

2 A

AUTHORIZING RESOLUTION OF THE

Bolton Board of Selectmen

CERTIFICATION:

I, Elizabeth Waters, the Town Clerk of the Town of Bolton, do hereby certify that the following is a true and correct copy of a resolution adopted by Bolton Board of Selectmen at its duly called and held meeting on November 23, 2021 at which a quorum was present and acting throughout, and that the resolution has not been modified, rescinded, or revoked and is at present in full force and effect:

RESOLVED, that the Town of Bolton may enter into with and deliver to the **State of Connecticut Department of Emergency Services and Public Protection, Division of Emergency Management and Homeland Security** any and all documents which it deems to be necessary or appropriate; and

FURTHER RESOLVED, that Pamela Z. Sawyer, as First Selectman of the Town of Bolton, is authorized and directed to execute and deliver any and all documents on behalf of the Bolton Board of Selectmen and to do and perform all acts and things which he/she deems to be necessary or appropriate to carry out the terms of such documents, including, but not limited to, executing and delivering all agreements and documents contemplated by such documents.

The undersigned further certifies that Pamela Z. Sawyer now holds the office of First Selectman and that she has held that office since November 15, 2021.

IN WITNESS WHEREOF: The undersigned has executed this certificate this _____ day of November, 2021.



Elizabeth C. Waters, Town Clerk



Town of Bolton

222 BOLTON CENTER ROAD • BOLTON, CT 06043
TELEPHONE (860) 649-8066 FAX (860) 643-0021

RESOLVED, Pursuant to Sec. 7-402 of the Connecticut General Statutes, the following depositories are designated for use by the Town of Bolton:

Chelsea Groton Bank
Bank of America
Webster Bank
First Niagara Bank
Connecticut State Treasurer's Short-
Term Investment Fund

Citizen's Bank
People's United Bank
M B I A
TD Bank
Farmington Bank
Sovereign Bank

BE IT FURTHER RESOLVED that Chelsea Groton Bank be and hereby is designated as the primary depository of this Town and that the officials of this Town be and hereby are authorized to deposit any of the funds of this Town in said Chelsea Groton Bank; and

BE IT FURTHER RESOLVED that, until further order from the Board of Selectmen, any funds of this town deposited in said Chelsea Groton Bank be subject to withdrawal or change at any time and from time to time upon checks, notes, drafts, bills of exchange, acceptances, or other instruments for the payment of money or upon directions for the wire transfer of money when made, signed, drawn accepted, endorsed or orally directed on behalf of this Town, by any two of the following:

Jill F. Collins, Chief Financial Officer
James Rupert, Interim Administrator
Pamela Z. Sawyer, First Selectman

BE IT FURTHER RESOLVED that, until further order of the Board of Selectmen, Kristin Heckt, Superintendent of Schools, shall be an authorized signature on the checking accounts of the Board of Education in addition to those individuals authorized above; and

BE IT FURTHER RESOLVED that Chelsea Groton Bank is hereby authorized to pay any such instrument or make any such change and also to receive the same from the payee or any other holder without inquiry as the circumstances or issue or the disposition of the proceeds even if drawn to the individual order of any signing person, or payable to said Chelsea Groton Bank or others for this account, or tendered in payment of his individual obligation, and whether drawn against an account in the name of this town or in the name of any official of this town as such; and

BE IT FURTHER RESOLVED that the Town Clerk or Assistant Town Clerk of this Town be and hereby are authorized to certify to said Chelsea Groton Bank that these resolutions have been duly adopted and that they are in conformity with the Connecticut General Statutes and the Charter and Ordinances of the Town of Bolton, CT.

