



Trees N Scapes
PO BOX 382
Bentonville, AR 72712

Proposal #18094
Created: 08/24/2026
From: Fernando

Proposal For

City of Tontitown

P.O. Box 305

Tontitown, AR 72770

mobile: 479-301-6058

street@tontitownar.gov

Location

1916 S Barrington Rd

Springdale, AR 72762

Terms

Due on receipt

1916 S Barrington Rd 72762

ITEM DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
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1) Commercial - Tree Services

Tree Removal Scope

1

\$ 19,000.00

\$ 19,000.00

* Removal of approximately 35-40 trees along ridge line, leaving stumps approximately 2 feet high to allow for removal by excavator.

* Removal of one large oak tree, cut down as low to the ground as reasonably possible.

* All tree debris, logs, and brush will be hauled away and properly disposed of.

Client Notes

Traffic Control & Work Zone Safety

Safety cones and proper roadway signage will be strategically placed throughout the work zone to maintain a safe and organized traffic flow. Flaggers will be utilized as needed to safely direct vehicles and protect workers, pedestrians, and the public during tree removal operations.

All work will be completed in accordance with these plans unless subsequent changes are agreed upon in writing. Balances not paid by the due date are subject to late fees.

Signature

SUBTOTAL	\$ 19,000.00
SALES TAX	\$ 1,805.00
TOTAL	\$ 20,805.00

x

Date:

Please sign here to accept the terms and conditions

Assigned To

Fernando

fernando@tnsunlimited.com

Sales Reps

Fernando

fernando@tnsunlimited.com





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Photos

1) Commercial - Tree Services

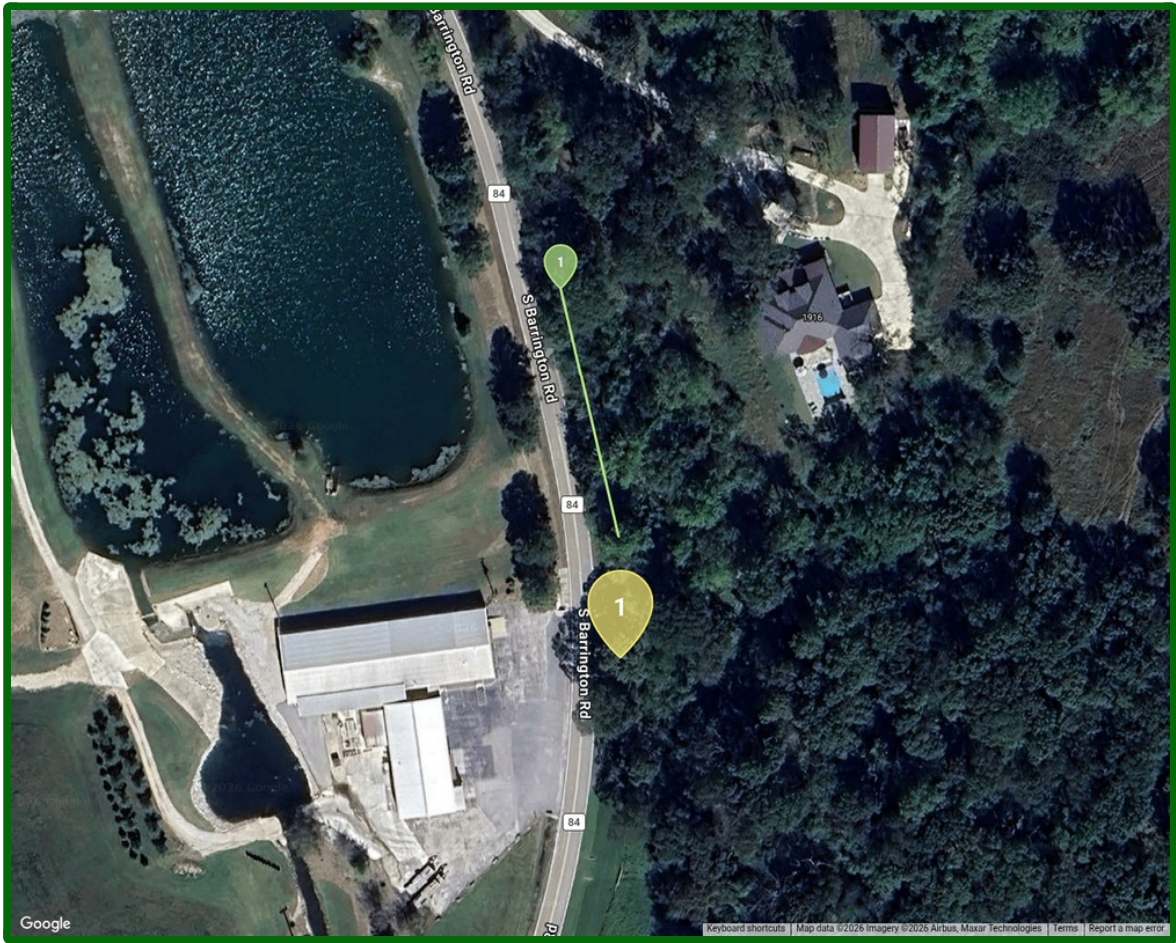


1) Commercial - Tree Services



1) Commercial - Tree Services





ID	DESCRIPTION	COLOR
1	Removal of one large oak tree down to a stump, as low as possible	
1	Removal of Trees along ridge line, leave stumps 2 feet high.	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/07/2026

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 Stacey Carlson Insurance PLLC 1700 W. Industrial Dr., Ste. G Rogers AR 72756		CONTACT NAME: Stacey Carlson PHONE (A/C, No, Ext): (479) 717-7444 E-MAIL ADDRESS: stacey@scarlsonins.com FAX (A/C, No): (479) 385-3190	
INSURED Trees N Scapes LLC 9462 Digby Rd Gentry AR 72734		INSURER(S) AFFORDING COVERAGE INSURER A: JIMCOR AGENCIES INSURER B: APEX INSURER C: Jimcor Agencies 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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			PLF467877-00	02/11/2026	02/11/2027	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 - COMP/OP AGG \$ 2,000,000	
							\$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☒ Y	N/A	N9WC013266	04/06/2026	04/06/2027	☒ PER STATUTE ☐ OTH-ER
			E.L. EACH ACCIDENT \$ 100,000				
			E.L. DISEASE - EA EMPLOYEE \$ 100,000				
			E.L. DISEASE - POLICY LIMIT \$ 100,000				
C	Equipment Floater			IMP F150822 02 00	01/12/2026	01/12/2027	2022 Kuboata Excava \$32,400
			2023 Avant Grapple \$36,000				

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

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

Stacey Carlson

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