## TOWN OF BOLTON BOARD OF SELECTMEN SPECIAL MEETING AGENDA TUESDAY, NOVEMBER 30, 2021 – 7:00 P.M.

Call-In Number: 1-929-205-6099 Meeting ID: 841 0024 4839

- 1. Call to Order.
- 2. Consider and Act on Bids for:
  - a. Cemetery Maintenance.
  - b. Sexton Services.
- 3. Adjourn.

The public may access this meeting by phone by calling 1-929-205-6099 and entering Meeting ID: 841 0024 4839. The Town of Bolton, CT is committed to making every possible accommodation to allow you to understand and participate in public processes. If you are a resident who cannot access our meetings via telephone, please contact our Media Coordinator Gary Silver at gsliver@boltonct.org or 860-649-8066 x6112 as soon as possible to make other arrangements to connect to a public meeting. Accommodations must be sought at least 24 hours in advance in order for us to best respond to your request.



## ACORD

PRODUCER

## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 11/30/2021

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(les) 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).

CONTACT Jennifer Lamphere

State Farm Jennifer Lamphere State	e Farm Age	L(A	ONE (C. No, Ext): 860-37		(A/C, NO).	380-3018			
62 Hartford Turnpike		Ā	E-MAIL ADDRESS: jennifer@onestopshopins.com						
Tolland, CT 06084		IN	INSURER(S) AFFORDING COVERAGE INSURER A : State Farm Fire & Casualty Company						
INSURED			SURER B:						
G&G Property Services LLC		-	INSURER C:						
75 Mountain Spring Rd			INSURER D:						
Tolland, CT 06084			SURER E :						
			SURER F :		***************************************				
COVERAGES CER	TIFICATE	NUMBER:			REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RICERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN, POLICIES.	NT, TERM OR CONDITION O THE INSURANCE AFFORDED LIMITS SHOWN MAY HAVE BE	F ANY CONTRACT BY THE POLICIE EEN REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS.	DOCUMENT WITH RESPECT TO	O WHICH THIS			
NSR LTR TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
CLAIMS-MADE X OCCUR					EACH OCCURRENCE \$ 1,0 DAMAGE TO RENTED PREMISES (Ea occurrence) \$	000,000			
OBSING-NADE (74) OBOSIN					MED EXP (Any one person) \$ 5,0	000			
		97-BP-Q098-1	11/23/2021	11/23/2022	PERSONAL & ADV INJURY \$				
GEN'L AGGREGATE LIMIT APPLIES PER:						000,000			
POLICY PRO-						000,000			
OTHER:					\$				
AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT				
ANY AUTO					(Ea accident)  BODILY INJURY (Per person) \$				
OWNED SCHEDULED					BODILY INJURY (Per accident) \$				
AUTOS ONLY AUTOS NON-OWNED					PROPERTY DAMAGE &				
AUTOS ONLY AUTOS ONLY					(Per accident)				
UMBRELLA LIAB OCCUP			_		EACH OCCURRENCE \$				
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					AGGREGATE \$				
CEANWIO-WADE	1				S S				
DED RETENTION \$ WORKERS COMPENSATION					PER OTH-				
AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  Y/N						000,000			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A	97-BQ-T855-5	11/22/2021	11/22/2022	E.L. DISEASE - EA EMPLOYEE \$ 1,				
if yes, describe under DESCRIPTION OF OPERATIONS below						000,000			
DESCRIPTION OF OPERATIONS BEIGW					LE. SIOLE IOLIO I EIIII I				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	I ES /ACOPI	101 Additional Parente Schadule	may be attached if mo	re enace in requi	and)				
Landscaping	, , , , , , , , , , , , , , , , , , ,								
CERTIFICATE HOLDER			CANCELLATION						
Town of Bolton		,	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						
			yuu	188-2015 AC	COMPORATION, All r	ahte recerved			

Current Cemetery Fund Balance	\$805,941.07	Per Plot Cost	\$800.00 -\$850.00		
CEMETERY SEXTON SERVICES BID	THOMAS LANDSCAPING		CZAJA BROTHERS, INC.		
THOMAS LANDSCAPING		CZAJA BROTHERS, INC.			
Bid Total		REVISED	\$300/cemetery site visit		
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	\$150.00 (Dec 1 – April 1)	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. 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		



CZAJBRO-01

## CERTIFICATE OF LIABILITY INSURANCE

MALEXANDER

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.

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t	his certificate does not confer rights t	o the	cert	ficate holder in lieu of su				•			
	DDUCER				CONTA NAME:	СТ					
Smith Brothers Insurance, LLC. Location: 2 No. Main Street, Chester, CT 06412					PHONE (A/C, No, Ext): (860) 652-3235 FAX (A/C, No): (860) 652-3236						
Mai	ling: 68 National Drive, Glastonbury,	CT 06	033		E-MAIL	ss. Generall	Mailbox@S	mithBrothersU			
					Line						NAIC#
					INSURER(S) AFFORDING COVERAGE						2429
INSURED					INSURER A : Selective Insurance Group INSURER B : Selective Insurance Co of SC						19259
Czaja Brothers Inc. 117 Boston Road											13233
					INSURER C:						-
Middletown, CT 06457						INSURER D:					
madiototti, or outer						INSURER E :					
		-			INSURE	RF:					
				NUMBER:				REVISION NUM			
C	HIS IS TO CERTIFY THAT THE POLICI VIDICATED. NOTWITHSTANDING ANY F SERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PER	REMI	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A	ANY CONTRA	CT OR OTHER IES DESCRIB	R DOCUMENT WITH	H RESPE	CT TO	WHICH THIS
INSR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY	IIISD	1140			(MINIOUTTIT)	WHILE STATE OF THE	EACH OCCURRENC		s	1,000,000
	CLAIMS-MADE X OCCUR			S 2445218		8/12/2021	8/12/2022	DAMAGE TO RENTE PREMISES (Es occur		s	500,000
				- ATTVAIV		UI IMAVA I	OI ILIEULE				15,000
								MED EXP (Any one p		\$	1,000,000
								PERSONAL & ADV II		\$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	ATE	\$	3,000,000
	POLICY X PRO-							PRODUCTS - COMP	OP AGG	\$	3,000,000
_	OTHER:							COMPINED SINGLE		\$	4 000 000
A	AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	LIMIT	\$	1,000,000
	X ANY AUTO			S 2445218		8/12/2021	8/12/2022	BODILY INJURY (Per	r person)	\$	
	OWNED AUTOS ONLY SCHEDULED AUTOS							BODILY INJURY (Per		S	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	E	\$	
										\$	
A	UMBRELLA LIAB X OCCUR							EACH OCCURRENC	E	s	1,000,000
	EXCESS LIAB CLAIMS-MADE			S 2445218		8/12/2021	8/12/2022	AGGREGATE		s	1,000,000
	DED RETENTION\$									s	
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				8/12/2021	8/12/2022	X PER STATUTE	OTH- ER			
	AND EMPLOYERS' LIABILITY			WC 9083236			E.L. EACH ACCIDEN		s	500,000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA E			500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below									s	500,000
	DESCRIPTION OF OPERATIONS below				-			E.L. DISEASE - POLI	CY LIMIT	3	
	<u> </u>										
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORE	101, Additional Remarks Schedu	ule, may b	e attached if mor	re space is requi	red) ,			
CE	RTIFICATE HOLDER				CANO	CELLATION					
-	NIII ISAILE IIVEDEN				- SAIN	- L-L- (IIVI					
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					
					1/2	THE W X country					