Dated:

ss: Bolton, Connecticut

Attest: _ Town Clerk of Bolton

CEMETERY MAINTENANCE BID	THOMAS LANDSCAPING	G & G PROPERTY SERVICES
Bid Total	\$33,900.00/year	\$26,360.00/year – 3 yr bid
Spring Clean up	\$2,400.00	April 1- Nov 30
Cut & Trim Lawn	\$27,300.00 (\$975/cut x 28 cuts/season)	Removal of all grass clippings from headstones & markers
Fall Leave Clean up	\$3,000.00	
Perimeter Pruning	\$1200.00 (3x /year @ \$400 each)	Trimming of bushes and brush around perimeter monthly
		Removal of dead flowers from new graves, dead arrangements and grave blankets and other decorations in spring and fall
Insurance Provided	Yes	Yes
References Provided/Checked	Yes	Yes



3A & B

860-798-3229

Vernon, CT

Kathy McCavanagh
Town Of Bolton
222 Bolton Center Road
Bolton, CT 06043

BID – CEMETERY MAINTENANCE

REFERENCES:

- 1) ELLINGTON CENTER CEMETERY. Dale Gerber – President (860) 281-5231
- 2) John F Tierney Funeral Home. Tom Tierney - Owner. (860) 649-1222
- 3) St. James Church/School. Rich – Supervisor Main. (860) 519-3583

Insurance: Copy of Certificate Attached

Employees: Three Full Time Brothers operate a 40 year family run business that employees up to 8 in season employees.

Equipment List: Extensive- W.H. Preuss and Sons Supplied and Maintained for 35 yrs

Total Yearly Maintenance Proposal of \$ 33,900.00. Thirty three thousand nine hundred dollars.

Service Breakdown:

- 1) Spring Clean Up. \$ 2,400.00
- 2) Cut and Trim Lawn. \$27,300.00 \$ 975.00/Cut x 28 Cuts per/season
- 3) Fall Leave Clean up. \$ 3,000.00
- 4) Perimeter Pruning. \$ 1,200.00 (3 times @\$400.00/per)

BID – SEXTON SERVICES

- 1) Conventional Vault Burial \$ 850.00
- 2) Conventional Burial Saturday Surcharge \$ 350.00
- 3) Conventional Burial Sun/Holiday Surcharge \$ 500.00
- 4) Conventional Burial Winter Surcharge. \$ 250.00 (Dec 1 – April 1)
- 5) Cremation Burial. \$ 250.00
- 6) Cremation Burial Saturday Surcharge. \$ 200.00
- 7) Cremation Burial Sun/Holiday Surcharge. \$ 400.00
- 8) Cremation Burial Winter Surcharge. \$ 150.00 (Dec 1- April 1)

Remaining Sexton services are being investigated for proper pricing

Contact Information:

Tom Jaworski. Telephone (860) 798-3229
E-Mail. Tlandscape11c@sbcglobal.net
166 Hatch Hill Road, Vernon CT 06066



THOMA-1

OP ID: DP

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/19/2020

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).

PRODUCER Commercial Insurance Associate 250 State Street Unit K-1 North Haven, CT 06473 David Caldarella	203-281-5911	CONTACT NAME: David Caldarella PHONE (A/C, No, Ext): 203-281-5911 E-MAIL ADDRESS: david@ciaonline.com FAX (A/C, No): 203-248-6518																					
INSURED Thomas Landscape LLC 166 Hatch Hill Road Vernon, CT 06066		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Ohio Security Ins Co.</td><td>24082</td></tr><tr><td>INSURER B:</td><td>American Fire and Casualty Co</td><td>24066</td></tr><tr><td>INSURER C:</td><td>Ohio Casualty Insurance Co.</td><td>24072</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Ohio Security Ins Co.	24082	INSURER B:	American Fire and Casualty Co	24066	INSURER C:	Ohio Casualty Insurance Co.	24072	INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																							

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Per Project Aggre GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS (21) 56788829	10/20/2020	10/20/2021	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 15,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ 15,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAA (21) 56788829	10/20/2020	10/20/2021	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			USO (21) 56788829	10/20/2020	10/20/2021	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	AGGREGATE	\$ 1,000,000		\$								
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B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			XWA (21) 56788829	10/20/2020	10/20/2021	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 500,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 500,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 500,000	E.L. DISEASE - EA EMPLOYEE	\$ 500,000	E.L. DISEASE - POLICY LIMIT	\$ 500,000						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Konover Residential Corp, Velvet Mill LP, Clocktower Mill and Dye House are covered as additional insured with respect to work performed by the insured with a written contract.

