



Field Works of New Hampshire
PO Box 392
Bradford, NH 03221
(603) 345 2224

Roadside Mowing Proposal
Prepared for the Town of Henniker, NH
2022



(603) 345-2224

Field Works of New Hampshire is a specialty rough-cut mowing company. We are family owned and operated with the ability and experience to handle your project, whether it is municipal, commercial, or residential. Together we can develop a maintenance program that is tailored to fit your project's needs. From one time annual mowing to properties and projects that require several mowings a year to maintain a desired look. Field Works of New Hampshire has the capability of taking on projects from small parcels to large acreage. We pride ourselves on our attention to details to help ensure we meet the goals of the project.

Field Works of New Hampshire is operating modern equipment, equipped with a variety of mowers, to help ensure dependability and that your project will be completed in a timely manner. We have equipment ranging from 100+ h.p. boom mowers, all the way down to equipment that is hand held. This help to make sure we bring the right equipment the first time.

Here are some projects that we have been involved with in the past:

- Roadside Mowing
- Landfills
- Wildlife Areas
- Recreational Trails
- Pastures/Fields
- Orchards
- Berry Patches
- Drainage Areas/ Ditch Lines
- Conservation Property

Field Works of New Hampshire like to thank you for your consideration on your next project.



Bid Information

This proposal has been prepared for the Town of Henniker, NH for roadside mowing. The scope of work is as outlined by the Town of Henniker's request for proposal for right of way mowing along the class V Town roads. Mowing to include a minimum mow width of 8-10 feet of horizontal mowing from the road edges. Additional mowing maybe required in intersections and corners to obtain and maintain line of sight requirements. Field Works of New Hampshire will assist in the removal of debris deemed hazardous from the travels lanes of the roadway as a result of mowing operations. Pricing provided is for the 2022 season and is valid for one mowing.

Given the current fluctuations that surrounding the global markets today, Field Works of New Hampshire is submitting a **Not To Exceed Price of \$24575.00**. If there is ample reduction in inflation at time of service, Field Works of New Hampshire is willing to work with the Town to reduce the price of services.

The price provided is an all-inclusive price, including but not limited to, machines with operators and any consumable items including fuel, blades and mobilization.


Any additional work outside the scope, or changes, to the scope of work outlined by the Town of Henniker, as described in this bid, will be discussed with the Town of Henniker Road Agent. At which time an agreed upon price will be established prior to work being started.

Field Works of New Hampshire is to provide "Mowing Ahead" signage for this project, and maintain signage throughout the length of the project.

Field Works of New Hampshire will work in conjunction with the Town of Henniker's Road Agent to schedule the scope of work in in a timely manner that meets the scheduling needs of the Town and that of Field Works of New Hampshire with completion date of September 28, 2022.

Acceptance of this bid becomes a contract between Field Works of New Hampshire and that of the Town of Henniker. Payment requirements are within 30 days from the date of invoice.

Thank you for your consideration.


Chris Aiken --owner
Field Works of New Hampshire
(603) 345 2224



FIELWOR-02

CDINATALE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/13/2022

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 Meredith Insurance Agency PO Box 683 2 Lake Street Meredith, NH 03253	CONTACT NAME: PHONE (A/C, No, Ext): (603) 707-4322 FAX (A/C, No): E-MAIL ADDRESS: <div style="text-align: right;"> INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : MMG Insurance Company 15997 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : </div>
INSURED Field Works of NH Chris Aiken PO Box 392 Bradford, NH 03221	

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 SUBR INSD: WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		SC12438248	12/22/2021	12/22/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		KA12438248	12/22/2021	12/22/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N / A If yes, describe under DESCRIPTION OF OPERATIONS below					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)						

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Christopher M. Aiken

2 Business name/disregarded entity name, if different from above
Field Works of New Hampshire

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
367 West Rd.

6 City, state, and ZIP code
Bradford, NH 03221

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
			-							
or										
Employer identification number										
3	2		-	0	3	4	1	4	6	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *CM Aiken* Date ▶ **4-18-2022**

General instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.