

TOWN OF EASTON
DEPARTMENT OF PUBLIC WORKS



CONTRACTOR APPLICATION
SNOW PLOWING AND REMOVAL
2017-2018 WINTER SEASON

David J. Field, P.E., Director of Public Works
James Conceison, Highway Supervisor

Contractor and Operator Responsibilities

Hired contractor equipment will work solely for the Town of Easton as directed. Equipment and operators provided must be able to perform all tasks assigned to them in an acceptable amount of time, as determined by the Director of Public Works. For longer storm duration, the contractor shall rotate fresh operators into the equipment as necessary, to ensure a safe and efficient operation. The equipment must arrive for each and every call well maintained and in good working order. No rubber cutting edges will be allowed. The ability to provide uninterrupted service for the duration of an event is essential. Valid insurance, registration, inspection and licensing for each vehicle and operator must be maintained at all times. The Town of Easton reserves the right to inspect any participating vehicle at any time to verify suitable condition. This inspection may include a review of insurance, license, inspection and registration documents.

Vehicle operators must report to the DPW facility to punch in and out for each event. Failure to comply may result in forfeiture of payment. All breakdowns or equipment failures must be reported to the Highway Supervisor during a storm event. No payments shall accrue during extended equipment failures or breakdowns. Operators leaving their assignments without first notifying their supervisor will be paid only for verifiable hours worked and may be released from the program.

* By signing this application, contractors give consent to allow for tracking devices to be installed and/or carried in the vehicle for the duration of the snowplowing event. Contractor shall be issued (1) GPS/AVL unit per vehicle. Contractor is required to provide a DC/Cigarette Lighter adapter for the purposes of powering the unit. Contractor must allow the unit to be temporarily mounted in the cab of the vehicle during snow and ice operations.

*Contractors must supply the Town with a valid registration for each piece of equipment. Contractors are required to have Workers Compensation listed on their insurance certificate.

*Deadline for submitting applications is October 27, 2017.

*Equipment selected for the 2017-2018 winter season must report for a mandatory vehicle inspection on or before Friday, November 17, 2017. Contractors may bring their vehicles in for inspection on any regular business day between the hours of 7:00 AM and 3:00 PM. Contractors are encouraged to contact the Highway Supervisor regarding availability for inspections. Plows do not need to be mounted for the inspection of returning equipment. All equipment will be fitted for the GPS/AVL units at the time of inspection. Vehicles that have submitted all required forms and that report for inspection on or before November 17th will receive four (4) hours of compensation at the vehicle rate of pay payable on the first storm event. For additional information, contact the Department of Public Works at (508) 230-0800.

*Performance Bonus – vehicles that consistently respond to storms throughout the winter will receive a bonus of an additional four (4) hours of compensation at the vehicle rate of pay payable in April.

Town of Easton
Public Works Department
130 Center Street, North Easton, MA 02356
(508) 230-0800

GENERAL CONTRACTOR INFORMATION FORM

CONTRACTOR NAME: _____

ADDRESS: _____

How long have you been in business under this name?: _____

TAX ID: _____

BUSINESS PHONE: _____ FAX: _____

24 HOUR/CELL NUMBER*: _____

TEXTING ON CELL PHONE: YES or NO

*A cell phone number will be required for each general contractor

TOWN OF EASTON

Subcontractor/Vendor: _____

Insurance & Indemnification

This agreement becomes part of the subcontract and/or purchase order for which the subcontractor/vendor is performing services for the Town of Easton any time during the period July 1, 2017 through June 30, 2018.

Subcontractor/Vendor shall maintain workers compensation, general liability, and automobile insurance for the minimum amount required or as outlined below, whichever limits and coverage are higher. Insurance coverage and Certificates of Insurance shall be provided and include Town of Easton as an additional insured on a primary and non-contributory basis under the general liability policy. It must also state that the insurance is for snow plowing/removal within the description box of the certificate. The Workers Compensation shall include a waiver of subrogation in favor of Town of Easton.