CERTIFICATE HOLDER**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



Conor J. Gay
(860) 709-0601
GGPropertyServicesLLC@gmail.com

Current list of Commercial Clients

- ABC Supply, Manchester CT
- Woodlake at Tolland Nursing and Rehabilitation Center, Tolland CT
- Gold and Diamond Exchange, Ellington CT
- Natural Park Apartments, Willington CT
- Pine Acres Condominiums, Vernon CT
- Whole life Inc, Stafford & Willington, CT
- David Wesley Real Estate, Manchester CT
- City Properties, LLC, Tolland CT
- Ellington Associates, LLC, Ellington CT
- Over 45 residential clients in Bolton and surrounding towns

References

- Anthony Bradford – Woodlake at Tolland, Tolland CT
 - (860) 881 - 1499
- Chris Buccheri – Natural Park Apartments, Willington CT
 - (860) 331 - 3568
- Ray Roy – Gold and Diamond Exchange, Ellington CT
 - (860) 881 - 1499
- Keith Nicoli - ABC, Manchester CT
 - (860) 643 - 2588

Equipment List

- 2 one-ton trucks
- Bobcat skid steer
- Equipment trailer
- 3 zero turn lawn mowers with bagging systems and dethatcher attachment
- 4 backpack blowers
- 6 string trimmers/weed whackers
- 2 enclosed trailers
- 2 pole saws
- 3 shrub trimmers
- 1 dump trailer
- 2 chainsaws
- Leaf collection system
- Stand on leaf blower
- Rakes, shovels, pruners and ect...



Conor J. Gay
(860) 709-0601
GGPropertyServicesLLC@gmail.com

2022-2025 Cemetery Grounds Maintenance

To whom it may concern:

I would like to start off by saying it is a pleasure to be able to bid these properties for the Town of Bolton and its residents. As a company, G&G Property Services understands the importance and significance these cemeteries have for the residents of Bolton and other neighboring towns. We have served companies in the town of Bolton for years and in doing so have been apart of numerous town Facebook groups and social media pages. We have noticed, along with many people in Bolton, how poorly the cemeteries have been serviced and we have seen the lack of improvement despite all the complaints from the residents of Bolton.

There are several things G&G would like to address and change going forward if we are given the opportunity to serve the Town of Bolton. We would address the issues of the following: improper and disrespectful treatment of gravestones; neglect of flowers, flags and other meaningful items left at individual gravestones; weed whacker string carelessly left on the property; and overall neglect of gravestones and personal effects.

We are a local company who takes pride in our work and our reputation. We would like to make a promise to the residents of Bolton and any others who have loved ones in Bolton Center Cemetery and Quarryville Cemetery; we as a company will rectify all the neglect and carelessness you have witnessed in the past. We will use care and show respect to the properties and if there are any issues with our service, we will listen and fix the issues immediately.

Thank you for your consideration; we look forward to the opportunity to service these properties and build a great relationship through the next three years. We welcome any questions you have throughout the bidding process.



Conor J. Gay
(860) 709-0601
GGPropertyServicesLLC@gmail.com

Cemetery Grounds Maintenance

- i) Mowing, edging and weed whacking of all green space and around headstones and markers as needed to maintain grass height not to exceed three (3) inches, typical growing season shall be defined as April 1st through November 30th.
- ii) Trimming around all gravestones and markers within the cemetery so that vegetation around such obstacles does not exceed a height of three (3) inches. This includes removal of any grass clippings from gravestones and markers.
- iii) Trimming of bushes and brush vegetation around the perimeter monthly to allow clear access to all grave sites and roadways, and to prevent the spread of brush and trees within mowed areas of the cemetery.
- iv) Removing of any tree or brush growth around grave markers or headstones.
- v) Removal of dead flowers from new graves, removing of dead arrangements and grave blankets and other grave decorations in spring and fall.
- vi) (Spring) first clean up and mow must be done before Mother's Day.
- vii) Mowing must be done within one week prior to Mother's Day, Father's Day, Memorial Day and July 4th. Spring and fall clean-ups include branches, twigs and leaf removal or clearing.
- viii) Monuments, stones, flowers, shrubs and flags shall be treated with respect and shall not be damaged during maintenance and clean ups. Repairs or replacement will be to the satisfaction of the Town of Bolton.



