New Jersey Forest Service
BID LIST QUESTIONNAIRE

Please complete and return to:
jon.klischies@dep.nj.gov
State Forestry Services
Mail Code: 501-04
P.O. Box 420
501 East State Street, 4th Floor
Trenton, NJ 08625

1. Company Name _____________________________ Date _______

   Contact Name ___________________________ Email _____________________________

2. Mailing Address _____________________________

3. Telephone # ___________________________ Fax # _____________________________

4. Check appropriate material / species list(s) you want to be on to receive Request for Bids

   _____ North Jersey Sawtimber
   _____ South Jersey Sawtimber
   _____ Pine Sawtimber
   _____ Black Walnut
   _____ Atlantic white-cedar
   _____ Ash (Fraxinus spp.)
   _____ South Jersey Firewood
   _____ Pine Pulpwood
   _____ Black Locust
   _____ Mixed Species Salvage

5. Please list equipment capabilities you have for commercial harvesting work.

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

6. Please outline your experience qualifications in forest products harvesting work.

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

7. Do you carry insurance for doing this type of work? _____________________________
   If so, who is your insurance carrier and what are the limits of your coverage?
   __________________________________________________________________________

Present minimum requirements are:
Worker’s Compensation $1,000,000 / Comprehensive Liability: $1,000,000 – Bodily, $1,000,000 -Property
Vehicle Liability: ___________________________ $500,000 – Bodily, $500,000 -Property

________________________
Signature

(Revised 6/13/16)