Minimum required insurance limits (coverage written on an occurrence basis):

Commercial General Liability

- \$ 2,000,000 Products / Completed Operations Aggregate Limit
- \$ 2,000,000 General Aggregate (Other Than Products / Completed Operations)
- \$ 1,000,000 Any One Occurrence
- \$ 1,000,000 Personal & Advertising Injury

Automobile Liability (All Owned, Non-Owned & Hired Autos)

- \$1,000,000 Each Accident (Combined Single Limit)

Employers Liability

- \$ 100,000 Each Accident
- \$ 500,000 Each Employee for Injury by Disease
- \$ 100,000 Aggregate for Injury by Disease

To the fullest extent permitted by law, the Subcontractor hereby acknowledges and agrees that it shall indemnify, hold harmless and defend Town of Easton, and any of their officers, directors, employees, agents, affiliates, subsidiaries and partners from and against all claims, damages, losses and expenses, including but not limited to, attorney fees, arising out of or resulting from the performance of the Subcontractors /Vendors Work, provided that any such claim, damage, or loss or expense (1) is attributable to bodily injury, sickness, disease or death or injury to or destruction of tangible property (other than to the Work itself) including loss of use resulting there from, and (2) is caused in whole or in part by any acts or omissions of the Subcontractor /Vendor, its employees, agents or sub-subcontractors or anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable.

The Subcontractor / Vendor hereby acknowledges its obligation under the forgoing

paragraph to indemnify the Town of Easton against judgments suffered because of the Subcontractors / Vendors Work and to assume the cost of defending the Town of Easton or against claims as described in the forgoing paragraph.

THE SUBCONTRACTOR / VENDOR MUST FURNISH "Town of Easton" WITH A SIGNED AGREEMENT & A VALID CERTIFICATE OF INSURANCE before they are allowed on the worksite / jobsite. By signing this application the contractor/operator agrees to comply with the terms and conditions included in this application including the provision under Contractor and Operators Responsibilities.

Town of Easton

Subcontractor/Vendor: _____

Address: _____

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

2017-2018 SNOW PLOWING/REMOVAL EQUIPMENT RATES

1.	4WD pickup with min. 8-foot power angle plow (GVW 8,600 MINIMUM)		\$85
2.	Small 6-wheel truck with a 9-foot power angle plow (GVW 10,000 – 25,000)		\$95
3.	Skid Steer		\$90
4.	Large 6-wheel truck with:	10-foot plow	\$115
	(GVW 25,001-50,000)	11-foot plow	\$120
5.	10-wheel dump truck with:	10-foot plow	\$130
		11-foot plow	\$135
6.	Tri-axle wheel dump truck with:	10-foot plow	\$130
		11-foot plow	\$135
7.	4WD backhoe/loader with bucket or 10-foot power angle plow		\$130
8.	4WD front end loader with 2-3.99 c.y. bucket or with 11-foot/12-foot power angle plow		\$160
9.	4WD front end loader with 4-7 c.y. bucket or with 11-foot/12-foot power angle plow		\$185

Request for Taxpayer Identification Number and Certification

Completed form should be given to the requesting department or the department you are currently doing business with.

Please print or type

Name (List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part I-See **Specific Instruction** on page 2)

Business name, if different from above. (See **Specific Instruction** on page 2)

Check the appropriate box: Individual/Sole proprietor Corporation Partnership Other ▶

Legal Address: number, street, and apt. or suite no. **Remittance Address:** if different from legal address number, street, and apt. or suite no.

City, state and ZIP code

Phone # () Fax # () Email address:

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instruction on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.
Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Social security number

□□□-□□-□□□□

OR

Employer identification number

□□-□□□□□□

Vendors:
Dunn and Bradstreet Universal Numbering System (DUNS)

DUNS

□□□□□□□□

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 Services (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 an U.S. person (including an U.S. resident alien).
- I am currently a Commonwealth of Massachusetts's state employee: (check one): No ___ Yes ___ If yes, **in compliance with** the State Ethics Commission **requirements**.

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.

Sign Here	Authorized Signature ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify you are not subject to backup withholding

If you are a foreign person, use the appropriate Form W-8. See Pub 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

What is backup withholding? Persons making certain payments to you must withhold a designated percentage, currently 28% and pay to the IRS of such payments under certain

conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions on page 2.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Part I - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an **LLC** that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments.

The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Part II - Certification

To establish to the paying agent that your TIN is correct or you are a U.S. person, or resident alien, sign Form W-9.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

Dunn and Bradstreet Universal Numbering System (DUNS) number requirement –

The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds have their DUNS number recorded with and subsequently reported to the granting agency. If a contractor has multiple DUNS numbers the contractor should provide the primary number listed with the Federal government's Central Contractor Registration (CCR) at www.ccr.gov. Any entity that does not have a DUNS number can apply for one online at <http://www.dnb.com/us/> under the DNB D-U-N Number Tab.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold a designated percentage, currently 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number to Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹ The minor ²
3. Custodian account of a minor (Uniform Gift to Minors Act)	The grantor-trustee ¹
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

If you have questions on completing this form, please contact the Office of the State Comptroller. (617) 973-2468.

Upon completion of this form, please send it to the Commonwealth of Massachusetts Department you are doing business with.