Conor J. Gay
(860) 709-0601
GGPropertyServicesLLC@gmail.com

Insurance Coverages:

G&G will maintain the following types of Insurance: Workers Compensation, Automotive and General Liability.

How to Contact Us:

The best way to reach the contractor is via phone – (860) 709-0601 – or via email – GGPropertyServicesLLC@gmail.com.

Yearly cost for 2022

Services: \$26,360.⁰⁰

Yearly cost for 2023

Services: \$26,360.⁰⁰

Yearly cost for 2024

Services: \$26,360.⁰⁰




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/23/2020

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.

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PRODUCER  JENNIFER LAMPHERE 62 HARTFORD TPKE TOLLAND CT 06084	CONTACT NAME: GREG LANO PHONE (A/C, No, Ext): 860-375-9369 E-MAIL ADDRESS: GREG.LANO.FPPR@STATEFARM.COM FAX (A/C, No): 860-380-3018	
	INSURER(S) AFFORDING COVERAGE INSURER A : State Farm Fire and Casualty Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED G & G PROPERTY SERVICES LLC 75 MOUNTAIN SPRING RD TOLLAND CT 06084-2928		NAIC # 25143

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			97BP20252	11/23/2020	11/23/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PO/OP AGG \$ 2,000,000 \$
<input type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			071054J12	11/23/2020	05/23/2021	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
<input type="checkbox"/>	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
<input 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	<input type="checkbox"/> Y/N N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

LAWN CARE SERVICES & SNOW REMOVAL

WESTFORD REAL ESTATE MANAGEMENT, LLC

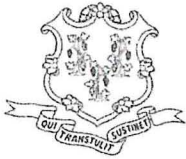
CERTIFICATE HOLDER**CANCELLATION**WESTFORD REAL ESTATE MANAGEMENT, LLC
348 HARTFORD TURNPIKE, SUITE 200
VERNON CT 06066

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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State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 6-17-2019

6B

Coverage Election by Employee who is an
Officer of a Corporation or a Member of an LLC

DO NOT SEND THIS FORM TO A DISTRICT OFFICE!

Send to: WORKERS' COMPENSATION COMMISSION
21 OAK STREET, 4th FLOOR
HARTFORD, CT 06106

Pursuant to C.G.S. Section 31-321, this notice must be served
upon the Workers' Compensation Commission in person OR
by registered or certified mail.

**IF YOU WISH TO RECEIVE A
DATE-STAMPED COPY OF
THIS FORM, SEND:**

- 2 COPIES of each form
- a self-addressed STAMPED
envelope

Date filed with WCC

RECEIVED CERTIFIED MAIL

NOV 23 2020

Workers Compensation Comm.
Office of Chairman • Hartford, CT

(for WCC use only)

▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ ▶ Incomplete and/or illegible forms will be returned unstamped. ◀ ◀ ◀ ◀ ◀ ◀ ◀ ◀ ◀ ◀

COVERAGE ELECTION - To the Workers' Compensation Commission, 21 Oak Street, 4th Floor, Hartford, Connecticut 06106

and to G & G PROPERTY SERVICES LLC of 75 MOUNTAIN SPRING RD
(name of employer) (street address)

located in TOLLAND CT 06084
(city or town) (state) (zip code)

I, CONOR GAY, an Employee of
(name of employee)

