

Quote Name: Weekly Cleaning of Long Beach Island Health Dept.

Description: SEE BELOW FOR FURTHER INFORMATION

Township Contact: Daniel Krupinski

Contact Phone Number: (609) 361-5002 **Fax:** (609) 494-1214

Quote Number: Q 19-01

Posted Date: December 6, 2018

Date Quotes are DUE by: December 18, 2018 at 10am

Specifications:

Weekly Cleaning of Long Beach Island Health Department

Description

Long Beach Island Health Department, 2119 Long Beach Blvd, 1st floor unit, Ship Bottom:

Weekly Cleaning shall include (Cleaned every Friday):

6 offices, 1 bathroom, 1 kitchen, lobby, and foyer. Total area approximately 2100 sq. ft.
Dust desks and shelves, vacuum rugs, empty trash, mop floors.

Quarterly Cleaning shall include:

15 Windows: inside and outside

15 Window Blinds

Effective January 1, 2019 through December 31, 2019

Weekly Price (each): \$_____ Total Price (12 months): \$_____

Window Cleaning (each) \$_____ Total Price (12 months): \$_____

Window Blinds Cleaning (each) \$_____ Total Price (12 months) \$_____

TOTAL PRICE of Weekly and Quarterly Cleanings \$_____

****Proof of Insurance including Workers Compensation is required. ****

Company Name

Agent Name

Contact Telephone #

Company Address: _____

Date Quote Submitted: _____ Date of Quote Expiration: 12/31/19

Prevailing vendor(s) shall furnish the Township with a current NJ Business Registration Certificate, Certificate of Insurance and W-9 Form.

Township of Long Beach: Public Works Department
6805 Long Beach Blvd.
Brant Beach, NJ 08008
609-361-6672

INDEMNIFICATION AGREEMENT

THIS AGREEMENT ("Agreement"), by and between Township of Long Beach ("Long Beach"), whose address is 6805 Long Beach Boulevard, Brant Beach, New Jersey 08008, and _____ ("Vendor"), whose address is _____, shall be binding and legally effective upon the execution of the Vendor.

WITNESSETH:

1. Vendor expressly, knowingly, and, to the fullest extent permitted by law, agrees to and shall release, indemnify, defend, and hold harmless Long Beach, its elected and appointed officials, officers, employees, agents, volunteers, and others working on behalf of Long Beach, from and against any loss, damages, claims, causes of action, liabilities, obligations, penalties, demands, and any and all other costs and expenses, including attorneys' fees and costs, threatened against, suffered, and/or incurred by Long Beach, its elected and appointed officials, officers, employees, agents, volunteers, and others working on behalf of Long Beach arising out of and/or in any manner relating to the permitted, contracted, and/or licensed activity engaged in by Vendor in and/or relating to Long Beach, and the acts and/or omissions of the Vendor, its officers, owners, agents, employees, independent contractors, guests, volunteers, others working on behalf of Vendor, and/or customers relating thereto. Vendor shall be responsible and liable for the payment of any and all of the foregoing attorney's fees and costs, to attorneys of Long Beach's selection, for any investigation and review, pre-litigation, litigation, post-judgment litigation, and any and all appeals arising out of and/or relating to this Agreement.

2. The applicant has furnished the Certificates of Insurance which name Long Beach as an additional insured, where required, with limits of liability described as follows: (i) Workers Compensation/Employers Liability: 1,000,000.00; (ii) General Liability: 2,000,000.00; (iii) Automobile Liability: _____; and (iv) Umbrella Liability: _____.

3. The existence of any available and/or applicable insurance shall not waive or release Vendor from the Vendor's obligations set forth in this Agreement.

Dated: _____

VENDOR

STATE OF _____)

) SS

COUNTY OF _____)

On _____, 20__ before me, _____, Notary Public in and for said county, personally appeared (signer) who has satisfactorily identified him/her as the signer on behalf of the Vendor to the above-referenced document.

Notary's Name

Seal

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