that you have and list all other equipment):

safety equipment: ✓rigging: ✓

ladders: _____

hand/power tools: ✓chippers: ✓bucket truck (specify reach): 75ft & 56ft

We also have a 56ft crane if needed for tight areas, or the removal of any debris from structures, etc.

PRICE SUBMITTAL: Tree Trimming & Removal, page 2

Do you have a certified Arborist on staff? NOOther fees not included in the above: \$ n/aOther fees not included in the above: \$ n/a

Additional comments/recommendations: We have also done various amounts of storm damage work for city's, county's, residents, etc.
We have removed very large trees with no damage for St. George Housing, Aspen County, Oak at Road between sidewalks,
were very prideful in our work.

The City reserves the right to accept or reject any or all bids and to waive any technicalities and formalities in the bidding.
 The City reserves the right to accept the BEST-EVALUATED BID as deemed by the Evaluation Committee, which may or may not be the lowest monetary bid.

The undersigned understands that any conditions stated above, clarifications made to the above or information other than that requested should be under separate cover and shall be considered at the discretion of the City.

COMPLETED BY:

Company Name: Southern Pride Tree Care & Removal

Contact Person: Ricci Linn Estes Ricci Linn Estes
 (Signature) (Printed Name)

REFERENCES

The City of Griffin requests a minimum of three references where work of a similar size and scope has been completed within the past 3-4 years.

REFERENCE 1:

Company Name: Spaulding Co. Public Works

Brief Description of Project: remove all dead & potentially hazardous trees and limbs by road ways & power lines

Completion Date: as awarded thru 2014, 2013, 2012

Contact Person: Tim Crane

Telephone: 678-572-8449 E-mail: tcrane@spauldingco.com

REFERENCE 2:

Company Name: Gordon State College

Brief Description of Project: trim & remove all dead or potentially hazardous trees & limbs around campus, walking tracks & Obstacle Course

Completion Date: thru out 2014, 2013, 2012

Contact Person: Trent Johnston / Richard

Telephone: 706-476-1599 E-mail: trentj@gordonstate.edu

REFERENCE 3:

Company Name: Lamar Co. Commissioners

Brief Description of Project: clean up and remove hanging limbs from storm damage & remove all hazardous tree from roadways & power lines.

Completion Date: as need / work done thru 2014, 2013, 2012

Contact Person: James Rigdon

Telephone: 770-872-1365 E-mail: ~~and~~ rigdon.james@yahoo.com

COMPLETED BY:

Company Name: Southern Pride Tree Care & Removal

Contact Person:  Ricci Linn Estes

(Signature)

(Printed Name)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/05/2015

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 Alexander, Heath & Walker, Inc. P.O. Box 880 Barnesville, GA 30204- Vickie Sharpton	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Atlantic Casualty Ins co INSURER B: Progressive Mountain INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Ricci Lynn Estes dba Southern Pride Tree Care & Removal 328 Patillo Rd Jackson, GA 30233	NAIC #

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			L024003720	01/17/2014	01/17/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
B	AUTOMOBILE LIABILITY			08397753-2	01/17/2014	01/17/2015	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$ 25,000
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$ 50,000
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$ 25,000
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.I. EACH ACCIDENT \$
							E.I. DISEASE - EA EMPLOYEE \$
							E.I. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Tree Pruning, Felling & Trimming

CERTIFICATE HOLDER

CANCELLATION

CITY OF G City of Griffin P.O. Box T Griffin, GA 30224	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 Vickie Sharpton
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ACORDTM CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
01/06/2015PRODUCER Phone: (229) 723-0880 Fax: (229) 723-2060
CLENNEY INSURANCE OF BLAKELY, INC
8 LIBERTY STREET
BLAKELY GA 39823THIS 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.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
SOUTHERN PRIDE TREE CARE & REMOVAL, LLC
C/O RICCI LINN JONES *ES+CS*
430 BROOK ROAD
BARNESVILLE GA 30204

INSURER A: NCCI

INSURER B:

INSURER C:

INSURER D:

INSURER E:

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 LTR	ADOL INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED. EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMPIOP AGG. \$
		AUTOMOBILE LIABILITY <input 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				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	10-39071-14097-11315	04/01/14	04/01/15	WC STATU- TORY LIMITS E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE-EA EMPLOYEE \$ 600,000 E.L. DISEASE-POLICY LIMIT \$ 600,000
		OTHER:				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
CERTIFICATE HOLDER ADDED AS ADDITIONAL INSURED ONLY AS THEIR INTERESTS MAY APPEAR.

CERTIFICATE HOLDER

CITY OF GRIFFIN
PO BOX T
GRIFFIN, GA 30224

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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

Cautey Thompson

Attention:

ACORD 26 (2001/06)

Certificate # 1248

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BARNESVILLE, GEORGIA 30204
770/358-5364

BUSINESS OCCUPATION TAX AND LICENSE

SOUTHERN PRIDE TREE CARE
430 BROOK RD
BARNESVILLE, GA 30204

Certificate No.: 0116
Issue Date: 1/21/2014

RICCI LINN JONES

Owner

In consideration of which County of Lamar, Georgia has granted a Certificate for carrying on the business of: TREE SERVICE.

This Certificate Expires On: 12/31/2014
License must be renewed between
January 1st and March 31st of following year.

Fee: \$ 70.00

Witness my hand and seal with day and year above written

THIS CERTIFICATE MUST BE CONSPICUOUSLY DISPLAYED AT ALL TIMES

THIS LICENSE IS NOT TRANSFERABLE AND IS SUBJECT TO BE REVOKED IF ABUSED

PLEASE FOLD OR DETACH PRIOR TO DISPLAYING

LAMAR COUNTY
408 THOMASTON STREET
BARNESVILLE, GEORGIA 30204
770/358-5364

---RECEIPT---

January 21, 2014

Fee Description

of Employees

Fee Amount

OF EMPLOYEES

3

70.00

Penalties

\$ 0.00

Total Fees

\$ 70.00

Your Business License for the period January 1, 2014 - December 31, 2014 is attached.

Total Fees paid for this year are: \$ 70.00

RICCI LINN JONES
SOUTHERN PRIDE TREE CARE
430 BROOK RD
BARNESVILLE GA 30204