G & G PROPERTY SERVICES LLC of 75 MOUNTAIN SPRING RD
(exact name of corporation or LLC) (street address)

located in TOLLAND CT 06084
(city or town) (state) (zip code)

and also the OWNER/OPERATOR of said Corporation or LLC,
(office held)

hereby elect to:

☒ **BE EXCLUDED FROM COVERAGE** under the Workers' Compensation Act pursuant to Section 31-275 of the Connecticut General Statutes

☐ **REVOKE ANY PREVIOUS ELECTION OF EXCLUSION** from the provisions of Section 31-275 of the Connecticut General Statutes

AFFIRMATION - Section 31-284 of the Connecticut General Statutes requires that workers' compensation insurance be obtained for all covered employees.

Dated on this 21 day of NOVEMBER, 20 20
(number) (month) (year)

Employee Signature Conor J Gray Date of Birth (required) 07/29/1994

Employee Street Address 75 MOUNTAIN SPRING RD

City or Town TOLLAND State CT Zip Code 06084

Please be advised that the Workers' Compensation Commission accepts the coverage election form 6B for filing purposes ONLY.

The filer of this form is solely responsible for the accuracy of the information contained herein.

CEMETERY SEXTON SERVICES BID	THOMAS LANDSCAPING			CZAJA BROTHERS, INC.
THOMAS LANDSCAPING			CZAJA BROTHERS, INC.	
Bid Total				\$1500/month – 3 year bid???
Conventional Vault Burial	\$850.00		Full Burial Excavation (Monday thru Friday)	\$1,000.00/grave
Conventional Burial Saturday Surcharge	\$350.00		Saturday Burial Excavation	\$1,150.00/grave
Conv. Burial – Sunday/Holiday Surcharge	\$500.00		Sunday burial Excavation	\$1,300.00/grave
Conv. Burial –Winter Surcharge (Dec 1 – April 1)	\$250.00		Winter Surcharge (Dec 1 – March 31)	\$100.00
Cremation Burial	\$250.00		Cremation Burial (Monday thru Friday)	\$500.00
Cremation Burial – Saturday Surcharge	\$200.00		Cremation Burial (Saturday)	\$650.00
Cremation Burial – Sunday/Holiday Surcharge	\$400.00		Cremation Burial (Sunday)	\$800.00
Cremation Burial – Winter Surcharge (Dec 1 – April 1)	\$150.00		Winter Surcharge on Cremation (Dec 1 – March 31) *Winter charge includes removing frost from graves and snow blowing area around gravesite for service patrons.	\$100.00
			Monument Foundations Installation (which is measured from surface area of proposed monument). Foundations installed will be 42 inches deep with poured concrete, no filler materials.	\$150.00/sq. ft.
			Unforeseen Conditions – above pricing does not include the following: 1. Ledge rock removal that our excavators cannot dig through.	

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			2. Misplacement of cemetery vaults, and/or grave monuments from past cemetery operations. (These may be corrected if they ever occur on a per case basis, with negotiated pricing with the Town).	
Insurance Provided	Yes			Yes
References Provided/Checked	Yes			Yes

Czaja Brothers Inc.

117 Boston Rd. Middletown Ct. 06457

860 754-8287

Proposal

To: Town of Bolton

Date: October 27, 2021

From: Czaja Brothers Inc. Contact: Craig Czaja, email: craig@czjabrothers.com

Re: Proposal for Sexton Services, Town of Bolton CT.

- Provide sexton services for Bolton Center Cemetery, and Quarryville Cemetery. The services provided will include the bullet points outlined on page 1 and 2 of the bid documents, for a term of 3 years.
- Provide grave opening and closing services at the two cemeteries for a term of 3 years.
- Provide monument foundation services for a term of 3 years.
- Maintain required insurance coverage, and proper staff for a term of 3 years.

Cost Schedule:

Sexton services: Our cost for sexton services is \$1500.00 a month for a term of 3 years. This includes all the duties outlined on page 1 and 2 of the bid documents. Invoices will be sent out at the end of each month.

Grave openings and closings: Our costs for grave opening and closings are a per burial basis. Full Burial; A full burial excavation is \$1000.00 per grave, Monday thru Friday. Saturdays are \$1150.00 per grave; Sundays are \$1300.00 per grave. A winter charge of \$100.00 per grave will be added to the cost from December 1 thru March 31. Cremations; Cremation burials are \$500.00 per hole Monday thru Friday. Saturdays are \$650.00 per cremation, and Sundays are \$800.00 per cremation. A winter charge of \$100.00 per cremation will be added to the cost from December 1 thru March 31. Winter charge includes removing frost from graves, and snow blowing an area around the gravesite for the service patrons.

Monument Foundations: The cost for monument foundation installations is \$150.00 per square foot, which is measured from the surface area of the proposed monument. Foundations installed will be 42 inches deep with poured concrete, no filler materials.

Unforeseen conditions: The above pricing does not include the following items. 1. Ledge rock removal that our excavators cannot dig thru. 2. Misplacement of cemetery vaults, and/or grave monuments from past cemetery operations. All though these cases are rare in most cemeteries, they do happen occasionally. We may correct these conditions if they ever occur on a per case basis, with a negotiated price with the Town of Bolton.



Czaja Brothers Inc.

117 Boston Rd. Middletown Ct. 06457

860 754-8287

References

Current client list: (List corresponds with the busiest cemeteries, there are more that we service).

Calvary cemetery, Middletown Ct.

Green cemetery, Glastonbury Ct.

Old Church Cemetery, Glastonbury Ct.

Wilcox cemetery, Berlin Ct.

Mica Hill cemetery, Durham Ct.

Neipsic cemetery, Glastonbury Ct.

References:

Bruce Sullivan, Superintendent for Green cemetery. 860-328-2311

Joseph Biega, Owner of Biegas Funeral Home. 860-346-1055

Jonathan Field, President of Durham Cemetery Company. 860-936-4611 ✓

Richard Benson, Superintendent Wilcox Cemetery Association. 860-690-5715



Czaja Brothers Inc.

117 Boston Rd. Middletown Ct.06457

860 754-8287

Cover Letter

To: Town of Bolton CT.

Date: October 27, 2021

From: Czaja Brothers Inc. Contact: Craig Czaja

Re: Bid documents for "Sexton Services" Town of Bolton, CT.

Dear town of Bolton officials,

My name is Craig Czaja, owner of Czaja Brothers Inc. located in Middletown, CT. This cover letter precludes bid documents we are providing the Town of Bolton with, regarding the Sexton Services bid. Our company currently provides cemetery services throughout the state of Ct. We were incorporated in 2015 following two previous generations of cemetery services provided by our father and grandfather. In the following documents we have provided references for some of our current clients in the funeral industry. This is a small list of the clients we currently provide service to. Our company is highly dedicated to providing outstanding service to our clients. We currently employ 4 full time employees, and hire seasonal staff during busy times. We appreciate the opportunity to bid on the work outlined for the Town of Bolton. Thank you for considering our company.

Sincerely,



Craig Czaja

860-754-8287 email: craig@czjabrothers.com



CZAJBRO-01

MALEXANDER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/27/2021

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).

PRODUCER Smith Brothers Insurance, LLC. Location: 2 No. Main Street, Chester, CT 06412 Mailing: 68 National Drive, Glastonbury, CT 06033	CONTACT NAME:		
	PHONE (A/C, No, Ext): (860) 652-3235	FAX (A/C, No): (860) 652-3236	
	E-MAIL ADDRESS: GeneralMailbox@SmithBrothersUSA.com		
INSURED Czaja Brothers Inc. 117 Boston Road Middletown, CT 06457	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Selective Insurance Group		2429
	INSURER B : Selective Insurance Co of SC		19259
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			S 2445218	8/12/2021	8/12/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			S 2445218	8/12/2021	8/12/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			S 2445218	8/12/2021	8/12/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WC 9083236	8/12/2021	8/12/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

Bolton Connecticut

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